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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 Jul 1, 2008, and ending Jun 30, 2009

**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: NEW BRITAIN-BERLIN ROTARY CLUB

Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 1794

Room/suite:

City or town, state or country, and ZIP + 4: NEW BRITAIN CT 06050-1794

**D** Employer identification number: 06-6043330

**E** Telephone number: (860) 827-9064

**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: WWW.NEWBRITAIN-BERLINROTARY.ORG

**J** Organization type (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 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. \$ 72,782.

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

1	Contributions, gifts, grants, and similar amounts received	1	2,485.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	15,750.
4	Investment income	4	23.
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) (att sch)	5c	
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	54,524.
6b	Less: direct expenses other than fundraising expenses	6b	36,722.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	17,802.
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)	7c	
8	Other revenue (describe: <u></u> )	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	36,060.
10	Grants and similar amounts paid (attach schedule)	10	
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	2,100.
15	Printing, publications, postage, and shipping	15	404.
16	Other expenses (describe: <u>See Other Expenses Statement</u> )	16	41,219.
17	<b>Total expenses</b> (add lines 10 through 16)	17	43,723.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,663.
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	37,982.
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	30,319.

**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.)

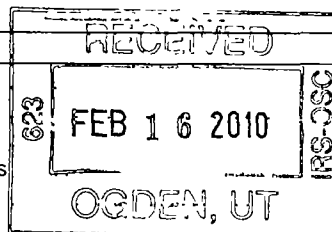
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,954.	54,011.
23 Land and buildings	0.	0.
24 Other assets (describe: <u>See L-24 Stmt</u> )	670.	3,237.
25 <b>Total assets</b>	60,624.	57,248.
26 <b>Total liabilities</b> (describe: <u>See L-26 Stmt</u> )	22,642.	26,929.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	37,982.	30,319.

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

Form 990-EZ (2008)

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> 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		X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<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 unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b></span>		
<b>39</b> 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b></span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b></span>		
<b>40a</b> 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> 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		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶</span>		
<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		X
<b>41</b> List the states with which a copy of this return is filed ▶		

**42a** The books are in care of ▶ ANN PEABODY Telephone no ▶ (860) 827-9064  
 Located at ▶ 101 GREAT NECK ROAD WATERFORD CT ZIP + 4 ▶ 06385

**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 ▶

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

**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 ▶

**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**

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		X

**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.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization?	<b>49b</b>	

**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.'

(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 and 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 receiving over \$100,000 ▶		

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.

**Sign Here** ▶ *Ann F. Peabody* | 2-11-2010  
 Signature of officer Date  
 ▶ ANN F. PEABODY, EXEC. SECRETARY  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶ *Frank D. Marrocco CPA* Date 02/03/10  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FRANK D. MARROCCO, CPA  
 142 WEST MAIN STREET  
 NEW BRITAIN CT 06052  
 Check if self-employed ☒ Preparer's Identifying Number (See instructions) 800106988  
 EIN 06-1261120  
 Phone no (860) 229-7479

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

☒ Yes ☐ No

BAA Form 990-EZ (2008)



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 WREATH SALE (event type)	(b) Event #2 LITERACY COMMITTEE (event type)	(c) Other Events SEE SCHEDULE (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	18,433.	7,571.	28,520.	54,524.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	18,433.	7,571.	28,520.	54,524.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	13,910.	4,336.	18,476.	36,722.
	8 Direct expense summary Add lines 4- through 7 in column (d)				36,722.
	9 Net income summary Combine lines 3 and 8 in column (d)				17,802.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

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

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

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide 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 contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

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?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

YES NO

**15a****17a**



**Form 990-EZ**  
**Part II**

**Other Assets and Liabilities**

**2008**

Name as Shown on Return  
NEW BRITAIN-BERLIN ROTARY CLUB

Employer Identification No  
06-6043330

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
ACCOUNTS RECEIVABLE	670.	1,427.
PREPAID EXPENSES		1,810.
<b>Totals to Form 990-EZ, Part II, line 24</b>	670.	3,237.
<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
WREATH -HIGH SCHOOL SCHOLARSHIPS PAYABLE	8,500.	8,500.
COMMUNITY FOUNDATION PAYABLE	1,258.	1,258.
ACCRUED EXPENSES	2,634.	5,747.
DONATIONS PAYABLE-CHARITABLE CONTR.08-09	10,250.	11,424.
<b>Totals to Form 990-EZ, Part II, line 26</b>	22,642.	26,929.

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

MEMBERSHIP DUES	6,425.
ADVERTISING & PROMOTION	200.
MEETINGS & MEMBERSHIP EXPENSES	6,413.
OFFICE EXPENSES	73.
SCHOLARSHIPS	27,658.
PROFESSIONAL SERVICES	450.

Total	41,219.
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NEW BRITAIN-BERLIN ROTARY CLUB  
FORM 990-EZ FOR 2007  
FOR THE YEAR 7/1/08-6/30/09  
EIN 06-6043330

SCHEDULE G PART II

	EVENT #3 <u>SALVATION ARMY</u>	EVENT #4 <u>BBQ INSTALLATION</u>	EVENT #5 <u>GOLF TOURNAMENT</u>	EVENT #6 <u>STUDENT GOLF TOURN</u>	<u>TOTALS</u>
<b>REVENUES:</b>					
1 GROSS RECEIPTS	982	120	26558	860	28520
2 LESS CHARITABLE CONTRIBUTIONS					
3 GROSS REVENUE	982	120	26558	860	28520
<b>DIRECT EXPENSES:</b>					
4 CASH PRIZES					
5 NON-CASH PRIZES					
6 RENT/FACILITY COSTS					
7 OTHER DIRECT EXPENSES	1000	500	16407	569	18476