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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

OMB No 1545-1150

2007**Open to Public Inspection****A** For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization**ROTARY INTERNATIONAL
BELLE GLADE ROTARY CLUB**

Number and street (or P O box, if mail is not delivered to street address)

P.O. BOX 695

Room/suite

City or town, state or country, and ZIP + 4

BELLE GLADE**FL 33430****D** Employer identification number**59-6209580****E** Telephone number**561-996-2076****F** Group Exemption Number**0573**

• 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: ►**J** Organization type (check only one) ☒ 501(c) (**4**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ **47,226****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	28,615
4	Investment income	4	999
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 (attach schedule)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	17,612
b	Less direct expenses other than fundraising expenses	6b	17,961
c	Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c	-349
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 ► _____)	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,265
10	Grants and similar amounts paid (attach schedule)	10	7,812
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	1,300
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► SEE STATEMENT 3)	16	18,894
17	Total expenses. Add lines 10 through 16	17	28,006
18	Excess or (deficit) for the year Subtract line 17 from line 9	18	1,259
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	46,144
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	47,403

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,144	47,403
23 Land and buildings		
24 Other assets (describe ► _____)		
25 Total assets	46,144	47,403
26 Total liabilities (describe ► _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,144	47,403

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

Form **990-EZ** (2007)

P 25

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)**Expenses**

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

What is the organization's primary exempt purpose?

CIVIC ORGANIZATION

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

28

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule) **SEE STATEMENT 4**(Grants \$ **7,812**) If this amount includes foreign grants, check here

31a

28,006

32 Total program service expenses. Add lines 28a through 31a

32

28,006**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of the instructions)

(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
KEITH WEDGWORTH P.O. BOX 695 BELLE GLADE FL 33430	PRESIDENT 2	0	0	0
JULIO SANCHEZ P.O. BOX 695 BELLE GLADE FL 33430	VICE PRES 2	0	0	0
TONY WALKER P.O. BOX 695 BELLE GLADE FL 33430	SECRETARY 2	0	0	0
TONY WALKER P.O. BOX 695 BELLE GLADE FL 33430	TREASURER 2	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	X
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	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
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?	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955

b 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," attach an explanation

	Yes	No
40b		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **0**

d 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?

40e		X
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41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ JORGE A. SUAREZ JR.
P.O. BOX 2076

Telephone no ▶ 561-996-2076

Located at ▶ BELLE GLADE, FL

ZIP + 4 ▶ 33430

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)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c		X
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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

**Please
Sign
Here**

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.

Jorge Suarez Jr
Signature of officer

8/10/10
Date

JORGE SUAREZ JR / Treasurer
Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's signature *W. J. Smith* CAA

Date

6/29/10

Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN
(See Gen Instr X)
P00708950

Firm's name (or yours
if self-employed),
address, and ZIP + 4 SHIVER & COMPANY, P.A.
P.O. BOX 2048
BELLE GLADE, FL 33430

EIN ▶ 59-2603852

Phone
no ▶ 561-996-2800

Form **990-EZ** (2007)

Special Events Schedule

Form **990**

2007

For calendar year 2007, or tax year beginning

7/01/07, and ending

6/30/08

Name

ROTARY INTERNATIONAL
BELLE GLADE ROTARY CLUB

Employer Identification Number

59-6209580

	(A)	(B)	(C)	Others	Total
Gross receipts	17,612	0	0	0	17,612
Less contributions	0	0	0	0	0
Gross revenue	17,612	0	0	0	17,612
Less direct expenses	17,961	0	0	0	17,961
Net income (loss)	-349	0	0	0	-349

