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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011**Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 20 12

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

**C** Name of organization  
**Rotary Club of Goshen**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P O Box 113**  
 City or town, state or country, and ZIP + 4  
**Goshen, IN 46527-0113**

**D** Employer identification number  
**35 6077128**

**E** Telephone number  
**574-536-2681**

**F** Group Exemption 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: ►

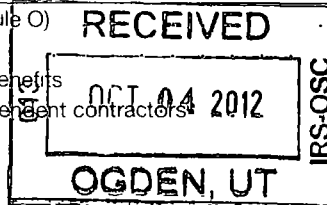
**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( 4 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**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. ► \$

**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	7065
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	63,247
	4	Investment income	4	550
	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		
b	Less cost of goods sold	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,862	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	16,484
	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	0
	16	Other expenses (describe in Schedule O)	16	49,638
	17	<b>Total expenses.</b> Add lines 10 through 16	17	66,122
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,740
	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	37,881
	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	42,621



For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

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**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	37,881	22 42,622
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	37,881	25 42,622
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)	37,881	27 42,622

**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? Civic Organization

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.

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

28 International Development Room & board scholarships for Goshen College international students (\$4000); Rotary International Foundation (\$2,300); Rotary Youth Exchange stipend for HS student exchange (\$1,425)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	\$7,725
29 Youth leadership development Goshen High School student awards (\$859), Rotary Youth Leadership Academy (\$600), World Affairs Conference (\$0)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	\$1,459
30 Community Development & Philanthropy. Donations to Elkhart County, Indiana not-for-profit organizations Dollars for Scholars (\$6,000); Small Donations Fund (\$300); Major Projects Fund (\$1,000)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	\$7,300
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)	32	\$16,484

**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
Chad Gascho 58164 Steiner Drive, Goshen, IN 46528	President--4 hrs/wk	0	0	0
David Birky 307 W Kercher Ave, Goshen, IN 46526	Pres Elect--2 hrs/wk	0	0	0
Lynn Morris 20260 Fieldstone Crossing, Goshen, IN 46528	Secretary -- 3 hrs/wk	0	0	0
Laurie N Nafziger 423 S 5th, Goshen, IN 46526	Treasurer -- 3 hrs/wk	0	0	0
Craig Buche 625 Emerson St, Goshen, IN 46526	Director--2 hrs/wk	0	0	0
Todd Miller 830 Walden Lane, Goshen, IN 46526	Director--2 hrs/wk	0	0	0
Sharon Risser 1212 Waterford Circle, Goshen, IN 46528	Director--2 hrs/wk	0	0	0
Mark King 24218 Roadster Court, Elkhart, IN 46516	Director--2 hrs/wk	0	0	0
Jim Kroemer 12601 N Pleasant Grove, Syracuse, IN 46567	Director--2 hrs/wk	0	0	0
Kent Oyer 1105 S 7th, Goshen, IN	Director--2 hrs/wk	0	0	0
Cathie Cripe 201 N 3rd, Goshen, IN 46526	Director--2 hrs/wk	0	0	0
David Swihart 57217 C R 117, Goshen, IN 46528	Director--2 hrs/wk	0	0	0

**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
<b>33</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> 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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> n/a	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> n/a	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> n/a	<input type="checkbox"/>	<input type="checkbox"/>
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> ; section 4955 <b>40a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 <b>40c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> 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 <b>40e</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. <b>41</b> Indiana	<input type="checkbox"/>	<input type="checkbox"/>
<b>42a</b> The organization's books are in care of <b>42a</b> Laurie N. Nafziger Telephone no <b>42a</b> 574-537-2681 Located at <b>42a</b> 423 S 5th St, Goshen, IN ZIP + 4 <b>42a</b> 46526-3925	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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. <b>42b</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 <b>42c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 <b>44b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45b</b> 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) <b>45b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

		Yes	No
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		✓

**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"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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f	Total number of other employees paid over \$100,000 . . . . .		▶
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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.

<b>Sign Here</b>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">             Signature of officer         </div> <div style="width: 15%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>           Date         </div> </div>	
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div> <b>Laurie N Nafziger, Treasurer</b>            Type or print name and title         </div>	

<b>Paid Preparer Use Only</b>	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 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

**2011**

**Open to Public  
Inspection**

Name of the organization  
**Rotary Club of Goshen**

Employer identification number  
**35 6077128**

**PART I, Line 10: Grants and other similar amounts paid**

Goshen College International Students (\$4,000), Dollars for Scholars (\$6,000); Goshen High School Student Awards (\$859); Rotary

International Foundation (\$2,300); Rotary Youth Leadership Academy (\$600), Rotary Youth Exchange (\$1,425), Small Donations Fund (\$300);

Major Projects Fund (\$1,000)

**Total \$16,484**

**PART I, Line 16 Other Expenses**

Meal costs at meetings (\$35,479); Rotary International Dues (\$8,086); Rotary District Fees (\$4,010); Supplies and Memorials (\$698), Rotary

International Conference (\$1,000); Training for Rotary Leadership (\$205); Goshen Chamber Dues (\$160)

**Total \$49,638**

Name of the organization

Rotary Club of Goshen

Employer identification number

35 6077128