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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning May 1, 2010, and ending April 30, 2011

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Bloomington Thrift Shop, Inc

Number and street (or P.O. box, if mail is not delivered to street address): 220 S. Madison St. — Room/suite:

City or town, state or country, and ZIP + 4: Bloomington, IN 47403

D Employer identification number: 35-6019426

E Telephone number: 812 332 5851

F Group Exemption Number ▶ 71564005

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ thriftshop220.com

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 84,998.54

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	965.10
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	323.00
	4	Investment income		4	
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	83,009.44	
	b	Less: cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	83009.44
	8	Other revenue (describe in Schedule O)		8	701.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	84998.54
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	48965.00
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	28106.65
	13	Professional fees and other payments to independent contractors		13	6027.20
	14	Occupancy, rent, utilities, and maintenance		14	5392.88
	15	Printing, publications, postage, and shipping		15	4462.77
	16	Other expenses (describe in Schedule O)		16	3874.26
	17	**Total expenses.** Add lines 10 through 16 ▶		17	96828.76
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(11830.22)
	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	62705.25
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	50874.53

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	62705.25	22	50900.91
23	Land and buildings	250,000.00	23	250,000.00
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	312705.25	25	300990.91
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	312 705.25	27	300990.91

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

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

What is the organization's primary exempt purpose?
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.

28 _____

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

29 _____ list attached

(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 (describe in Schedule O) . . . . . .

(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.)
Check if the organization used Schedule O to respond to any question in this 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
Janice Hunt 4306 Falcon Dr, Bloomington, IN 47403	Chapter President	0	0	0
April Legler 4630 Chatham Dr, Bloomington, IN 47404	Chapter Treasurer	0	0	0
Jeanne Connell 2814 S. Churchill Ct, Bloomington, IN 47401	Thrift Shop Treasurer	0	0	0
Wanda Rogers 220 S. Madison St, Bloomington, IN 47403	Shop manager 32/hrs per week	$11.19/hr	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☑

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		–
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	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		–
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		✓
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 tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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		✓
41	List the states with which a copy of this return is filed. ▶ Indiana			
42a	The organization's books are in care of ▶ Jeanne Connell Telephone no. ▶ 812 333 9429			
	Located at ▶ 2814 S. Churchill Ct., Bloomington, IN 47401 ZIP + 4 ▶ 47401-4404			
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		✓
	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		✓
	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 0			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

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				

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		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☑ Yes ☐ No

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.

Sign Here

▶ Jeanne Connell — Signature of officer — Date 10/20/11

▶ Jeanne Connell, Thrift Shop Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
Bloomington Thrift Shop, Inc	356019426

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					83009.44	
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5					83009.44	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					0	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					83009.44	
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6					83009.44	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					290.33	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0	
c Add lines 10a and 10b					290.33	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					1989.10	
13 **Total support.** (Add lines 9, 10c, 11, and 12.)					85288.87	

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☑

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

PSI IOTA XI
Part IV - Project Fund Contributions

CULTURAL CONTRIBUTIONS

MUSIC

Total Contributions to Symphonies		$0.00 (MA)
Other Music Contributions		
Total from Worksheet	1	$1,950.00
	2	
	3	
Total Other Music Contributions		$1,950.00 (MB)
Total Contributions to ALL MUSIC PROJECTS : (MC)=(MA)+(MB)		$1,950.00 (MC)

FINE ARTS

	1	$1,000.00
	2	$75.00
	3	$50.00
		$1,125.00 (AA)
TOTAL ALL CULTURAL CONTRIBUTIONS: (TC)=(MC)+(AA)		$3,075.00 (TC)

	1	$669.00
	2	
	3	
Total Contributions to LITERATURE/LITERACY		$669.00 (LA)

SPEECH & HEARING

Total from worksheet	1	$3,775.00
	2	
	3	
Total Contributions to SPEECH & HEARING		$3,775.00 (SA)

