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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

2010

A For the 2011 calendar year, or tax year beginning

7/01

2010

, 2011, and ending

6/30

, 20 11

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization**R MEN VARSITY CLUB**

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 6071

Room/suite

D Employer identification number
35-6047811

City or town, state or country, and ZIP + 4

EVANSVILLE, IN 47719-0071

E Telephone number**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:** ► www.r-men.org**J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527****K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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**

► \$ 65,870

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 10,596
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 1,503
	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 9,525
	b Gross income from fundraising events (not including \$ 36,048 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 44,246
	c Less: direct expenses from gaming and fundraising events	6c 18,344
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 25,902
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold RECEIVED FEB 22 2012	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 38,001
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 21,750
	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
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 4,089
	16 Other expenses (describe in Schedule O)	16 4,759
	17 Total expenses. Add lines 10 through 16 ►	17 30,598
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7,403
	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)	19 152,538
	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 ►	21 169,237

For Paperwork Reduction Act Notice, see the separate instructions.

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19

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	152,538	22 169,237
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	152,538	25 169,237
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	152,538	27 169,237

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 . . . What is the organization's primary exempt purpose? COLLEGE SCHOLARSHIPS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	AWARDED TWELVE COLLEGE SCHOLARSHIPS TO STUDENT-ATHLETES ATTENDING <u>F.J. REITZ HIGH SCHOOL</u>		
	(Grants \$ 21,750) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	30,598
29			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 30,598

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LARRY BROERMAN 12314 BIG CYNTHIANA, EVANSVILLE, IN 47720	PRESIDENT	0	0	0
SCOTT HAYES 303 EDGEWOOD DRIVE, EVANSVILLE, IN 47712	PRESIDENT ELECT	0	0	0
KIRK WILLIAMS 705 CRESTMONT DRIVE, EVANSVILLE, IN 47712	SECRETARY	0	0	0
JOHN GROSS 2330 WINDEMERE DR, EVANSVILLE, IN 47725	TREASURER	0	0	0
MERT LANTAFF 7401 SYLS DRIVE, EVANSVILLE, IN 47712	BOARD MEMBER	0	0	0
RON HAMM 1420 HATHAWAY AVENUE, EVANSVILLE, IN 47712	BOARD MEMBER	0	0	0
DAVID HAUSCHILD 7101 ROBINWOOD LANE, EVANSVILLE, IN 47712	BOARD MEMBER	0	0	0
MIKE BARNES 1015 FELDSTEAD ROAD, EVANSVILLE, IN 47712	BOARD MEMBER	0	0	0
KEITH KOHLMAYER 2027 ROLLETT LANE, EVANSVILLE, IN 47712	BOARD MEMBER	0	0	0
TOM GUINN 6014 PLAINVIEW DRIVE, EVANSVILLE, IN 47720	BOARD MEMBER	0	0	0
BRIAN HAPE 13707 BROWNING ROAD, EVANSVILLE, IN 47725	BOARD MEMBER	0	0	0
DARREN WEST 2707 HARTMETZ, EVANSVILLE, IN 47712	BOARD MEMBER	0	0	0

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

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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 <input type="text" value="NONE"/>	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
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		
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 ► JOHN GROSS Telephone no. ► 812-473-2424 Located at ► 2330 WINDEMERE DR, EVANSVILLE, IN ZIP + 4 ► 47725		
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	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
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 <input type="checkbox"/>		
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

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 Yes 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 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 or have a section 501(h) election in effect during the tax year? 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."		

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

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.

Signature of officer		Date
Sign Here	 John Gross	2/15/2012
Type or print name and title		
JOHN GROSS, TREASURER		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
R MEN VARSITY CLUB

Employer identification number
35-6047811

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 33 1/3% 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 33 1/3% 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.0000 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,148	18,195	8,681	12,059	10,596	59,679
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 . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	27,578	23,460	28,814	24,240	25,902	129,994
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 . . .	37,726	41,655	37,495	36,299	36,498	189,673
6 Total. Add lines 1 through 5 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
8 Public support (Subtract line 7c from line 6.)						189,673

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	37,726	41,655	37,495	36,299	36,498	189,673
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	2,895	5,889	2,620	2,394	1,503	15,301
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,895	5,889	2,620	2,394	1,503	15,301
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	40,621	47,544	40,115	38,693	38,001	204,974
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	92.5352 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	92.4447 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	7.4648 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	7.5554 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G
(Form 990 or 990-EZ)
 Department of the Treasury
 Internal Revenue Service

