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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0050

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01 , 2009, and ending 06/30 , 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pend.

Please use IRS label or print or type. See Specific Instructions.

DeLand Rotary Club Inc.
P.O. Box 704
DeLand, FL 32721-0704

D Employer identification no.
59-6135390

E Telephone number
(386)785-0466

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Organization type (check only one) - ☒ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** it's gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ. ▶$ 156,736.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	59,271.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	21,500.
	4	Investment income		4	1.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete app. parts of Sch.G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	75,964.	
	b	Less: direct expenses other than fundraising expenses	6b	27,512.	
	c	Net income or (loss) from special events and activites(line 6a less line 6b)		6c	48,452.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	129,224.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	45,160.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	4,225.
	14	Occupancy, rent, utilities, and maintenance		14	8,025.
	15	Printing, publications, postage, and shipping		15	3,148.
	16	Other expenses (describe ▶ Dues,Meals,Awards,Conference,Sup)		16	75,779.
	17	**Total expenses** (add lines 10 through 16)		17	136,337.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,113.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	28,005.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)		21	20,892.

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Part II Balance Sheets--If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	18,312.	22	15,012.
23	Land and buildings		23	
24	Other assets (describe ▶ Computer,Acc Rec, Prepaid)	10,549.	24	11,057.
25	**Total assets**	28,861.	25	26,069.
26	**Total liabilities** (describe ▶ End Polio Now Pledges)	856.	26	5,177.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	28,005.	27	20,892.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

17

Part III Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? Fundraising-Exempt Organizatio

Describe what was achieved in carying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 DIRECT CASH CONTRIBUTIONS TO QUALIFIED NON-PROFIT ORGANIZATIONS INCLUDING ENTITIES UNDER SECTION 501C(4) OF THE INTERNAL REVENUE CODE

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 45,160.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 45,160.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Al Bouie PO Box 922 DeLand, FL	President 20	0.	0.	0.
David Brannon 123 W Indiana, DeLand	Vice Pres. 8	0.	0.	0.
Elyse T Phillips PO Box 91, DeLand FL	Treasurer 15	0.	0.	0.
Gloria Denston 730 Hazen Rd DeLand,	Secretary 12	0.	0.	0.

Part V Other Information (Note the statement requirements in instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit tranaction during the year or did it become aware of an excess benefit tranaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 990 or 900-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶			
42 a	The organization's books are in care of ▶ Elyse T Phillips, Treasur Tel no ▶ 386-785-0466 Located at ▶ 120-F E New York Ave, DeLand, FL ZIP + 4 ▶ 32724			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes", enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes", enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campain activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and ley employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more thn $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer — Date: 09/09/2010

ALBERT BOULIE, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst. W)
Elyse T. Phillips	09/07/10		P00889922

Firm's name (or yours if self-employed), address, and ZIP + 4: Elyse T. Phillips, CPA, P.A.; Post Office Box 91; DeLand, FL 32721

EIN ▶ 20-0846034

Phone no. ▶ (386) 785-0466

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Part II Fundraising Events. (Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

Revenue	(a) Event #1 Christmas Auction (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other Events Misc Events (total number)	(d) Total Events (Add Col. (a) through Col (c))
1 Gross receipts	38,895.	15,235.	21,834.	75,964.
2 Less. Charitable contributions				
3 Gross revenue (line 1 minus line 2)	38,895.	15,235.	21,834.	75,964.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	3,745.	6,494.	17,273.	27,512.
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(27,512.)
11 Net income summary Combine lines 3 and 8 in column (d) ▶				48,452.

Part III Gaming. (Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add Col. (a) through Col (c)
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
8 Net gaming income summary. Combine lines 1 column d, and 7 ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____		
a	Is the organization licensed to operate gaming activites in each of these states? 9a		
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

DeLand Rotary Club Inc.
59-6135390
Form 990-EZ - For Year Ended 06/30/10

Page 1 - Line 10, Grants & Allocations paid by due date

African Amer. Museum	500.	
Boy Scouts of Amer.	1,000.	
Boys & Girls Clubs	1,500.	
DeLand Naval Air Museum	500.	
DeLand High School	3,595.	
Children Cancer Fndn.	1,500.	
Taylor High School	2,065.	
Girls on the Run	500.	
The House Next Door	1,000.	
Leadership DeLand	650.	
Chisholm Comm. Ctr.	1,000.	
O'Neill Foundation	500.	
DBR Charities	2,500.	
RYLA Scholarships	1,050.	
FL Sheriffs Youth Ranch	1,500.	
VCSO Charities	1,000.	
Volusia Flagler YMCA	2,500.	
Police Athletic League	1,500.	
Young Life - W.V.	1,000.	
Lee Endowment Scholarship	1,000.	
DeLand Breakfast Rotary	500.	
Camp Boggy Creek	1,500.	
Rotary Foundation Intl	1,000.	
Take Stock in Children	1,000.	
Alzheimer's Association	1,000.	
Sands Theatre Center	1,000.	
Healthy Start Coalition	1,500.	
Wounded Warriors Project	1,000.	
Faith,Hope & Charity	1,000.	
Haiti Relief-Rotary	4,300.	
Alliance Intl Reforestation	1,000.	
M.L.K. Committee	1,000.	
Stetson Univ B-Ball Camp	1,000.	
Flagler Beach Rotary Club	500.	
Spr. Hill Neigh. Assoc.	1,500.	
Totals:	45,160.	0.