COMMUNITY OUTREACH CONTRIBUTIONS

National Project Fees		$1,056.00
State Project Fees		$440.00
Total from Worksheet	1	$39,950.00
	2	
	3	
Total Contributions to COMMUNITY OUTREACH		$41,446.00 (SC)
TOTAL ALL CONTRIBUTIONS OTHER THAN CULTURAL: (SD) = (LA) +(SA) + (SC)		$45,890.00 (SD)
TOTAL OF ALL PROJECT FUND CONTRIBUTIONS (SE) = (TC) + (SD)		$48,965.00 (SE)

LARGEST AMOUNT CONTRIBUTED TO ***ANY SINGLE PROJECT***: Please specify

College Scholarships	$6,000.00 (SK)

MUSIC

Total Contributions to Symphonies	
	800.00
	1000.00
	100.00
	50.00
	$ 1950.00
	1000.00
	75.00
	50.00
	$ 1125.00
	669.00
	$ 669.00

SPEECH & HEARING

Scholarships	**1000.00**
General Therapy Assistance	**400.00**
Voice Therapy Assistance	**400.00**
	300.00
	175.00
	1500.00
	$ 3775.00

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: Bloomington Thrift Shop, Inc

Employer identification number: 356019426

line 7b all goods are donated

8 proceeds from a Fashion Show

10 attached list of philanthropic disbursements

16 building insurance ($ 1555.50)

reconciliation discrepancy ($ 48.44)

over/short daily sales ($ 207.98)

advertising ($ 351.47)

credit card fees ($ 1420.54)

interest from savings account ($ 290.33)

Thrift Shop Expenses

Newsletter and Postage	3324.19
Snow Removal	530.00
Lawn Care	900.00
Misc.	61.61
Cleaning and Trash	3910.54
Credit Card Fees	1420.54
Cash Over/Short	207.98
Advertising	351.47
Salaries and Wages	26183.90
Payroll Taxes	1922.75
Accounting Fees	625.05
Equipment, Building Repairs	2171.69
Office and Shop Supplies	1138.58
Utilities	3221.64
Insurance	1555.50
Reconciliation Discrepancies	48.44
Total	46018.38

Other Income and Donations

Stock Donation (Phyllis Switzer)	965.10
Fashion Show	701.00
Fines	273.00
Reimbursements	50.00
Total	1989.00

PSI IOTA XI
Part V - Project Fund Income and Expense

Information needed from *LAST YEAR'S* PCR:

	Savings	Checking	Total
Last Year's ending balance in Project Fund, page 6, line (SH) & (SI)	$39,810.22	$22,895.03	$62,705.25 (PA)

Current year's information:

		Disbursements	Receipts
FUND RAISING PROJECTS			
Up to 10% of Profit to General Fund, (if applicable). Enter on General Fund p2.	1	$0.00	
	2		$83,009.44
	3		
	4		
	5		
	6		
Liability Insurance - National Fee*	7	$264.00	
Other Insurance	8	$1,555.50	
TOTALS for Fundraising Projects		$1,819.50 (PB)	$83,009.44 (PC)

TOTAL MONEY MAKING PROFIT (PD) = (PC) - (PB) $81,189.94 (PD)

OTHER INCOME & EXPENSES	Disbursements	Receipts
Money Transferred from General Fund, page 2, (TP)		$0.00 (PE)
Donations		$965.10
Interest		
Miscellaneous (itemize if greater than $100)	$46,018.38	$1,024.00
One-half delegate expenses for Conventions, State & District Meetings and one- half review cost, if applicable.	$0.00 (PF)	
TOTAL Other Income & Expenses	$46,018.38 (PG)	$1,989.10 (PH)

TOTAL FUNDS AVAILABLE: (PI)=(PA)+(PD)+(PH)-(PG) $99,865.91 (PI)

ENDING BALANCE: (SG) = (PI) - (SE) This figure must correspond with the Project Fund balance at the close of your books April 30 this year. (SE) may be found on page 3, TOTAL OF ALL PROJECT FUND CONTRIBUTIONS. $50,900.91 (SG)

Balance in Project Fund SAVINGS	$35,438.42 (SH)	
Balance in Project Fund CHECKING	$15,462.49 (SI)	
Total (SJ) = (SH) + (SI)	**Note: (SJ) MUST EQUAL (SG)**	$50,900.91 (SJ)

INTENDED USE OF ALL REMAINING PROJECT FUND MONIES - Include approximate amount and date it is to be spent (needed for IRS):

Disbursement to community organizations is ongoing throughout 2011.