**Supplemental Information Regarding
 Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
 Inspection

Name of the organization
R MEN VARSITY CLUB

Employer identification number
35-6047811

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

SCHEDULE G, PART I IS N/A AS THE TAXPAYER FILES FORM 990-EZ

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF SCRAMBLE (event type)	(b) Event #2 PARKINGLOTS (event type)	(c) Other events MO. MEETINGS (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,253	25,527	4,940	37,720
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	7,253	25,527	4,940	37,720
Direct Expenses	4 Cash prizes	0	0	0	511
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	288	0	288
	7 Food and beverages	0	0	4,995	4,995
	8 Entertainment	0	0	0	0
	9 Other direct expenses	2,066	123	0	2,189
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(7,983)
	11 Net income summary. Combine line 3, column (d), and line 10 ►				29,737

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			9,525	9,525
Direct Expenses	2 Cash prizes			5,750	5,750
	3 Noncash prizes			0	0
	4 Rent/facility costs			0	0
	5 Other direct expenses			0	0
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				(5,750)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ►				3775

9 Enter the state(s) in which the organization operates gaming activities: **INDIANA**

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: **REGISTRATION NOT SUBMITTED**

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11	Does the organization operate gaming activities with nonmembers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity operated in:	
a	The organization's facility	13a 0.0000 %
b	An outside facility	13b 0.0000 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	

Name ► JOHN GROSS

Address ► 2330 WINDEMERE DRIVE, EVANSVILLE, IN 47712

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ N/A and the amount of gaming revenue retained by the third party ► \$ N/A .

c If "Yes," enter name and address of the third party:

Name ► N/A

Address ►

16 Gaming manager information:

Name ► N/A

Gaming manager compensation ► \$

Description of services provided ► NO GAMING MANAGER

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ **N/A**

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Name of the organization
R MEN VARSITY CLUB

Employer identification number

DESCRIPTION OF OTHER EXPENSES IN RESPONSE TO LINE 16

SENIOR BANQUET 2,892

INSURANCE 1,000

LICENSE & PERMITS 111

TRAILER EXPENSE 356

MISCELLANEOUS 400

SUPPLIES 10

TOTAL **4,769**

TOTAL **4,769** **DESCRIPTION OF EXPENSES IN RESPONSE TO LINE 16**

8:39 AM

02/11/12

Accrual Basis

R-Men Varsity Club
Profit & Loss
July 2010 through June 2011

Jul '10 - Jun 11

Ordinary Income/Expense	
Income	
4000 · Membership Income	8,455.00
4020 · Membership Cookout	
4021 · MC-Meal Sales	1,100.00
4022 · MC-Extra Food Sales	213.00
4023 · MC-Half Pot	384.00
4024 · MC-Games	74.00
4025 · MC-Drink Kitty	180.00
4160 · Ball Tickets	164.00
6000 · MC-Food & Drink Expenses	-3,110.66
6001 · MC-Other Expenses	-50.00
Total 4020 · Membership Cookout	-1,045.66
4100 · Monthly Meeting-Dinner	
4105 · Meal Income	3,187.00
4110 · M Meeting-Drink Kitty	730.60
4120 · M Meeting-Half Pot	511.00
5105 · Food Cost	-3,698.50
5110 · Beverage Cost	-1,296.07
Total 4100 · Monthly Meeting-Dinner	-565.97
4200 · Pizza Sales	
4201 · Pizza Sale	3,372.00
5201 · Food Cost	-1,962.57
Total 4200 · Pizza Sales	1,409.43
4300 · Raffle	
4301 · Raffle Income	9,525.00
5300 · Raffle Winners	-5,750.00
Total 4300 · Raffle	3,775.00
4350 · Parking Lot Inc	
4351 · Tornatta Tire Parking Lot Inc	8,422.00
4352 · Bristol Myers Parking Lot Inc	13,171.50
4353 · West Mich FF Parking Lot Inc	2,605.00
4354 · Fulton Parking Lot Inc	1,248.00
4355 · Firehouse Parking Lot Inc	80.00
5350 · Parking Lot Expense	-410.82
Total 4350 · Parking Lot Inc	25,115.68
4400 · Corporate Sponsors	900.00
4500 · Golf Scramble	
4510 · Golf Income	7,253.00
5500 · Golf Expense	-2,065.81
Total 4500 · Golf Scramble	5,187.19
4600 · Poster Project	
4601 · Poster Project Income	620.00
Total 4600 · Poster Project	620.00
4800 · Shirts, Hats and Prints	30.00
4910 · Interest Income	622.47
Total Income	44,503.14
Expense	
5000 · Scholarships	23,000.00
5010 · Nell Pierce Award	1,000.00
5100 · Monthly Meeting	175.00
5900 · Senior Banquet Expenses	
4900 · Senior Banquet	1,481.60
5910 · Speaker Fee	350.00
5920 · Plaques and Awards	618.11
5930 · Senior Banquet - Other Exps	441.96
Total 5900 · Senior Banquet Expenses	2,891.67

