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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

ROTARY CLUB OF COLUMBUS INDIANA

As Filed Data -

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

DLN: 93492265007061

D Employer identification number

35-6077116

E Telephone number

OMB No 1545-1150

Short Form Return of Organization Exempt From Income Tax

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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

and ending 06-30-2011

Open to Public Inspection

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_	eminat	C1 1 1 1 1 1 7 7 7 1		F Group Exempti		
_		d return City or town, state or country, and ZIP + 4 COLUMBUS, IN 472021091		Number 🟲	OII	
, Al	рисацс	on penaling				
G A c	count	ing method				
		: WWWCOLUMBUSROTARY NET	I		_	anızatıon ıs not
J Tax	-Exemp	pt status(check only one)— 501(c)(3)	527	required to at (Form 990, 9		
\$5	0,000	F if the organization is not a section 509(a)(3) supporting organization a A Form 990-EZ or Form 990 return is not required though Form 990-N (a tion chooses to file a return, be sure to file a complete return				
L Add more,		b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more Form 990 instead of Form 990-EZ	, or if total assets	(Part II, line 25, co ► \$	lumn (B) be	low) are \$500,000 or 64,070
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Func Check if the organization used Schedule O to respond to any question in		(See the instruc	tions for P	art I)
	1	Contributions, gifts, grants, and similar amounts received			1	18,909
	2	Program service revenue including government fees and contracts .			2	
	3	Membership dues and assessments			3	20,232
	4	Investment income			4	148
	5a	Gross amount from sale of assets other than inventory	5a			
<u>o</u>	ь	Less cost or other basis and sales expenses	5b		1	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b fi	rom line 5a)		5c	
79 100	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ _of contributions for reported on line 1) (attach Schedule G if the sum of such gross income ar \$15,000)				
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a ar	nd 6b and subt	ract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	ь	Less cost of goods sold	7b		1	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7	a)		7c	
	8	Other revenue (describe in Schedule O)			8	24,781
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	64,070
	10	Grants and similar amounts paid (list in Schedule O)			10	29,497
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
ů,	13	Professional fees and other payments to independent contractors .			13	550
<u>e</u>	14	Occupancy, rent, utilities, and maintenance			14	
Expenses	15	Printing, publications, postage, and shipping			15	889
	16	Other expenses (describe in Schedule O)			16	32,571
	17	Total expenses. Add lines 10 through 16			17	63,507
<u>–</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	563
Φ M	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
NetAssets		end-of-year figure reported on prior year's return)			19	43,260
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		▶	21	43,823

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in th	nıs Part II			F
(See the instruct	·	Γ	(A) Beginn	ing of year		(B) End of year
22 Cash, savings, and investments .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ŀ	(A) Degiiiii	43,260	22	43,823
23 Land and buildings				13,200	23	13,023
24 Other assets (describe in Schedule O))				24	
25 Total assets		·		43,260		43,823
26 Total liabilities (describe in Schedule		· · ·		43,200		45,029
27 Net assets or fund balances (line 27 of	•	th line 21)		43,260		43,823
Part III Statement of Program		· · · · · · · · · · · · · · · · · · ·		43,200	27 	Expenses
Check if the organization used What is the organization's primary exempt ASSIST LOCAL CHARITIES AND EDUCA	Schedule O to respond to	any question in t		. V	(c)	equired for section 501 (3) and 501(c)(4) ganizations and section
HIGH ETHICAL STANDARDS IN ALL VOC THE WORLD	CATIONS HELP BUILD G	O O D WILL AND P	EACE THRO	UGHOUT		47(a)(1) trusts, tional for others)
Describe what was achieved in carrying out describe the services provided, the number program title						
28 ASSIST LOCAL CHARITIES AND EDU HIGH ETHICAL STANDARDS IN ALL VOC THROUGHOUT THE WORLD (Grants \$ 29,497) If thi		ND MAINTAIN G	OODWILLA		28a	58,850
29	a umount merades for eight	grants, eneck ner	• • • •	· 1	204	38,830
(Grants \$) If the	s amount includes foreign (grants, check here	e	▶ ┌	29a	
(Grants \$) If thi	s amount includes foreign g	grants, check here	e	▶ ⊏	30a	
31 O ther program services (describe in Sci				<u> </u>	30a	
• •	s amount includes foreign (▶ ┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .			▶	32	58,850
Part IV List of Officers, Directors, True	stees, and Key Employees.	List each one even if	not compensat	ed (See the ins	tructio	ns for Part IV)
Check if the organization used		1		<u> </u>		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat (If not paid enter -0)	l, emplo	Contributions yee benefit pl red compens	lans 8	
See Additional Data Table						

Ра	rt v	Other Information (Note the statement requirements in the instr	· -			
		Check if the organization used Schedule O to respond to any question in this	Part V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Youthous of each activity in Schedule O		33	res	No
34	Were a	ny significant changes made to the organizing or governing documents? If "Yeamended documents if they reflect a change to the organization's name. Other like O (see instructions)	es," attach a conformed copy wise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 90-T	n did not report the income on			
а		organization have unrelated business gross income of \$1,000 or more or war or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No
b If "Yes," has it fil		," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions 🕨	37a 0			
b	Did the	organization file Form 1120-POL for this year?		37b		
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed 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				
а	Initiati	on fees and capital contributions included on line 9	39a			
b	Gross	receipts, included on line 9, for public use of club facilities	39b			
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization during	ng the year under			
	section 4	1911 ►, section 4912 ►, section 4955 ■	•			
	transa reporte	501(c)(3) and $501(c)(4)$ organizations. Did the organization engage in any sect ction during the year or did it engage in an excess benefit transaction in a prior of on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been art I	40b		No
	dısqua	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on orgalified persons during the year under sections 4912, 4955, and 4958	▶ 0			
	organiz	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	• 0			
e	transa	anizations. At any time during the tax year, was the organization a party to a pr ction? If "Yes," complete Form 8886-T		40e		No
41		states with which a copy of this return is filed 🕨 IN				
42a	The o	rganization's books are in care of ► TASHA MANN	Telephone no	► (81	.2) 376	-9245
	Locate	P O BOX 1091 ed at ► COLUMBUS, IN	ZIP + 4	4	7202	
b	Atanv	time during the calendar year, did the organization have an interest in or a sig	inature or other authority			T
_	overa	financial account in a foreign country (such as a bank account, securities acc			Yes	No
	accour	•		42b		No
	See th	," enter the name of the foreign country <u></u> e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.				
c		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 1 er the amount of tax-exempt interest received or accrued during the tax year	041 —Check here			▶ Γ
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be co</i>	ompleted instead of		Yes	No
	Form 9	90-EZ.		44a		Νο
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,' i</i> I of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the year	ar?			
d	If'Yes ın Sche	to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	44c		No

