

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 1 JANUARY, 2009, and ending 31 December, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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>Rolling Thunder, Inc. Florida Chapter #1</u>		D Employer identification number <u>22-3677518</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>1906 MATHE DRIVE</u>	City or town, state or country, and ZIP + 4 <u>MELBOURNE FLORIDA 32935</u>	E Telephone number <u>321 242 7184</u>

• 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.RollingThunderFL.com

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

J Tax-exempt status (check only one) - 501(c) (4) ◀ (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 99,034

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received														98134																	
	2	Program service revenue including government fees and contracts														0																	
	3	Membership dues and assessments														900																	
	4	Investment income														0																	
	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)														0	5c																
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																															
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)															6a																
	b	Less: direct expenses other than fundraising expenses															6b																
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														0	6c																	
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)														0	7c																	
8	Other revenue (describe ▶ _____)														0	8																	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														99034	9																	
Expenses	10	Grants and similar amounts paid (attach schedule)														0	10																
	11	Benefits paid to or for members														0	11																
	12	Salaries, other compensation, and employee benefits														0	12																
	13	Professional fees and other payments to independent contractors														2045	13																
	14	Occupancy, rent, utilities, and maintenance														0	14																
	15	Printing, publications, postage, and shipping														8004	15																
	16	Other expenses (describe ▶ <u>SEE STATEMENT #1</u>)														66212	16																
17	Total expenses. Add lines 10 through 16														76261	17																	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)														22773	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)														116265	19																	
20	Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT #2</u>														513	20																	
21	Net assets or fund balances at end of year. Combine lines 18 through 20														39551	21																	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	16778	22 39551
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	Total assets	16778	25 39551
26	Total liabilities (describe ▶ _____)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16778	27 39551

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

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

		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? 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 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		<u>N/A</u>
b	Did the organization file Form 1120-POL for this year?	37b	<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 outstanding at the end of the period covered by this return?	38a	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<u>N/A</u>
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	<u>N/A</u>
b	Gross receipts, included on line 9, for public use of club facilities	39b	<u>N/A</u>
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ _____		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
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 ▶ _____ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0		
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	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>FLORIDA</u>		
42a	The organization's books are in care of ▶ <u>CAROL KUEPPERS</u> Telephone no. ▶ <u>321-722-2502</u> Located at ▶ <u>1551 WISTA LAKE CIRCLE MELBOURNE FLORIDA</u> ZIP + 4 ▶ <u>32904-1876</u>		
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)?	42b	<input checked="" type="checkbox"/>
	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.?	42c	<input checked="" type="checkbox"/>
	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 <u>N/A</u>		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<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	45	<input checked="" type="checkbox"/>

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 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|-----|----|
| 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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

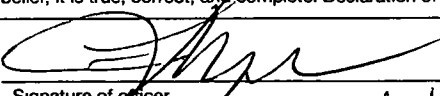
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each received ▶ _____

Under penalties of perjury, I declare that I have examined this return, in its entirety, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by taxpayer.

Sign Here


 Signature of officer
 Jim Moynihan State Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____

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

ROLLING THUNDER, INC. FLORIDA CHAPTER 1

22-3677518

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
POW/MIA ISSUES	46,902.
VETERANS ISSUES	682
PROMOTIONAL PRODUCTS	12,419
FUND RAISING	1,470.
PERMITS	80
DUES	600.
STATE DIRECTOR	172
DONATIONS	3,440
OTHER	447.
TOTAL TO FORM 990-EZ, LINE 16	66,212.

ROLLING THUNDER, INC. FLORIDA CHAPTER 1 22-3677518

FORM 990-EZ

PART 1 NET ASSETS

STATEMENT 2

OPENING BALACE GENERAL FUND ACCOUNT # 10001808931	2,153
OPENING BALANCE RIDE HOME EVENT ACCOUNT # 2000035588799	14,625
	TOTAL 16,778
FUND BALANCE REPORTED PRIOR YEAR	16,265
	<hr/>
DIFFERENCE NOTED ON LINE 20	513



Free Business Checking

01 2000035588799 034 130 0 33 38,870

00013132 01 AB 0.351 01 AADC 44



ROLLING THUNDER INC
D/B/A THE RIDE HOME
3818 LITCHFIELD LOOP
LAKE WALES FL 33859

CB

Free Business Checking

1/01/2009 thru 1/30/2009

Account number: 2000035588799
Account owner(s): ROLLING THUNDER INC
D/B/A THE RIDE HOME

Account Summary

Opening balance 1/01	\$14,544.66
Deposits and other credits	80.00 +
Closing balance 1/30	\$14,624.66 ✓

Deposits and Other Credits

Date	Amount	Description
1/13	80.00	DEPOSIT
Total	\$80.00	

Daily Balance Summary

Dates	Amount	Dates	Amount	Dates	Amount
1/13	14,624.66				

EFFECTIVE APRIL 1, 2009, SECTION 6 OF YOUR DEBIT CARD AGREEMENT AND DISCLOSURE IS AMENDED TO SHOW THE INTERNATIONAL SERVICE ASSESSMENT FEE AS 3%.

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