8:33 AM
02/11/12
Accrual Basis

**R-Men Varsity Club
Profit & Loss
July 2010 through June 2011**

	<u>Jul '10 - Jun 11</u>
6030 · Advertising Expense	400.00
6110 · Automobile Expense	
8700 · Trailer	356.03
Total 6110 · Automobile Expense	356.03
6180 · Insurance	1,000.00
6230 · Licenses and Permits	111.49
6250 · Postage and Delivery	380.30
6260 · Printing and Reproduction	36.00
6261 · Newsletter Expense	3,672.93
6450 · Contract Labor	75.00
6770 · Supplies	
6771 · Office Supplies	10.00
Total 6770 · Supplies	10.00
7000 · Start up money	0.00
Total Expense	<u>33,108.42</u>
Net Ordinary Income	11,394.72
Other Income/Expense	
Other Income	
9000 · Endowment Contributions	2,141.10
9010 · Investment Income - Endowment	880.96
Total Other Income	<u>3,022.06</u>
Net Other Income	<u>3,022.06</u>
Net Income	<u>14,416.78</u>

8:35 AM

02/11/12

Accrual Basis

R-Men Varsity Club
Balance Sheet Prev Year Comparison
As of July 1, 2011

	Jul 1, 11	Jul 1, 10	\$ Change
ASSETS			
Current Assets			
Checking/Savings			
1000 · Checking - ONB	11,700.68	1,161.45	10,539.23
1020 · Petty Cash - Bud Gatewood	270.00	270.00	0.00
1030 · Money Market - Hilliard Lyons	82,886.01	82,212.17	673.84
1130 · CD 95987859-ONB-2.75%-3yr-12/11	30,679.13	30,056.66	622.47
1140 · CD - NVP - 95987088 - ONB	2,000.00	2,000.00	0.00
Total Checking/Savings	127,535.82	115,700.28	11,835.54
Total Current Assets	127,535.82	115,700.28	11,835.54
Other Assets			
1800 · Scholarship Endowment			
1801 · Endowment Principal	40,337.88	35,680.76	4,657.12
1802 · Endowment Income	1,363.74	1,156.62	207.12
Total 1800 · Scholarship Endowment	41,701.62	36,837.38	4,864.24
Total Other Assets	41,701.62	36,837.38	4,864.24
TOTAL ASSETS	169,237.44	152,537.66	16,699.78
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2500 · Accounts Payable	33.00	0.00	33.00
Total Accounts Payable	33.00	0.00	33.00
Total Current Liabilities	33.00	0.00	33.00
Long Term Liabilities			
2000 · Scholarship Liabilities			
2018 · '07 1st Mandy Angel	0.00	2,500.00	-2,500.00
2019 · '07 2nd Brittney J. Clark	0.00	2,000.00	-2,000.00
2020 · '07 3rd Travis McClarney	0.00	1,250.00	-1,250.00
2021 · '08 1st Jared Welden	2,500.00	5,000.00	-2,500.00
2022 · '08 2nd Victoria Givens	2,000.00	4,000.00	-2,000.00
2023 · '08 3rd Josh Winiger	1,875.00	3,125.00	-1,250.00
2024 · '09 1st Stephanie Owens	5,000.00	7,500.00	-2,500.00
2025 · '09 2nd Sara Blair	5,000.00	6,000.00	-1,000.00
2026 · '09 3rd Andrew Herrmann	2,500.00	2,500.00	0.00
2027 · '10 1st Nathaniel Tinner	7,500.00	10,000.00	-2,500.00
2028 · '10 2nd Mary Arnold	6,000.00	8,000.00	-2,000.00
2029 · '10 3rd Eric Wedding	3,750.00	5,000.00	-1,250.00
2030 · '11 1st Connor Sholtis	10,000.00	0.00	10,000.00
2031 · '11 2nd Sarah Fox	8,000.00	0.00	8,000.00
2032 · '11 3rd Jordan Pearce	5,000.00	0.00	5,000.00
Total 2000 · Scholarship Liabilities	59,125.00	56,875.00	2,250.00
Total Long Term Liabilities	59,125.00	56,875.00	2,250.00
Total Liabilities	59,158.00	56,875.00	2,283.00
Equity			
3000 · Opening Bal Equity	21,486.24	21,486.24	0.00
3110 · Retained Earnings	56,912.44	42,495.66	14,416.78
3800 · Restricted Endowment Funds	31,680.76	31,680.76	0.00
Total Equity	110,079.44	95,662.66	14,416.78
TOTAL LIABILITIES & EQUITY	169,237.44	152,537.66	16,699.78