Miscellaneous --2011

Receipts:

Honorary yearbooks		$ 322.00
Postage for yearbook mailing		67.00
Summer party		654.50
Style show dinner		2010.00
	Total	$ 3053.50

Disbursements:

Summer Party		$ 531.57
Style Show dinner		2141.88
Regular meeting expenses		93.82
	Total	$ 2767.27

New Members Initiation Dinner 2011

Receipts:	Initiation dues	5 @ $80.00	$ 400.00
	Member dinners	39 @ $28.00	1092.00
	Late receipts from 2010		56.00
		Total	$ 1548.00

Disbursements:

Dinner		$ 988.24
Flowers, candles, programs		277.49
Candles for new member tea		4.68
Certificates		30.00
Programs for 2010 initiation carried forward		75.00
	Total	$ 1375.41

PSI IOTA XI
Part III - General Fund

Information needed from *LAST YEAR'S* PCR:

Last Year's Total Active Members, page 1, line 3 (used to calculate per capita) **84**

Last Year's ending balance in Gen Fund, page 3, line GF & GG	Savings	Checking	Total
		$4,544.02	$4,544.02 (GA)

Current year's information:	Disbursements	Receipts
Chapter Dues		$2,840.00
Fines From Members		$8.00
Donations		
Interest		
Up to 10% of profit from Project Fund (Enter here and see line item of Fund Raising Projects, p 4)		
Money transferred from Project Fund for up to half delegate exp and half review cost. See Line PF, page 4		
National General fees* + Council visit fees*	$890.00	
State general fees*, if applicable	$176.00	
Helicon Fees*	$264.00	
Fines to National/State	$0.00	
Expense for Review and delegates at Convention, State & Dist Meetings	$611.56	
Postage	$150.60	
Officer Expense		
Supplies	$497.00	
Transfer $ to Project Fund (see PF Pg 4)	$0.00 (TP)	
New Members (itemize if greater than $100)	$1,375.41	$1,548.00
Misc (itemize if greater than $100)	$2,767.27	$3,053.50
Money Making Projects for Gen Fund Totals only (itemize details on worksheet)	$0.00	$0.00
GRAND TOTALS	$6,731.84 (GB)	$7,449.50 (GC)
Balance on Hand as of April 30 this year: (GE) = (GA) + (GC) - (GB)		$5,261.68 (GE)
Balance in Savings/Investment Account	(GF)	
Balance in Checking Account	$5,261.68 (GG)	
Total (GH) = (GF) + (GG)	**Note: (GH) MUST EQUAL (GE)**	$5,261.68 (GH)

TS Thaes

Final

PSI IOTA XI
Part I - Membership

Chapter Name	Zeta
City, State	Bloomington, IN
Chapter Federal E.I. Number	356019426

Number of Members as of April il 30, 2011

(1) Active	65 (1)	
(2) Honorary Active	12 (2)	
Total Active Members (3) = (1) + (2)		77 (3)
(4) Auxiliary		0 (4)
(5) Sustaining		0 (5)
(6) Temporary Inactive		4 (6)
(7) Honorary Conferred		0 (7)
Total Membership (8) = (3) + (4) + (5) + (6) + (7)		81 (8)
New members initiated this fiscal year & included in table above		**5**

Part II - Attendance

See Page-by-page Instructions

MONTH	MEETING	ACTIVES PRESENT	TOTAL ACTIVE MEMBERSHIP	ATTENDANCE PERCENTAGE
May	Business	42	84	50.000%
	Social			
June	Business	65	84	77.380%
	Social			
July	Business			
	Social			
August	Business			
	Social			
September	Business	40	84	47.619%
	Social			
October	Business	38	84	45.238%
	Social			
November	Business	67	84	79.761%
	Social			
December	Business	28	84	33.333%
	Social			
January	Business	10	84	11.904%
	Social			
February	Business	31	84	36.904%
	Social			
March	Business	45	84	53.571%
	Social			
April	Business	44	84	52.380%
	Social			

TOTAL NUMBER OF MEETINGS	10 (A)
%COLUMN TOTAL (Add the percent column)	488.090% (B)
ATTENDANCE PERCENTAGE: (C) = (B) ÷ (A)	48.809% (C)

PSI IOTA XI

PART VII

AUTHORIZATION SLIP FOR GROUP 990 FEDERAL TAX RETURN

Chapter Zeta City: Bloomington, IN Chapter of PSI IOTA XI, INC

All Chapters will be included in the Group 990 Federal Tax Return for the past fiscal year (Goup E.I. #356078055).

