

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Rotary Club of Indialantic</u>		D Employer identification number <u>59-6152299</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>2000 S. Patrick Drive</u>	E Telephone number <u>321-773-7747</u>	
		City or town, state or country, and ZIP + 4 <u>Indian Harbour Beach FL 32937</u>	F Group Exemption Number _____	

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶ _____

I Website: ▶ www.indialanticrotary.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

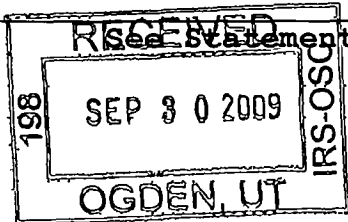
J Organization type (check only one) — 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 44,184

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																				
	2	Program service revenue including government fees and contracts																				
	3	Membership dues and assessments																		See Statement 1		15,111
	4	Investment income																				
	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) (attach sch)																				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																				
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																		6a		
	6b	Less direct expenses other than fundraising expenses																		6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																					
7a	Gross sales of inventory, less returns and allowances																		7a			
7b	Less cost of goods sold																		7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																					
8	Other revenue (describe ▶ See Statement 2)																				29,073	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶																				44,184	
Expenses	10	Grants and similar amounts paid (attach schedule)																				
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																				
	13	Professional fees and other payments to independent contractors																				
	14	Occupancy, rent, utilities, and maintenance																				
	15	Printing, publications, postage, and shipping																				
	16	Other expenses (describe ▶ See Statement 4)																		35,763		
	17	Total expenses. Add lines 10 through 16 ▶																				43,498
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																				686
	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)																				7,966
20	Other changes in net assets or fund balances (attach explanation)																					
21	Total net assets or fund balances at end of year. Combine lines 18 through 20 ▶																				8,652	



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	8,001	8,747
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	8,001	8,747
26	Total liabilities (describe ▶ See Statement 5)	35	95
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,966	8,652

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	What is the organization's primary exempt purpose? See Statement 6 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	Other program services (attach schedule) See Statement 7 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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
Trina W. Downey, CPA 2000 S. Patrick Drive Indian Harbour Beach FL 32937	Treasurer	0	0	0
Ruth Sanderson 3630 Killdeer Court Melbourne FL 32904	President	0	0	0
Solutions for Growth 2194 Highway A1A Indian Harbour Beach FL 32937	Pres. Elect	0	0	0
Management Recruiters Inc 1600 Sarno Rd. #212 Melbourne FL 32935	Secretary	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <u>38b</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The books are in care of ▶ Trina W. Downey, CPA Telephone no ▶ 321-773-7747 2000 S. Patrick Drive Located at ▶ Indian Harbour Beach, FL ZIP + 4 ▶ 32937		
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.		<input checked="" type="checkbox"/>
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 ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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?
- 49b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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 "

	Yes	No
46		
47		
48		
49a		
49b		

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

51 Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, in its entirety, and the information reported thereon, and believe, it is true, correct, and complete. Declaration of preparer (other than officer) if self-employed, address, and ZIP + 4

Sign Here
 Signature of officer: *Trina W. Downey*
 Type or print name and title: **Trina W. Downey**

Paid Preparer's Use Only
 Preparer's signature: *Trina W. Downey*
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Trina W. Downey, 2000 S Patrick Dr, Indian Harbour Beach, FL 32909**

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
Member Dues	\$ 10,575
Lunch Misc Receipts/Fines, etc	4,536
Total	\$ <u>15,111</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Luncheon Revenue	\$ 29,073
Total	\$ <u>29,073</u>

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
				Rotary Dist. 6930 C/O 2150 S. Ocean B Delray Beach, FL 33483	2,779					District Dues
				Rotary International 14255 Collections Center Drive Chicago, IL 60693	4,956					International Dues
				Total	<u>7,735</u>					

Federal Statements

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Club Administration Costs	4,459
Bank Charge	15
Lunch Payments	28,337
Group Study Exchange	640
Rotary Home Stay Luncheon	438
Scholarship Luncheon	224
High School Interact	770
Waiter Gift	400
Dues Discount for speedy pmt	480
Total	\$ <u>35,763</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 35	\$ 95
	<u>35</u>	<u>95</u>

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Rotary Clubs exist to promote health and education programs throughout the community and worldwide.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

Our contributions go directly to 501(c)(3) organizations to assist in their approved exempt activities.