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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)

- ▶ 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

OMB No 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable

☒ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

ROTARY INTERNATIONAL CIRCLEVILLE
ROTARY CLUB

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

1752 CROSSINGS BLVD

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

CIRCLEVILLE OH 43113

D Employer identification number

31-6050361

E Telephone number

740-412-2433

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: ▶ N/A

J Organization type (check only one) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527H 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 41,749

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	1,426
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	18,106
4	Investment income	4	804
5a	Gross amount from sale of assets other than inventory	5a	43
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 sch)	5c	43
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		See Stmt 2
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	21,370
b	Less direct expenses other than fundraising expenses	6b	4,419
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	16,951
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	37,330
10	Grants and similar amounts paid (attach schedule)	10	18,540
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	763
16	Other expenses (describe ▶ See Statement 4)	16	14,058
17	Total expenses. Add lines 10 through 16	17	33,361
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,969
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	33,562
20	Other changes in net assets or fund balances (attach explanation)	20	-734
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,797

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,562	36,740
23 Land and buildings		
24 Other assets (describe ▶ See Statement 6)		57
25 Total assets	33,562	36,797
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,562	36,797

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

Form 990-EZ (2008)

DAA

MP

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		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		X
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?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
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		X
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		X
41	List the states with which a copy of this return is filed		
42a	The books are in care of		
	Located at		
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
	If "Yes," enter the name of the foreign country		X
	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 ?		X
	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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		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 |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 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?
- b 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 "

(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, 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

Signature of officer: *[Signature]* Date: *5-17-10*

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *5/17/10* Check if self-employed: ☐ Preparer's Identifying Number (See instr.): P00642474

Firm's name (or yours if self-employed): *Balestra, Harr & Scherer, CPAs, Inc.* EIN: *31-1413363*

address, and ZIP + 4: *PO Box 875 Circleville, OH 43113-0875* Phone: *740-474-5210*

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For calendar year 2008, or tax year beginning 7/01/08, and ending 6/30/09

ROTARY INTERNATIONAL CIRCLEVILLE
ROTARY CLUB

31-6050361

	(A)	(B)	(C)	Others	Total
Gross receipts	9,895	8,131	1,750	1,594	21,370
Less contributions	0	0	0	0	0
Gross revenue	9,895	8,131	1,750	1,594	21,370
Less direct expenses	4,419	0	0	0	4,419
Net income (loss)	5,476	8,131	1,750	1,594	16,951

[illegible]

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

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 5,550
MEAL RECEIPTS	12,556
Total	<u>\$ 18,106</u>

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
EDWARD JONES LTCG						\$ 43	\$		\$ 43
Total						\$ 43	\$ 0	0	\$ 43

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	Purpose
	Noncash Contribution	Book Value			
Description of Property	Cash Contribution				
RI DUES & ROTARIAN MAGAZINE	4,844				
RI DISTRICT DUES	1,560				
Total	6,404				

Federal Statements

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

Description	Amount
Expenses	\$
TRAVEL & TRAINING	351
CHAMBERS DUES	229
MEAL COSTS	11,367
LAW DAY	148
MEMBERSHIP MISC.	1,004
INSURANCE	125
MISC. EXPENSE	451
GSE TEAM	233
FOUR WAY TEST	150
Total	\$ 14,058

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON EDWARD JONES INVESTMENT	\$ -734
Total	\$ -734

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
RAFFLE JACKPOT	\$	\$ 57
		57

Federal Statements**Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER:

FIRST: THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE;

SECOND: HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS; THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS; AND THE DIGNIFYING BY EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY;

THIRD: THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS, AND COMMUNITY LIFE;

FOURTH: THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE.

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE: THE CLUB HAS ROUGHLY 78 MEMBERS WHO, AS A BUSINESS COMMUNITY, ARE GIVING BACK BY NOT ONLY PARTICIPATING IN THE CLUB'S PROGRAM'S BUT ALSO PROVIDING LEADERSHIP TO THE COMMUNITY AT LARGE. THE EXPENSES PRIMARILY REPRESENT ADMINISTRATIVE EXPENSES AND COSTS RELATED TO FELLOWSHIP ACTIVITIES.

Statement 9 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

CHARITABLE CONTRIBUTIONS: THE CLUB HAS MADE CONTRIBUTIONS FROM ITS FUNDS FOR WORTHY ORGANIZATIONS WITH CHARITABLE PURPOSES, AND CHARITABLE ORGANIZATIONS WHOSE ACTIVITIES ARE SUPPORTED BY THE VOLUNTEERISM OF THE CLUB MEMBERS.

Federal Statements

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column C	\$
PUMPKIN SHOW BOOTH	
MISC. EXPENSE	<u>4,419</u>
SubTotal	<u>4,419</u>
Total	<u><u>4,419</u></u>

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization ROTARY INTERNATIONAL CIRCLEVILLE ROTARY CLUB	Employer identification number 31-6050361
	Number, street, and room or suite no. If a P O box, see instructions 511 SYCAMORE DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CIRCLEVILLE OH 43113	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **PATRICIA FOUCH**

Telephone No ▶ **740-412-2433**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for part of the group, check this box ☐ and attach

for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach**a list with the names and EINs of all members the extension will cover**

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 - ▶ ☐ calendar year or
 - ▶ ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)

● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ROTARY INTERNATIONAL CIRCLEVILLE ROTARY CLUB	Employer identification number 31-6050361
	Number, street, and room or suite no. If a P O box, see instructions 511 SYCAMORE DRIVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CIRCLEVILLE OH 43113	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

● The books are in the care of **PATRICIA FOUCH**

Telephone No **740-412-2433**

FAX No ☐

● If the organization does not have an office or place of business in the United States, check this box ☐

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0573 If this is for the whole group, check this box ☒ If it is for part of the group, check this box ☐ and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/17/10
- 5 For calendar year 7/01/08, or other tax year beginning 6/30/09, and ending 6/30/09
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Patricia Fouch Title CDR Date 2/2/10

Form 8868 (Rev 4-2009)