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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 1545-1150

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
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
ROTARY CLUB 2507
BATESVILLE ROTARY CLUB

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 2654

City or town, state or country, and ZIP + 4
BATESVILLE, AR 72503

D Employer identification number
71-6062689

E Telephone number

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) ▶

I Website: ▶ N/A

J Tax-Exempt status (check only one)— ☑ 501(c) (4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ 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

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 ▶ $ 25,121

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	17,103
	4	Investment income		4	68
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a	7,950	
	b	Less direct expenses other than fundraising expenses	6b	2,765	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,185
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	22,356
Expenses	10	Grants and similar amounts paid (attach schedule)		10	26,594
	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	550
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	212
	16	Other expenses (describe ▶)		16	3,722
	17	**Total expenses.** Add lines 10 through 16 ▶		17	31,078
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-8,722
	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	16,525
	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	7,803

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 for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	16,525	22	7,803
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	16,525	25	7,803
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	16,525	27	7,803

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE WORLDWIDE THROUGH SERVICE IN PERSONAL, BUSINESS, AND COMMUNITY LIFE

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

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

28 The Batesville Rotary Club provides college scholarships to area high school graduates During the year ended 6/30/10 FOUR scholarships of $500 each were provided (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	2,000
29 Rotary is a worldwide organization of business and professional leadersthat provides humanitarian service, encourages high ethical standards in all vocation, helps build goodwill and peace in the world (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	14,407
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**	

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

(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

Part V Other Information (Note the statement requirements in the 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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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			
a	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	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 outstanding at the end of the period covered by this return?	38a		No
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 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	*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 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		No
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ Penny Thornton Telephone no ▶ (870) 698-5470

Located at ▶ 13 Tanglewood Drive Batesville, AR ZIP + 4 ▶ 72501

			Yes	No
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)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

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		No
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		No

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 campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 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				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's 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 than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

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

****** — Signature of officer — 2010-10-21 — Date

Dwight Ford President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
TOMMY J MILLIGAN			

Firm's name (or yours if self-employed), address, and ZIP + 4: Hughes Welch & MilliganCPASLTD, PO Box 2094, Batesville, AR 725032094

EIN ▶

Phone no ▶ (870) 793-5231

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

Additional Data

Software ID:
Software Version:
EIN: 71-6062689
Name: ROTARY CLUB 2507
BATESVILLE ROTARY CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Tim Bruner 2620 Franklin St Batesville, AR 72501	Asst Governor 0	0		
Cathy Drew P O Box 4049 Batesville, AR 72503	Director 0	0		
Mark House PO Box 2576 Batesville, AR 72503	Public Rel Chr 0	0		
Johnny J Kent 1690 Fairway Batesville, AR 72501	Director 0	0		
John A Drymon 106 S 5th Batesville, AR 72501	Director 0	0		
Patty Duncan PO Box 2943 Batesville, AR 72503	Director 0	0		
Renee Long P O Box 2156 Batesville, AR 72503	Sergeant-at-arm 0	0		
Penny Thornton 13 Tanglewood Drive Batesville, AR 72501	Treasurer 0	0		
Ronald Richardson 3233 Peggy St Batesville, AR 72501	President-Elect 0	0		
Dwight Ford 565 Mount Hermon Charlotte, AR 72522	President 3 00	0		
Vonda Kae Oberbeck PO Box 102 Locust Grove, AR 72550	Director 0	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: ROTARY CLUB 2507
BATESVILLE ROTARY CLUB
EIN: 71-6062689
Software ID: 09000047
Software Version: 2009v1.3

Item No.	1
Class of Activity	
Donee's Name	BATESVILLE PUBLIC SCHOOLS
Donee's Address	DISTRICT 4TH GRADERS BATESVILLE, AR 72501
Amount (FMV)	1,040
Purpose of Payment to Affiliate	
Relationship	
Description	DICTIONARIES
Book Value	1,040
How BV Determined	ACTUAL COST
How FMV Determined	ACTUAL COST
Date of Gift	2010-06

Item No.	2
Class of Activity	GENERAL SUPPORT
Donee's Name	FEDERICA BRIOSCHI
Donee's Address	EXCHANGE STUDENT BATESVILLE, AR 72501
Amount (FMV)	395
Purpose of Payment to Affiliate	
Relationship	
Description	MEALS AND FEES
Book Value	395
How BV Determined	ACTUAL COST
How FMV Determined	ACTUAL COST
Date of Gift	2010-06

Item No.	3
Class of Activity	
Donee's Name	SCHOLARSHIPS ALL 5000 TO EACH INDIV
Donee's Address	4 LOCAL STUDENTS BATESVILLE, AR 72501
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	DONATIONS ALL 5000 TO EACH ORGANIZ
Donee's Address	VARIOUS ORGANIZATIONS BATESVILLE, AR 72501
Amount (FMV)	13,012
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Expenses Schedule

Name: ROTARY CLUB 2507
BATESVILLE ROTARY CLUB
EIN: 71-6062689
Software ID: 09000047
Software Version: 2009v1.3

Description	Amount
WEBSITE EXPENSE	230
TRAINING	205
SUPPLIES	18
RECOGNITION/SERVICE AWARDS	301
MISCELLANEOUS	1,480
MEMORIALS & FLOWERS	70
MEMBERSHIP DUES	150
Conferences, Conventions, and Meetings	1,268