



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form  
Return of Organization Exempt From Income TaxUnder 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

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

B Check if applicable

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

C Name of organization

BEND ROTARY CLUB

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

PO BOX 305

D Employer identification number

93-6031479

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

BEND

OR 97709

E Telephone number

G Accounting Method  Cash  Accrual  Other (specify) ►

I Website ► N/A

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527H 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

► \$ 103,664

## 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

1 Contributions, gifts, grants, and similar amounts received

1 10,336

2 Program service revenue including government fees and contracts

2

3 Membership dues and assessments

3 67,230

4 Investment income

4 145

5a Gross amount from sale of assets other than inventory

SEE STATEMENT

5a

5c

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)

6d 13,092

6 Gaming and fundraising events

7a

a Gross income from gaming (attach Schedule G if greater than \$15,000)

6a

7b

b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)

6b

25,953

c Less direct expenses from gaming and fundraising events

6c

12,861

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7c

7a Gross sales of inventory, less returns and allowances

7a

b Less cost of goods sold

7b

c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8

8 Other revenue (describe in Schedule O)

9 90,803

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

10 14,708

10 Grants and similar amounts paid (list in Schedule O)

11 40,567

11 Benefits paid to or for members

12

12 Salaries, other compensation, and employee benefits

13 5,800

13 Professional fees and other payments to independent contractors

14

14 Occupancy, rent, utilities, and maintenance

15

15 Printing, publications, postage, and shipping

16 19,745

16 Other expenses (describe in Schedule O)

17 80,820

17 Total expenses. Add lines 10 through 16

18 9,983

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 39,478

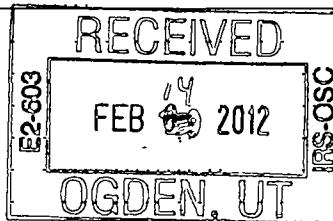
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)

20

20 Other changes in net assets or fund balances (explain in Schedule O)

21 49,461

21 Net assets or fund balances at end of year Combine lines 18 through 20



15



**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 

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  X

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  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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  X

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  X

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  X

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  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

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 the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40a

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  X

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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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  X

41 List the states with which a copy of this return is filed ► NONE42a The organization's books are in care of ► SHARON CALHOUN

Telephone no. ►

P.O. BOX 305

Located at ► BEND

OR

ZIP + 4

► 97709

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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 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  Xb 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  Xc Did the organization receive any payments for indoor tanning services during the year? 44c  Xd 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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
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)

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
45		X
45a		X
46		X

**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

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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

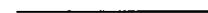
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

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	  <p><i>D. Callan, CPA, LLC, PCP, PAs.</i></p>		Date <i>2/9/12</i>
	 <p><i>Stephen L. Callan, CPA</i></p>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STEPHEN L. CALLAN</b>	Preparer's signature <i>Stephen L. Callan, CPA</i>	Date <i>2/9/12</i>
	Firm's name ► <b>CALLAN ACCOUNTING SERVICES, CPA, LLC</b>	Civilian <input checked="" type="checkbox"/>	Check <input checked="" type="checkbox"/> if self-employed <b>P00302422</b>
	Firm's address ► <b>1018 SW EMKAY DRIVE BEND, OR 97702</b>	Firm's EIN ► <b>93-1318784</b>	
	Phone no		<b>541-388-3838</b>

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**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

**2010**

Open To Public  
Inspection

Name of the organization

BEND ROTARY CLUB

Employer identification number  
93-6031479

**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 fund-raiser 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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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 ►

**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  ROTARY ROSE DAY (event type)	(b) Event #2  (event type)	(c) Other events  NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2)	25,953		25,953
Direct Expenses	4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses			12,861
	10 Direct expense summary Add lines 4 through 9 in column (d)			12,861
	11 Net income summary Combine line 3, column (d), and line 10			13,092

**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			
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			
	8 Net gaming income summary Combine line 1, column d, and line 7			

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

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain

9a  Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

10a  Yes  No

11 Does the organization operate gaming activities with nonmembers?  Yes  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?  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

13a	%
13b	%

Name ►

Address ►

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 ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

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

Name ►

Address ►

16 Gaming manager information.

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

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 ► \$ \_\_\_\_\_

**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).

**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

BEND ROTARY CLUB

Employer identification number  
93-6031479

## FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME AND ADDRESS CLASS OF ACTIVITY DATE OF GIFT

DESC. OF PROPERTY

CASH CONTRIB. NONCASH CONTRIB.

BOOK VALUE BV EXPL. FMV EXPL.

VARIOUS

\$ 14,708 \$ 0

\$ 0

## FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION AMOUNT

EXPENSES

OFFICE SUPPLIES \$ 958

ROTARY INTERNATIONAL CONF. \$ 5,488

DUES \$ 11,033

ADMINISTRATIVE COSTS \$ 2,266

TOTAL \$ 19,745

## FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION BEG. OF YEAR END OF YEAR

EQUIPMENT \$ 0 \$ 1,600

LESS ACCUMULATED DEPRECIATION \$ 0 \$ 586

TOTAL \$ 0 \$ 1,014

Name of the organization

BEND ROTARY CLUB

Employer identification number

93-6031479

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO RCF ..	\$ 177	\$ 0

## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

COMMUNITY PROJECTS WHICH VARY FROM YEAR TO YEAR DEPENDING ON THE NEEDS OF  
THE COMMUNITY.

**Federal Statements****Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
DUES AND ASSESSMENTS	\$ 67,230
TOTAL	\$ <u>67,230</u>

---

**Form 990-EZ, Part I, Line 11 - Benefits Paid To or For Members**

Description	Amount
MEETING COSTS	\$ 40,567
TOTAL	\$ <u>40,567</u>