



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



990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
Inspection

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.

**A** For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 2013

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

**C** Name of organization: ROTARY CLUB OF BLOOMINGTON - NOON  
 Number and street (or P O box, if mail is not delivered to street address): PO Box 20-300  
 City or town, state or country, and ZIP + 4: BLOOMINGTON, MN 55420-0300

**D** Employer identification number: 41-6037531

**E** Telephone number: 952-893-3812

**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) ( ) (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: ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	20,426
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	13,355
	4	Investment income	4	16
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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	
Expenses	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	41,938
	7b	Less: cost of goods sold	7b	32,489
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	9,449
	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	33,246
	10	Grants and similar amounts paid (list in Schedule O)	10	8,344
	Net Assets	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	5,310
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	3,575
16		Other expenses (describe in Schedule O) <u>Dues &amp; Conference Costs</u>	16	16,053
17		<b>Total expenses.</b> Add lines 10 through 16	17	33,282
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	367
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	27,091
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	27,055	

SCANNED OCT 25 2013

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2012)

20

**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 . . . . .	28,715	22 24,158
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) <i>ACCOUNTS RECEIVABLE</i> . . . . .	7,126	24 3,897
25	<b>Total assets</b> . . . . .	35,841	25 28,055
26	<b>Total liabilities</b> (describe in Schedule O) <i>ACCTS. PAYABLE</i> . . . . .	8,750	26 1,000
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	27,091	27 27,055

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐ **Expenses**  
(Required for section

What is the organization's primary exempt purpose?

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	CHARITABLE + EDUCATIONAL GIFTS + GRANTS	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8,344
29	WEEKLY PROGRAMS - PROMOTION OF EDUCATIONAL + CHARITABLE PROGRAMS IN BLOOMINGTON + SURROUNDING CITIES	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,043
30	DUES PAID TO ROTARY INTL, ROTARY DISTRICT 5950; CONFERENCE COSTS; ROTARY PROMOTES HEALTH, HUMANITARIAN + HUNGER NEEDS THROUGHOUT THE WORLD	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	16,053
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	29,440

**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 . . . . . ☐

[illegible]

**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 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 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 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 . . . . .		
<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 checked="" 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 checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> <u>NONE</u>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<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 checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<u>38b</u>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<u>39a</u>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<u>39b</u>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<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 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>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<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 . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <u>NONE</u>		
<b>42a</b> The organization's books are in care of ▶ <u>KATHY KOEHLER</u> Telephone no. ▶ <u>952-893-3812</u> Located at ▶ <u>PO Box 20-300, Bloomington, MN</u> ZIP + 4 ▶ <u>55420-0300</u>		
<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)? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
<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 . . . . . ▶ <u>43</u>		
<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 . . . . .		<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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<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>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<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) . . . . .		<input checked="" type="checkbox"/>

**43** 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
<b>46</b>		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . . ☐

**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 . . . . .

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		
-----------	--	--

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
------------	--	--

**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
------------	--	--

**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 title of each employee paid more than \$100,000	(b) 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

**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.

<b>Sign Here</b>	Signature of officer <i>Matthew J. Gorman - President</i>	Date <i>9-23-13</i>
	Type or print name and title	

<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

# **Supplementary Statements** **For the Year Ended June 30, 2013**

Rotary Club of Bloomington Noon

41-6037531

## **Part IV** **List of Officers, Directors, and Trustees**

<u>Name/Address</u>	<u>Title</u>	<u>Average Hours Per Week</u>	<u>Compensation</u>	<u>Employee Benefit Contributions</u>	<u>Expense Account</u>
Brett Mortenson Bloomington, MN	Director	2	None	None	None
Jim McDonald Bloomington, MN	Director	2	None	None	None
Deb Newman Bloomington, MN	Director	2	None	None	None
Jim Casserly Bloomington, MN	Past President	2	None	None	None
Pady Regnier Bloomington, MN	Director	2	None	None	None
Phyllis Karasov Bloomington, MN	Director	2	None	None	None

ADMIN\SFAGANNIN\BASTRotary\2001 Supp Schedule.doc

# Supplementary Statements

For the Year Ended June 30, 2013

Rotary Club of Bloomington Noon 41-6037531

## Part IV

### List of Officers, Directors, and Trustees

<u>Name/Address</u>	<u>Title</u>	<u>Average Hours Per Week</u>	<u>Compensation</u>	<u>Employee Benefit Contributions</u>	<u>Expense Account</u>
Josie Hardy Bloomington, MN	Director	2	None	None	None
Andrea Specht Bloomington, MN	Director	2	None	None	None
Brian Emerson Bloomington, MN	Director	2	None	None	None
Bob Erickson Bloomington, MN	Secretary-Treasurer	3	None	None	None
Dave Walock Eden Prairie, MN	President elect	5	None	None	None
Kurt Hagen Bloomington MN	Director	2	None	None	None
Chris Guarnera Bloomington, MN	President	10	None	None	None