8:35 AM

02/11/12

Accrual Basis

R-Men Varsity Club
Balance Sheet Prev Year Comparison
As of July 1, 2011

	% Change
ASSETS	
Current Assets	
Checking/Savings	
1000 · Checking - ONB	907.4%
1020 · Petty Cash - Bud Gatewood	0.0%
1030 · Money Market - Hilliard Lyons	0.8%
1130 · CD 95987859-ONB-2.75%-3yr-12/11	2.1%
1140 · CD - NVP - 95987088 - ONB	0.0%
Total Checking/Savings	10.2%
Total Current Assets	10.2%
Other Assets	
1800 · Scholarship Endowment	
1801 · Endowment Principal	13.1%
1802 · Endowment Income	17.9%
Total 1800 · Scholarship Endowment	13.2%
Total Other Assets	13.2%
TOTAL ASSETS	11.0%
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2500 · Accounts Payable	100.0%
Total Accounts Payable	100.0%
Total Current Liabilities	100.0%
Long Term Liabilities	
2000 · Scholarship Liabilities	
2018 · '07 1st Mandy Angel	-100.0%
2019 · '07 2nd Brittney J. Clark	-100.0%
2020 · '07 3rd Travis McClarney	-100.0%
2021 · '08 1st Jared Welden	-50.0%
2022 · '08 2nd Victoria Givens	-50.0%
2023 · '08 3rd Josh Winger	-40.0%
2024 · '09 1st Stephanie Owens	-33.3%
2025 · '09 2nd Sara Blair	-16.7%
2026 · '09 3rd Andrew Herrmann	0.0%
2027 · '10 1st Nathaniel Tinner	-25.0%
2028 · '10 2nd Mary Arnold	-25.0%
2029 · '10 3rd Eric Wedding	-25.0%
2030 · '11 1st Connor Sholtis	100.0%
2031 · '11 2nd Sarah Fox	100.0%
2032 · '11 3rd Jordan Pearce	100.0%
Total 2000 · Scholarship Liabilities	4.0%
Total Long Term Liabilities	4.0%
Total Liabilities	4.0%
Equity	
3000 · Opening Bal Equity	0.0%
3110 · Retained Earnings	33.9%
3800 · Restricted Endowment Funds	0.0%
Total Equity	15.1%
TOTAL LIABILITIES & EQUITY	11.0%

NP-20State Form 51062
(R4 / 3-11)

**Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year**

Beginning 07 /01 /2010 and Ending 06 /30 /2011

MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate
 Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization R MEN VARSITY CLUB				Telephone Number
Address PO BOX 6071		County VANDERBURGH	Indiana Taxpayer Identification Number 0111410860-000	
City EVANSVILLE	State INDIANA	Zip Code 47719-0071	Federal Identification Number 35-6047811	
Printed Name of Person to Contact JOHN GROSS		Contact's Telephone Number 812-473-2424		

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments. (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence 49
3. Attach a schedule, listing the names, titles and addresses of your current officers
4. Briefly describe the purpose or mission of your organization below.

THE R-MEN VARSITY CLUB AWARDS COLLEGE SCHOLARSHIPS TO STUDENT-ATHLETES ATTENDING F.J. REITZ HIGH SCHOOL

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

John Gross
Signature of Officer or Trustee
JOHN GROSS

Name of Person(s) to Contact

TREASURER**02/15/2012**

Date

Title

812-473-2424

Daytime Telephone Number

**Important: Please submit this completed form and/or extension to
Indiana Department of Revenue, Tax Administration
P.O. Box 7147
Indianapolis, IN 46207-7147
Telephone (317) 233-4015**

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TIN), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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