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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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 20 09

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 Club of Berea

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. Box 55

City or town, state or country, and ZIP + 4
Berea, Ohio 44017-0055

D Employer identification number
34 : 6557858

E Telephone number
(440) 243-6612

F Group Exemption Number ▶ N/A

• 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.BereaRotary.org

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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 39,388

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,834
	2	Program service revenue including government fees and contracts		2	23,236
	3	Membership dues and assessments		3	5,083
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 8,262		
	b	Less: cost of goods sold	7b 5,285		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	2,977
	8	Other revenue (describe ▶ Weekly meeting activities)		8	973
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	34,103
Expenses	10	Grants and similar amounts paid (attach schedule) SEE SCHEDULE 10 ATTACHED		10	5,796
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	577
	16	Other expenses (describe ▶ See Schedule 16 attached)		16	29,215
	17	**Total expenses.** Add lines 10 through 16 ▶		17	35,588
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1,485)
	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	26,168
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	24,683

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	15,702	22	13,717
23 Land and buildings	0	23	0
24 Other assets (describe ▶ Deposit:Oktoberfest 2008&9;Golf outing event 2009)	10,466	24	10,966
25 **Total assets**	26,168	25	24,683
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	26,168	27	24,683

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Cat. No. 10642I Form **990-EZ** (2008)

SCANNED JUL 08 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Club, vocational, community, and international service**

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.

	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28 **Weekly dinner meetings attended by an average of 25 members and 5 guests to plan service projects and to feature speakers that educate members on civic and community matters**		
(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	19,930
29 **Volunteer service and financial support to the City of Berea, civic and community organizations and activities, youth activities at area schools, and Rotary International**		
(Grants $ 1,055) If this amount includes foreign grants, check here ▶ ☐	29a	1,487
30 **Conduct of an annual request to residents of Berea to nominate individuals employed in the City who have been courteous in performing his or her job, consideration of the nominations submitted, and hosting an Employee Courtesy Awards Banquet to honor the winners**		
(Grants $ 200) If this amount includes foreign grants, check here ▶ ☐	30a	1,033
31 Other program services (attach schedule)		
(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	22,450

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
See Schedule IV attached				

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	33		✓
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		✓
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 SEE LINE 35 STATEMENT ATTACHED			
a	Did the organization have unrelated business gross income of $1,000 or more or 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	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
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		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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	40b		✓
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? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ None

42a The books are in care of ▶ Allyn R. Adams Telephone no. ▶ (440) 243-6612

Located at ▶ P. O. Box 55; Berea, Ohio ZIP + 4 ▶ 44017-0055

			Yes	No
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: ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
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: ▶ N/A	42c		✓
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 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

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	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?		N/A

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
NONE				
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
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

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.

Allyn R Adams — Signature of officer — Date: 5-15-10

Allyn R. Adams, Treasurer — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no. ▶ ( )

May the IRS discuss this return with the preparer shown above? See Instructions ▶ ☐ Yes ☐ No

ROTARY CLUB OF BEREA
SUPPLEMENTAL SCHEDULES AND STATEMENT—FORM 990-EZ
FOR THE YEAR ENDED JUNE 30, 2009

34-6557868

SCHEDULE 10—GRANTS AND SIMILAR AMOUNTS PAID

	NAME	ADDRESS	AMOUNT	
COMMUNITY ORGANIZATIONS:				
	Church Street Ministries	398 West Bagley Road; Berea, Ohio 44017		
	Food Bank contribution		575	
	The Berea City Club	P O. Box 417; Berea, Ohio 44017		
	Christmas Project contribution		100	
	Berea Welfare	11 Berea Commons; Berea, Ohio 44017		
	Holiday Assistance Program		100	
	Berea High School	165 East Bagley Road; Berea, Ohio 44017		
	Post prom activities		100	
	The Rich Center for Autism	608 Wick Avenue; Youngstown, Ohio 44505		
	Memorial contribution		50	
	City of Berea	11 Berea Commons; Berea, Ohio 44017		
	Senior Citizen Picnic contribution		80	955
AFFILIATED ORGANIZATIONS:				
	Rotary International	1560 Sherman Avenue, Evanston, Illinois 60201		
	Dues		2,566	
	Rotary International District 6630	5605 Trask Road; Madison, Ohio 44057		
	Dues		1,975	
	Rotary International District 6630	5605 Trask Road; Madison, Ohio 44057		
	Contribution		100	4,641
COMMUNITY COURTESY AWARDS.				
	Kelly Mendeluk	27344 Maurer Drive; Olmsted Township, Ohio 44138	100	
	Mary Schanz	26223 Bagley Road; Olmsted Falls, Ohio 44138	100	200
TOTAL				5,796

NOTE: No recipients are known to be related to any person with an interest in the Organization.

SCHEDULE 16—OTHER EXPENSES

DESCRIPTION	AMOUNT
Meetings and Conferences	25,607
Supplies and Operating Costs	1,487
Member Recruiting and Services	897
Community Projects	821
Youth Projects	103
TOTAL	29,215

SCHEDULE IV—LIST OF OFFICERS AND DIRECTORS

NAME	TITLE	AVERAGE HOURS PER WEEK
Robert Hammer	President	4
Sally King	President Elect	4
Kathleen Olmeda	Vice President	3
Casey Kensinger	Vice President Elect	3
Theodore Moss	Vice President Elect Designate	2
Allyn Adams	Secretary	4
Judith Stull	Assistant Secretary	2
Robert Huge	Treasurer	4
Oz Arey	Director	2
Richard Hart	Director	2
Rudi Kamper	Director	2
Sally King	Director	2
Theodore Moss	Director	2
Thomas O'Donnell	Director	2
Kathleen Olmeda	Director	2
Grant Rider	Director	2
James Saylar	Director	2
Charles Stanko	Director	2
Judith Stull	Director	2
John Weaver	Director	2

NOTE: No officer or director received any compensation, contribution to employee benefit plan or deferred compensation, or expense account and other allowances

The mailing address for all individuals is:
C/O Rotary Club of Berea
P. O. Box 55
Berea, Ohio 44017-0055

LINE 36—STATEMENT REGARDING INCOME FROM SPECIAL EVENTS AND ACTIVITIES

The Gross Sales reported on Line 7-a are from the sales of spring plants in July 2008, poinsettia plants in December 2008, and Rotary logo items throughout the year. The sales are made primarily to members of the Organization.

The Gross Profit reported on Line 7-c is excluded from unrelated trade or business taxable income because substantially all work is performed for the Organization by members who receive no compensation.

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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	Employer identification number
	Rotary Club of Berea	34 6557858
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P. O. Box 55	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Berea, Ohio 44017-0055	

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

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☑ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Allyn R. Adams

Telephone No. ▶ (440) 243-6612 FAX No. ▶ (440) 243-6612

- 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 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20_____ or

▶ ☑ tax year beginning July 1, 20 08, and ending June 30, 20 09.

2 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	$ N/A
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	$ N/A
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	$ NONE

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.

• 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	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions.	Rotary Club of Berea	34 6557858
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. Box 55	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Berea, Ohio 44017-0055	

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

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☑ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ 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 ▶ Allyn R. Adams
Telephone No. ▶ (440) 243-6612 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 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 May 15, 20 10
5 For calendar year . . . . , or other tax year beginning July 1, 20 09, and ending June 30, 20 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 All information necessary to properly prepare return has not yet been received from third parties.

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	$ N/A
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	$ N/A
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	$ NONE

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 ▶ Allyn R. Adams Title ▶ Treasurer Date ▶ 2-11-10