Form 990-	EZ (2010)					I	V	Page 4
4F T				6 t F 4 5	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Yes	No
	ny related organization a controlle Yerm 990 and Schedule R must be		_	rsection 512	2(D)(13)/ <i>11</i>	45		Νο
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•					
	he organization engage, directly					45a		Νο
	idates for public office? If "Yes,"					46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) orgai			_			-	stions
	47-49b and 52.			•	e ii usis iiiusi	alisw	ei que	-
	Check if the organization used	Schedule O to respond	to any question in this P	art V I .	<u> </u>	<u></u>	Yes	No
47 5						47		
	he organization engage in lobbyii					48		
	e organization a school described he organization make any transfe					49a		
	es," was the related organization					49b		
	plete this table for the organization			than officers	directors true	t	nd kay	
	oyees) who each received more t				, ,		•	
	and address of each employee	(b) Title and average hours per week	(c) Compensation	, ,	ributions to enefit plans &	-	e) Exper	
pa	nd more than \$100,000	devoted to position		deferred c	ompensation	othe	r allowa	nces
50(f) Tot	al number of other employees na	ud over \$1.00.000				<u> </u>		
50(f) Tot	al number of other employees pa	ıd over \$100,000 .				•		
51 Com	plete this table for the organization	on's five highest compen			• • • • • • • • • • • • • • • •	►	an \$10	0,000
51 Com		on's five highest compen n Ifthere is none, enter '	None "	,	ach received m		an \$10	
51 Com	plete this table for the organization mpensation from the organization	on's five highest compen n Ifthere is none, enter '	None "	,				
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51 Composition of composition (a) N 51(d) Total formula of the composition of co	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the complete of officer. TASHA MANN TREASURER. Type or print name and title Preparer's signature. SARA C JACOBI CPA Firm's name (or yours. BLUE & CO	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organizatio on companying scheparer (other than officer)	(b) Type Ins and 4947 Ledules and state is based on all patents.	of service (a)(1) nonexen atements, and to il information of	npt cha	aritable /es st of my prepare	trusts No
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efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492265007061

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Name of the organization
ROTARY CLUB OF COLUMBUS INDIANA

Employer identification number

35-6077116

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 148

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MEAL INCOME AMOUNT 19,996 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 4,785 TOTAL TO FORM 990-EZ, LINE 8 24,781

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME ROTARY FOUNDATION GRANTEE ADDRESS PO BOX 1091 COLUMBUS, IN 47202 GRANTEE RELATIONSHIP BROTHER/SISTER ORGANIZATION DATE OF GIFT 06/30/11 AMOUNT GIVEN 10,985

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME ERNE SCHOLARSHIP FUND GRANTEE ADDRESS PO BOX 1091 COLUMBUS, IN 47202 DATE OF GIFT 06/30/11 AMOUNT GIVEN 18,512 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 29,497

Identifier Return Reference		Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION DUES AMOUNT 10,930 DESCRIPTION CLUB SERVICE AMOUNT 1,767 DESCRIPTION COMMUNITY SERVICE AMOUNT 159 DESCRIPTION INTERNATIONAL SERVICE AMOUNT 5,528 DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 3,218 DESCRIPTION YOUTH SERVICE AMOUNT 10,969 TOTAL TO FORM 990-EZ, LINE 16 32,571

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF COLUMBUS INDIANA

EIN: 35-6077116

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

Software ID: Software Version:

EIN: 35-6077116

Name: ROTARY CLUB OF COLUMBUS INDIANA

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
TROY FORMAN POBOX 1091 COLUMBUS, IN 47202	PRESIDENT 5 00	0	0	0
KIRK CLARK POBOX 1091 COLUMBUS,IN 47202	SECRETARY 5 00	0	0	0
TASHA MANN POBOX 1091 COLUMBUS,IN 47202	TREASURER 5 00	0	0	0
MARK PILLAR POBOX 1091 COLUMBUS, IN 47202	MEMBERSHIP CHAIR 5 00	0	0	0
BARB HACKMAN POBOX 1091 COLUMBUS, IN 47202	PUBLIC RELATIONS CHAIR 5 00	0	0	0
MARK THOMPSON POBOX 1091 COLUMBUS, IN 47202	COMMUNITY SERVICE 5 00	0	0	0
JASON BOWSER POBOX 1091 COLUMBUS, IN 47202	CLUB SERVICE 5 00	0	0	0
MARK MCNULTY POBOX 1091 COLUMBUS,IN 47202	YOUTH SERVICE 5 00	0	0	0
RICH STENNER POBOX 1091 COLUMBUS, IN 47202	FOUNDATION CHAIR 5 00	0	0	0