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Form 990-EZ

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

and ending

06/30/10

/01/09

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internet Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2009 calendar year, or tax year beginning

Please Check if applicable Name of organization Employer identification number use IRS Address change iabel or ROTARY INTERNATIONAL-FLORENCE Name change 63-6066332 print or Initial return type. Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number See Termination P. O. BOX 329 256-767-0095 Specific City or town, state or country, and ZIP + 4 Amended return **Group Exemption** Instruc-**FLORENCE** AL 35631 Number Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) X Website: > N/A Check > if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -**X** 501(c) (4) **◄** (insert no) 4947(a)(1) or 527 if the organization is not a section 509(a)(3) supporting organization and its 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 105,541 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts See Statement 1 105,515 3 3 Membership dues and assessments Investment income 4 Gross amount from sale of assets other than inventory 5a 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$1 of contributions reported on line 1) Less direct expenses other than fundraising expenses 6b Net income or (loss) from special Events and activities (Subtract 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventor Gaute and line 17 from line 7a) 7с 8 Other revenue (describe 8 9 105,541 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Stmt 18,791 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 325 13 Professional fees and other payments to independent contractors 13 289 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe > See Statement 3 78.048 16 16 97,453 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,088 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 40,789 end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 48,877 Net assets or fund balances at end of year Combine lines 18 through 20 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 (A) Beginning of year (B) End of year (See the instructions for Part II) 22 Cash, savings, and investments 40,789 47,143 22 Land and buildings 23 24 Other assets (describe See Statement 4 1,734 24 25 Total assets 40,789 48,877 25 26 Total liabilities (describe 26 789 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 40. 48,877 27 Form 990-EZ (2009)

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Form 990-EZ (2009) RO	TARY INTERNATIONAL-FLORENCE	63	3-6066332			Page 2
Part III Statement	of Program Service Accomplishments (S	ee the instructi	ons for Part III.		Ex	penses
What is the organization's prim	nary exempt purpose?			- 1	(Required	
EXEMPT CLUB ORGANIZAT				_		and 501(c)(4)
	n carrying out the organization's exempt purposes. In a				-	ons and section
•	provided, the number of persons benefited, or other rela	evant information to	r			trusts, optional
each program title	OCTANA TAMENA TA				for others)
28 LOCAL CHAPTER OF I	ROTARY INTERNATIONAL				İ	
(Grants \$ 1	.8, 791) If this amount includes foreign grants, che	ck here	•	\cap	28a	97,453
29				'		
(Grants \$) If this amount includes foreign grants, che	ck here	>	\prod	29a	
30						
				- }		
(Grants \$) If this amount includes foreign grants, che	eck here	<u> </u>		30a	
31 Other program services (a				$\neg \bot$		
(Grants \$) If this amount includes foreign grants, che	ck here	>	ᆛ	31a	97,453
	rpenses (add lines 28a through 31a) rs, Directors, Trustees, and Key Employees. List eac	ab one over if not or	ampagated (See t	ha mai	32	
Part IV List of Office	ers, Directors, Trustees, and Key Employees. List each	(b) Title and average	(c) Compensation		Contributions to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not pald, enter -0)		ee benefit plans & ed compensation	account and other allowances
CHRIS BOBO	FLORENCE	PRESIDENT	enter-oj	Gelette	to compensation	Other anowances
671 CR 321	AL 35634		0		0	ا ا
HAROLD LEWIS	FLORENCE	VICE-PRES				· · · · · · · · · · · · · · · · · · ·
444 SOUTH WALNUT STREE	T AL 35630		0		0	d
JANE MOORE	Tuscumbia	SECRETARY				
1750 Milk Springs	AL 35674		0		0	
KEITH FRASER	FLORENCE	TREASURER				
Indian Springs	AL 35630		0		0	
	 					
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_Pa	rt V Other Information (Note the statement requirements in the instructions for F	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? If "Yes," attached 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 why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a		<u> </u>
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		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	<u> </u>	_		
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	•			ļ.
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		_		
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9		4		
b	Gross receipts, included on line 9, for public use of club facilities	<u> </u>	4		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	ît			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			}	
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			ļ l	
	organization managers or disqualified persons during the year under sections 4912,				
_	4955, and 4958				
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				ı
	reimbursed by the organization				
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		<u> </u>		x
44	transaction? If "Yes," complete Form 8886-T		40e	L	<u> </u>
41	List the states with which a copy of this return is filed The organization's books are in care of KEITH FRASER	Tolonhono no N 25	6-76	7-0	095
42a	Indian Springs	Telephone no ► 25	0-70	7-0	093
	Located at FLORENCE, AL	7ID±4 ► 35	630		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ZIP+4 ▶ 35	550		
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	Na
	account)?		42b	103	No X
	If "Yes," enter the name of the foreign country		725		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				· ·
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		х
•	If "Yes," enter the name of the foreign country		_ 	L	
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			
	,				
				Yes	No
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 of the organization within the meaning of section 512(b)(13)? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X_
			orm 99	0-EZ	(2009)