Description	(A)	TURKEY SHOOT & FISHING TOUR
1	10/10/2018	10/10/2018
2	10/10/2018	10/10/2018
3	10/10/2018	10/10/2018
4	10/10/2018	10/10/2018
5	10/10/2018	10/10/2018
6	10/10/2018	10/10/2018
7	10/10/2018	10/10/2018
8	10/10/2018	10/10/2018
9	10/10/2018	10/10/2018
10	10/10/2018	10/10/2018
11	10/10/2018	10/10/2018
12	10/10/2018	10/10/2018
13	10/10/2018	10/10/2018
14	10/10/2018	10/10/2018
15	10/10/2018	10/10/2018
16	10/10/2018	10/10/2018
17	10/10/2018	10/10/2018
18	10/10/2018	10/10/2018
19	10/10/2018	10/10/2018
20	10/10/2018	10/10/2018
21	10/10/2018	10/10/2018
22	10/10/2018	10/10/2018
23	10/10/2018	10/10/2018
24	10/10/2018	10/10/2018
25	10/10/2018	10/10/2018
26	10/10/2018	10/10/2018
27	10/10/2018	10/10/2018
28	10/10/2018	10/10/2018
29	10/10/2018	10/10/2018
30	10/10/2018	10/10/2018
31	10/10/2018	10/10/2018
32	10/10/2018	10/10/2018
33	10/10/2018	10/10/2018
34	10/10/2018	10/10/2018
35	10/10/2018	10/10/2018
36	10/10/2018	10/10/2018
37	10/10/2018	10/10/2018
38	10/10/2018	10/10/2018
39	10/10/2018	10/10/2018
40	10/10/2018	10/10/2018
41	10/10/2018	10/10/2018
42	10/10/2018	10/10/2018
43	10/10/2018	10/10/2018
44	10/10/2018	10/10/2018
45	10/10/2018	10/10/2018
46	10/10/2018	10/10/2018
47	10/10/2018	10/10/2018
48	10/10/2018	10/10/2018
49	10/10/2018	10/10/2018
50	10/10/2018	10/10/2018
51	10/10/2018	10/10/2018
52	10/10/2018	10/10/2018
53	10/10/2018	10/10/2018
54	10/10/2018	10/10/2018
55	10/10/2018	10/10/2018
56	10/10/2018	10/10/2018
57	10/10/2018	10/10/2018
58	10/10/2018	10/10/2018
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61	10/10/2018	10/10/2018
62	10/10/2018	10/10/2018
63	10/10/2018	10/10/2018
64	10/10/2018	10/10/2018
65	10/10/2018	10/10/2018
66	10/10/2018	10/10/2018
67	10/10/2018	10/10/2018
68	10/10/2018	10/10/2018
69	10/10/2018	10/10/2018
70	10/10/2018	10/10/2018
71	10/10/2018	10/10/2018
72	10/10/2018	10/10/2018
73	10/10/2018	10/10/2018
74	10/10/2018	10/10/2018
75	10/10/2018	10/10/2018
76	10/10/2018	10/10/2018
77	10/10/2018	10/10/2018
78	10/10/2018	10/10/2018
79	10/10/2018	10/10/2018
80	10/10/2018	10/10/2018
81	10/10/2018	10/10/2018
82	10/10/2018	10/10/2018
83	10/10/2018	10/10/2018
84	10/10/2018	10/10/2018
85	10/10/2018	10/10/2018
86	10/10/2018	10/10/2018
87		

(B)

(C)

Others

319 ROTARY INTERNATIONAL

59-6209580

FYE: 6/30/2008

Federal Statements

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

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 28,615
TOTAL	<u>\$ 28,615</u>

319 ROTARY INTERNATIONAL

59-6209580

FYE: 6/30/2008

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explan	FMV Explan
VARIOUS CHARITIES								
				\$ 7,812	\$	\$		
				\$ 7,812	\$ 0	\$ 0		
TOTAL								

319 ROTARY INTERNATIONAL

59-6209580

FYE: 6/30/2008

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
	\$
EXPENSES	
SUPPLIES	701
MEETINGS & DUES	18,193
TOTAL	\$ <u>18,894</u>

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

<u>Description</u>
CIVIC ORGANIZATION