



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 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 Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

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

Rotary Int'l Club of Battle Creek Mich

D Employer identification number

38-0986278

E Telephone number

(269) 979-8822

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

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

► \$ 77,618

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	997
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	28,951
	4	Investment income	4	325
	5a	Gross amount from sale of assets other than inventory	5c	
	b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>	6c	3,323
	a	Gross revenue (not including \$ ____ 0 ____ of contributions reported on line 1)		
	b	Less direct expenses other than fundraising expenses		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	15,242
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8	Other revenue (describe <input type="checkbox"/> _____)	9	48,838
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	10	32,684
	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/>	11	
	11	Benefits paid to or for members	12	
	12	Salaries, other compensation, and employee benefits	13	9,750
	Net Assets	13	Professional fees and other payments to independent contractors	14
14		Occupancy, rent, utilities, and maintenance	15	408
15		Printing, publications, postage, and shipping	16	6,139
16		Other expenses (describe <input checked="" type="checkbox"/> _____)	17	48,981
17		Total expenses (add lines 10 through 16)	18	-143
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	72,983
	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)	20	
	20	Other changes in net assets or fund balances (attach explanation)	21	72,840
	21	Net assets or fund balances at end of year (combine lines 18 through 20)		

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

23 Land and buildings

24 Other assets (describe ►  _____)

25 Total assets

26 Total liabilities (describe ►  _____)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

90,254

22

78,634

23

3,629

24

2,801

93,883

25

81,435

20,900

26

8,595

72,983

27

72,840

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

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		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? To promote the general welfare of citizens and organizations in the Battle Creek community			
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 Community Public Service (Grants \$ 23,877)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	42,214
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	42,214

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 Additional Data Table				

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	No		
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	No		
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 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
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," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
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	No		
b	If "Yes," complete Schedule L, Part II and enter the total 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			
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.	40b	No		
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?	40e	No		
41	List the states with which a copy of this return is filed ▶ _____				
42a	The books are in care of ▶ Donna Gray Telephone no ▶ (269) 962-4524 PO Box 2254 Located at ▶ Battle Creek, MI ZIP + 4 ▶ 49016				
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No		
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 ▶ _____	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
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	No		

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.

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	Yes	No
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?		
49b	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 received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000		

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.				
	***** Signature of officer		2009-11-19 Date		
Paid Preparer's Use Only	Preparer's signature Jessup Group PC		Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 JESSUP GROUP PC 49 SOUTH CASS ST STE 2B BATTLE CREEK, MI 49037				EIN
					Phone no. (269) 963-6090
May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:

Software Version:

EIN: 38-0986278

Name: Rotary Int'l Club of Battle Creek Mich

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Kathy Gallagher PO Box 2254 Battle Creek, MI 49016	Secretary 2 00	0	0	0
Randy Case PO Box 2254 Battle Creek, MI 49016	President 2 00	0	0	0
Ursula Case PO Box 2254 Battle Creek, MI 49016	Treasurer 3 00	0	0	0
Larry Anderson PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Jim Hazel PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Deb Davis PO Box 2254 Battle Creek, MI 49016	Vice-President 1 50	0	0	0
Robert Humbarger PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Cheryl Beard PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Rod Auton PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Suzanne Horsfall PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Jeff McConville PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Whilhelm Sturhan PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Lori Bagwell PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Al Brown PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
Greg Purcell PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0
George Wise PO Box 2254 Battle Creek, MI 49016	Director 1 50	0	0	0

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** Rotary Int'l Club of Battle Creek Mich**EIN:** 38-0986278