Pa	rt VI a	Section 501(c)(3) organizations and section 4947(a)(501(c)(3) organizations and section 4947(a)(1) nonex					-49b	
		and complete the tables for lines 50 and 51.						г——
46		rganization engage in direct or indirect political campaign activities on b	ehalf of or in oppos	ition to			Yes	No
	•	es for public office? If "Yes," complete Schedule C, Part I				46		<u> </u>
47		rganization engage in lobbying activities? If "Yes," complete Schedule C				47		L
48	_	anization operating a school as described in section 170(b)(1)(A)(ii)? If		hedule E		48	—	<u> </u>
49a		rganization make any transfers to an exempt non-charitable related org	anization?			49a		
b		was the related organization a section 527 organization?				49b		<u> </u>
50		this table for the organization's five highest compensated employees (
	employee	es) who each received more than \$100,000 of compensation from the or	rganization If there (b) Title and average	is none, enter "Nor (c) Compensation	ne " (d) Contributions to	(0)	Expen	
		(a) Name and address of each employee paid more than \$100,000	hours per week	(c) Compensular	employee benefit plans &	acc	count ar	nd
			devoted to position		deferred compensation	other	allowa	nces
						1		
								
				<u> </u>				
						<u> </u>		
						<u> </u>		
f	·	nber of other employees paid over \$100,000	<u> </u>			L		
51	\$100,000	e this table for the organization's five highest compensated independent of compensation from the organization. If there is none, enter "None."						
	(a) 14	ame and address of each independent contractor paid more than \$100,000	(0)	Type of service	(6)	compens	SAUGII	
d	Total num	nber of other independent contractors each receiving over \$100,000						
Sig	n	Under persities of perjury, I declare that I have examined this return, including ac and belief, it is true, correct, any complete Declaration of preparer (other than of	ccompanying schedule ficer) is based on all in	s and statements, and formation of which/pre	to the best of my kno eparer has any knowled	wledge dge		
Her	e	Signatule of officer		Date /				
		Type or print name and title						
		Preparer's	Date	Check if	Preparer's Iden	tifying Nu	mber (Se	ae instr)
Paid	d	signature RITA M. PRINCE, CPA	9811-					
	parer's		, PRINCE AND ASSOCIATES, P.C. EIN ▶ 63-113417					
	Only	f self-employed), 475 S. SEMINARY STREE		,	Phone	<u>-</u> -		
		address, and ZIP + 4 FLORENCE , AL 35630	_		_	-76	6-8	915
Mav	the IRS de	scuss this return with the preparer shown above? See instructions			110 5 250		es [No
		and start that the property offern above. One mandelions				orm 99		
					F	лн ээ	~~ _ _	(2003)

63-6066332

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description			Amount				
MEMBERSHIP	DUES/VOL DONATION	\$	105,515				
Total		\$	105,515				

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Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

	Name and Address		Class of Activity				
	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
ROTARY FOUNDATI	CON		10 202				
P O BOX 329			10,203				
FLORENCE, AL 35	630						
VARIOUS			6,048				
P O BOX 329			0,040				
FLORENCE, AL 35	630						
Total			16,251			-	

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Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
CONFERENCE/MEETINGS	930
SUPPLIES	2,029
FLOTARIAN	1,266
MEMBER MEALS	53,267
DISTRICT DUES	14,186
ROTARY CLOCK MAINTENANCE	450
GROUP STUDY EXPENSE	961
LOCAL DUES	250
MEMBER/SPOUSE BANQUET	4,709
Total	\$ 78,048

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
AV EQUIPMENT Less Accumulated Depreciation	\$	\$ 2,023 289
		1,734

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

Identifying number ROTARY INTERNATIONAL-FLORENCE 63-6066332 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method placed in (q) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 2,023 7.0 200DB 289 HY 7-year property 10-year property 15-year property 20-year property S/I 25-year property 25 yrs Residential rental S/L 27 5 yrs MM property ММ 27 5 yrs Ş/L Nonresidential real MM 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 and on the appropriate lines of your return Partnerships and S corporations—see instructions 289 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs