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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning 7/1/2013, and ending 6/30/2014

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

**C** Name of organization: FISHERS ROTARY CLUB  
 Number and street (or P.O. box, if mail is not delivered to street address): 11445 Lake Stonebridge Lane  
 City or town: Fishers State: IN ZIP code: 46037  
 Foreign country name: Foreign province/state/county: Foreign postal code:

**D** Employer identification number: 35-1846948

**E** Telephone number: (317) 558-6385

**F** Group Exemption Number: 0573

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify):

**I** Website: fishersrotary.org

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

**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other Rotary Club

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 103,807

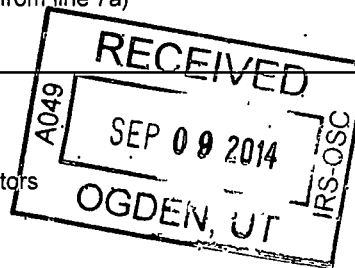
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,150
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	17,969
	4	Investment income	4	163
	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	0
	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	57,431	
c	Less direct expenses from gaming and fundraising events	6c	18,939	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	38,492	
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	0	
8	Other revenue (describe in Schedule O)	8	13,094	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,868	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	45,416
	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	95
	16	Other expenses (describe in Schedule O)	16	25,953
	17	<b>Total expenses.</b> Add lines 10 through 16	17	71,464
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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	54,292
20		Other changes in net assets or fund balances (explain in Schedule O)	20	
21		<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	67,696

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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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
<b>22</b> Cash, savings, and investments	89,955	<b>22</b>	136,435
<b>23</b> Land and buildings		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O)	17,551	<b>24</b>	12,076
<b>25</b> <b>Total assets</b>	107,506	<b>25</b>	148,511
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	53,214	<b>26</b>	80,815
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	54,292	<b>27</b>	67,696

**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? Fundraising for charities and service projects

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.)

<b>28</b> Donations to local, national and international charities		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	41,416
<b>29</b> Scholarships to college bound students		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	4,000
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	45,416

**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 title	(b) 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
Dennis Schemine President	Hr/WK 15 00			
Michele Whelchel President Elect	Hr/WK 10 00			
Richard Phelan Secretary	Hr/WK 10 00			
Michael Peterson Treasurer	Hr/WK 10 00			
Abby Cella Vice President	Hr/WK 10 00			
Kris Conover Past President	Hr/WK 5 00			
Derek Irvin Director	Hr/WK 5 00			
Brad Brees Director	Hr/WK 5 00			
Glen Jacobs Director	Hr/WK 5 00			
Rusty Webb Director	Hr/WK 5 00			
Gregg Hiland Director	Hr/WK 5 00			
Brian Lott Director	Hr/WK 5 00			

**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		X
<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)		X
<b>35 a</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)?		X
<b>35 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>35 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		X
<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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>37 b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</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?		X
<b>38 b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</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>		
<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		X
<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>		
<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>		
<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>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> IN		
<b>42 a</b> The organization's books are in care of <b>42a</b> Michael Peterson, Treasurer Telephone no <b>42a</b> (317) 558-6385 Located at <b>42a</b> 11445 Lake Stonebridge Lane City Fishers ST IN ZIP + 4 <b>42a</b> 46037		
<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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
<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>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44 a</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>		X
<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>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<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>		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>b</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>		X

**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
<b>46</b>		X

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

<b>49a</b>		X
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**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	(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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

**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"

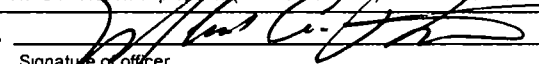
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City	Str	
ST ZIP		
Name		
City	Str	
ST ZIP		
Name		
City	Str	
ST ZIP		
Name		
City	Str	
ST ZIP		
Name		
City	Str	
ST ZIP		

**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>		9/4/2014
	Signature of officer	Date
	Michael Peterson	Treasurer
	Type or print name and title	

**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		Phone no	
Firm's address				

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

▶ ☐ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

**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.**

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

**Open to Public Inspection**

Name of the organization

## FISHERS ROTARY CLUB

Employer Identification number

35-1846948

## 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 checked="" 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 checked="" 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
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				0	0	0

- 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

IN

**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 Indianapolis 500 (event type)	(b) Event #2 Brickyard 400 (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,963	3,920	49,548	57,431
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	3,963	3,920	49,548	57,431
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses			18,939	18,939
	10 Direct expense summary Add lines 4 through 9 in column (d)				18,939
	11 Net income summary Subtract line 10 from line 3, column (d)				38,492

**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				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	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)				0
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				0

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

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain.