If you do not wish to be included in this group, please check the box below.

☐ Do NOT wish to be included in the Group 990 Federal Tax Return for the past fiscal year. We will file our own return.

DATE: 5-3-11

Chapter President (Signature in **BLUE** Ink)

4306 Falcon Drive

President's Mailing Address

Bloomington, IN 47403

City, State, Zip Code

812-824-4049

Area Code and Telephone Number

jhunt@bluemarble.net

E-mail address

SIGNATURES ON THIS PAGE MUST BE ORIGINAL, SIGNED IN BLUE INK FOR TAX PURPOSES. PHOTO-COPIES ARE NOT ACCEPTABLE.

PART VIII

TREASURER'S DECLARATION

I declare that I have examined this information and to the best of my knowledge and belief, it is true, correct and complete. ***THE ULTIMATE ACCURACY OF THIS REPORT LIES WITH THE CHAPTER.***

DATE: 3 May 2011

Chapter Treasurer (Signature in **BLUE** Ink)

4630 N Chatham Dr

Treasurer's Mailing Address

Bloomington, IN 47404

City, State, Zip Code

812-876-9951

Area Code and Telephone Number

aaleqler@indiana.edu

E-mail address

FOR TAX PURPOSES, PLEASE BE SURE TO MAIL TWO (2) SIGNED ORIGINALS OF THIS PAGE TO YOUR DISTRICT OFFICER

PART IX

REVIEWER'S SIGNATURE

Chapter Federal E.I. Number: 356019426

This report and books were reviewed by:

DATE: 5/5/2011

Reviewer (Signature in **BLUE** ink)

Richard Attiyeh

Reviewer's Printed Name

7865 S Zikes Rd, Bloomington, IN 47404

Reviewer's Address

812-855-2472

Reviewer's Home/Business Phone

If there are any questions about this report, the District Officer will contact the Chapter Treasurer.

PSI IOTA XI
PART X - CHAPTER OFFICERS FOR THE COMING YEAR

Please **type or print clearly** the names, addresses, and telephone numbers of the following officers for your Chapter for the **coming year**. PLEASE INCLUDE ZIP AND AREA CODES. THIS PAGE MUST BE COMPLETED IN FULL AND MUST FOLLOW THE EXAMPLE BELOW. **Please make certain that all information given will be correct for the coming year as this information is used to make the President's Directory.** A street address is required for those with post office boxes specifically for delivery of the Helicon.

*IF DISTRICT OFFICER CANNOT READ THIS PAGE, SHE WILL CALL YOU**

EXAMPLE: Mary Jones (Mrs. Tom)
123 Main Street
PO Box 00
Your Town, IN 46555
Phone (317) 555-4321

Chapter: Zeta
City: Bloomington, IN

PRESIDENT:

Janice Hunt
President's Name

Mailing Address

4306 Falcon Drive
Street Address

Bloomington, IN 47403
City, State, Zip Code

812-824-4049
Area Code and Telephone Number

jhunt@bluemarble.net
E-Mail Address

CORRESPONDING SECRETARY

Peggy Page
Name

3811 South Christa Court
Mailing Address

Bloomington, IN 47401
City, State, Zip Code

812-333-2155
Area Code and Telephone Number

maggeeP23@aol.com
E-Mail Address

TREASURER

Lynn Rogers
Name

8023 South Shady Side Rd
Mailing Address

Bloomington, IN 47401
City, State, Zip Code

812-824-1761
Area Code and Telephone Number

lrogers345@gmail.com
E-Mail Address