Item No.	1
Class of Activity	COMMUNITY SERVICE
Donee's Name	COMMUNITY INCLUSIVE RECREATION
Donee's Address	154 WEST ST BATTLE CREEK, MI 49017
Amount (FMV)	319
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	COMMUNITY SERVICE
Donee's Name	FOOD BANK OF SW MICHIGAN
Donee's Address	5451 WAYNE RD BATTLE CREEK, MI 49015
Amount (FMV)	3,300
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	CHILDRENS CHRISTMAS PARTY
Donee's Name	BATTLE CREEK UNLIMITED
Donee's Address	4950 DICKMAN BATTLE CREEK, MI 49015
Amount (FMV)	3,458
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	COMMUNITY SERVICE
Donee's Name	COMMUNITY ACTION CENTER
Donee's Address	36 E MICHIGAN BATTLE CREEK, MI 49017
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	COMMUNITY SERVICE
Donee's Name	BATTLE CREEK COMMUNITY FOUNDATION
Donee's Address	34 W JACKSON ST BATTLE CREEK, MI 49017
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	COMMUNITY SERVICE
Donee's Name	THE ARC OF CALHOUN COUNTY
Donee's Address	217 HAMBLIN AVE BATTLE CREEK, MI 49037
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	COMMUNITY SERVICE
Donee's Name	GUARDIAN FINANCE & ADVOCACY SERVICES
Donee's Address	18 W MICHIGAN AVE 300 BATTLE CREEK, MI 49017
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	COMMUNITY SERVICE
Donee's Name	SHERMAN LAKE YMCA
Donee's Address	6225 N 39TH AUGUSTA, MI 49012
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	COMMUNITY SERVICE
Donee's Name	SW MI COUNCIL BOY SCOUTS OF AMERICA
Donee's Address	1035 W MAPLE ST KALAMAZOO, MI 49008
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	COMMUNITY SERVICE
Donee's Name	PROJECT 2020 - MILLER FOUNDATION
Donee's Address	310 WAHWAHTAYSEE WAY BATTLE CREEK, MI 49015
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	COMMUNITY SERVICE
Donee's Name	SHERIFF DEPARTMENT-SAFE KIDS
Donee's Address	161 E MICHIGAN AVE BATTLE CREEK, MI 49014
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	COMMUNITY SERVICE
Donee's Name	CALHOUN COUNTY CANCER CONTROL COALITION - BCHS
Donee's Address	300 NORTH AVENUE BATTLE CREEK, MI 49017
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	COMMUNITY SERVICE
Donee's Name	BATTLE CREEK YOUTH ORCHESTRA
Donee's Address	569 E HAMILTON LANE BATTLE CREEK, MI 49015
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	COMMUNITY SERVICE
Donee's Name	BINDER PARK ZOO
Donee's Address	7400 DIVISION DRIVE BATTLE CREEK, MI 49017
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	COMMUNITY SERVICE
Donee's Name	NEIGHBORHOODS INCORPORATED
Donee's Address	47 N WASHINGTON BATTLE CREEK, MI 49017
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	INTERNATIONAL SERVICE-BIOSAND FILTER PROGRAM
Donee's Name	ROTARY DISTRICT 6360 FOUNDATION
Donee's Address	198 W CROOKED LAKE DRIVE KALAMAZOO, MI 49009
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	N/A
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	INTERNATIONAL SERVICE
Donee's Name	HELPS INTERNATIONAL
Donee's Address	15301 DALLAS PARKWAY ADDISON, TX 75001
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	COMMUNITY SERVICE
Donee's Name	SR HEALTH PARTNERSCOMP SR CARE CORP
Donee's Address	200 WEST MICHIGAN AVENUE BATTLE CREEK, MI 49017
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	COMMUNITY SERVICE
Donee's Name	CALHOUN COMMUNITY HIGH SCHOOL
Donee's Address	713 RIVERSIDE DRIVE BATTLE CREEK, MI 49017
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	COMMUNITY SERVICE
Donee's Name	SUBSTANCE ABUSE COUNCIL
Donee's Address	140 W MICHIGAN AVENUE BATTLE CREEK, MI 49017
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	0
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	
Donee's Name	ROTARY DISTRICT 6360
Donee's Address	4648 MARGARET DRIVE CHARLOTTE, MI 48813
Amount (FMV)	3,073
Purpose of Payment to Affiliate	DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVE EVANSTON, IL 602013698
Amount (FMV)	5,734
Purpose of Payment to Affiliate	DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule

Name: Rotary Int'l Club of Battle Creek Mich

EIN: 38-0986278

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	3,629	2,801

TY 2008 Other Expenses Schedule**Name:** Rotary Int'l Club of Battle Creek Mich**EIN:** 38-0986278

Description	Amount
Programs	2,640
Miscellaneous	635
Internet	445
Supplies	530
Travel	1,814
Conferences, Conventions, Meetings	75

TY 2008 Other Liabilities Schedule

Name: Rotary Int'l Club of Battle Creek Mich

EIN: 38-0986278

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	20,900	8,595

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: Rotary Int'l Club of Battle Creek Mich

EIN: 38-0986278

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.