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 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 type="checkbox"/> No   |
| 13 | Indicate the percentage of gaming activity operated in  |  |
| a  | The organization's facility   | <div style="display: flex; justify-content: space-between;"> <span><b>13a</b></span> <span>%</span> </div> |
| b  | An outside facility   | <div style="display: flex; justify-content: space-between;"> <span><b>13b</b></span> <span>%</span> </div> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records                                      |  |

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 ► \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ 0
- c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address 

## 16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ 0

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 ▶ \$ 0

**Part IV** **Supplemental Information.** 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

FISHERS ROTARY CLUB

Employer identification number

35-1846948

Form 990-EZ, Part I, Line 8, Other Revenue Meetings 12,949

Form 990-EZ, Part I, Line 8, Other Revenue Miscellaneous 145

Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Rotary International

Foundation, Cash Grant 15,150, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Fundraising 19

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 1,446

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 22

Form 990-EZ, Part I, Line 16, Other Expenses Meetings 7,955

Form 990-EZ, Part I, Line 16, Other Expenses Membership-International & District dues and

subscriptions 10,666

Form 990-EZ, Part I, Line 16, Other Expenses Badges and member awards 655

Form 990-EZ, Part I, Line 16, Other Expenses Chamber of Commerce dues 125

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 433

Form 990-EZ, Part I, Line 16, Other Expenses Internet/software renewals 819

Form 990-EZ, Part I, Line 16, Other Expenses Fellowship 776

Form 990-EZ, Part I, Line 16, Other Expenses Speaker gifts 192

Form 990-EZ, Part I, Line 16, Other Expenses Community service 363

Form 990-EZ, Part I, Line 16, Other Expenses Interact Clubs 459

Form 990-EZ, Part I, Line 16, Other Expenses Public relations 71

Form 990-EZ, Part I, Line 16, Other Expenses District Governor installation dinner 1,264

Form 990-EZ, Part I, Line 16, Other Expenses Vocational service-Apple Day 688

Form 990-EZ, Part II, Line 24, Other Assets Fund raising receivable Beginning of year

13,559, End of year 8,896

Form 990-EZ, Part II, Line 24, Other Assets Canopy tents, less accumulated depreciation

Beginning of year 3,992, End of year 3,180

Form 990-EZ, Part II, Line 26, Liabilities Scholarships payable Beginning of year 3,000,

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule O (Form 990 or 990-EZ) (2013)**

Name of the organization

Employer identification number

FISHERS ROTARY CLUB

35-1846948

End of year 2,250

Form 990-EZ, Part II, Line 26, Liabilities Prepaid member dues Beginning of year 300, End

of year 375

Form 990-EZ, Part II, Line 26, Liabilities Accounts payable Beginning of year 1,516, End of

year 7,983

Form 990-EZ, Part II, Line 26, Liabilities Restricted funds-Water Is Life Beginning of year

48,398, End of year 70,207

## Page 1 of 1 of Part IV

Employer identification number

35-1846948

[illegible]

Part I, Line 8 (990-EZ) - Other Revenue

		Total:	13,094
Description		Amount	
1	Meetings	12,949	
2	Miscellaneous	145	

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

Totals:															45,416	0		
Class of activity	Grantee's name	Check (or if grantee is a business)	Address	City	State	Zip Code	Foreign Country	Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received		
1	Rotary International Foundation							15,150										
2	Discovery Project							2,831										
3	RYLA Camp							1,000										
4	Student Scholarships							4,000										
5	Boy Scouts Of America							800										
6	Brain Injury Association							775										
7	Chaucer's Place							1,000										
8	Come To Me Food Pantry							1,000										
9	Fishers Fire Foundation							650										
10	Fishers Police Foundation							600										
11	Fishers Youth Assistance Program							800										
12	Fortune Academy							750										
13	Girls On The Run							1,000										
14	HSE Schools Foundation							1,000										
15	Indiana School For The Deaf							500										
16	Kids Voice Of Indiana							800										
17	Meals On Wheels							800										
18	Outreach Inc							475										
19	Servants At Work							1,200										
20	Shepherd Community Center							800										
21	Tatum's Bags Of Fun							1,455										
22	Youth Mentoring Initiative							1,000										
23	Shelterbox USA							4,000										
24	Youth Exchange Program							550										
25	Gift Of Life							1,000										
26	Polo Plus							1,500										

**Part I, Line 16 (990-EZ) - Other Expenses**

		<b>Total:</b>	25,953
	Description	Amount	
1	Travel		
2	Meals and entertainment		
3	Fundraising	19	
4	Conferences, conventions, and meetings	1,446	
5	Depletion		
6	Equipment rental and maintenance		
7	Interest		
8	Supplies	22	
9	Telephone		
10	Unrelated business income taxes	0	
11	Amortization	0	
12	Depreciation	0	
13	Meetings	7,955	
14	Membership-International & District dues and subscriptions	10,666	
15	Badges and member awards	655	
16	Rotary t-shirts		
17	Chamber of Commerce dues	125	
18	Insurance	433	
19	Mini banners		
20	Internet/software renewals	819	
21	Fellowship	776	
22	Speaker gifts	192	
23	Community service	363	
24	Interact Clubs	459	
25	Public relations	71	
26	District Governor installation dinner	1,264	
27	Vocational service-Apple Day	688	