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SCANNED MAR 12 2010

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 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 Inspection

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 pending

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

C Name of organization
ROTARY CLUB OF ADRIAN MORNING

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 544

City or town, state or country, and ZIP + 4
ADRIAN MI 49221

D Employer identification number
38-3549240

E Telephone number
517-787-9546

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

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

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 ▶ $ 38,508

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	2,880
	2	Program service revenue including government fees and contracts		2	7,985
	3	Membership dues and assessments See Statement 1		3	8,778
	4	Investment income		4	3
	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 sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a	18,862	
	b	Less direct expenses other than fundraising expenses	6b	100	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	18,762
	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	38,408
Expenses	10	Grants and similar amounts paid (attach schedule) See Statement 2		10	11,936
	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	380
	16	Other expenses (describe ▶ See Statement 3)		16	26,783
	17	**Total expenses.** Add lines 10 through 16 ▶		17	39,099
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-691
	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	18,562
	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	17,871

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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	18,562	22	17,921
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	18,562	25	17,921
26 **Total liabilities** (describe ▶ See Statement 4)	0	26	50
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	18,562	27	17,871

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

What is the organization's primary exempt purpose?

See Statement 5

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 TO PROVIDE GRANTS TO LOCAL COMMUNITY PROJECTS

(Grants $ 5,991) If this amount includes foreign grants, check here ▶ ☐ 28a 12,617

29 TO PROVIDE GRANTS FOR INTERNATIONAL PROGRAMS

(Grants $ 250) If this amount includes foreign grants, check here ▶ ☒ 29a 2,283

30 TO PROVIDE FUNDS FOR A LOCAL SCHOLARSHIP

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 1,000

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 15,900

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
SUE HAMMERSMITH	PRESIDENT 2	0	0	0
LISA WILKIE	PRES-ELECT 2	0	0	0
JIM HARTLEY	PRES NOM 1	0	0	0
ANDREW TIPTON	TREASURER 1	0	0	0
DAVID MAXWELL	SECRETARY 1	0	0	0
CARY CARRICO	DIRECTOR 1	0	0	0
NANCY JENKINS	DIRECTOR 1	0	0	0
MAHER MUALLA	DIRECTOR 1	0	0	0

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		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, 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?	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," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
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," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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		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	40e		X

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

42a The books are in care of ▶ BRUCE GOLDSEN Telephone no ▶ 517-787-9546

Located at ▶ 3021 MADISON LAKE CT ADRIAN, MI ZIP + 4 ▶ 49221

			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)?	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, 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 ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
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
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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 ▶		

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 — Date: 2/16/10

▶ SUANN HAMMERSMITH — PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Meredith A Mathews	Date 12/04/09	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr) P00921776	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Robertson, Eaton & Owen, P.C. 121 North Main Street Adrian, MI 49221			EIN ▶ 38-2490095	Phone no ▶ 517-265-6154

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization
ROTARY CLUB OF ADRIAN MORNING

Employer identification number
38-3549240

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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.

		(a) Event #1 CELEBRITY WAIT (event type)	(b) Event #2 (event type)	(c) Other Events None (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	18,596			18,596
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	18,596			18,596
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	( )
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	18,596

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ 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)			▶	

			Yes	No
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?	9a		X
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
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?	12		X

				Yes	No
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 ▶ BRUCE GOLDSEN 3021 MADISON LAKE CT				
	Address ▶ ADRIAN		MI 49221		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a	X
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?			17a	X
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 ▶ $				

Special Events Schedule

Form **990**

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

2008

Name

ROTARY CLUB OF ADRIAN MORNING

Employer Identification Number

38-3549240

	(A)	(B)	(C)	Others	Total
Gross receipts	266	0	0	0	266
Less contributions	0	0	0	0	0
Gross revenue	266	0	0	0	266
Less direct expenses	100	0	0	0	100
Net income (loss)	166	0	0	0	166

Description (A) MUD HENS

(B)

(C)

Others

Federal Statements

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

Description	Amount
MEALS	$ 4,858
FINES	827
50/50	905
HUNGER COLLECTION	1,663
POLIO PLUS	525
Total	$ 8,778

Federal Statements

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

Name and Address	Cash Contribution	Noncash Contribution	Book Value	Class of Activity / Book Value Explanation	Date of Gift / FMV Explanation	Purpose
ROTARY INTERNATIONAL DISTRICT 6400 DISTRICT PORTION M P.O. BOX 701308 PLYMOUTH, MI 48170	898					MEMBER DUES
ROTARY INTERNATIONAL DISTRICT 6400 DISTRICT CONFERENC P.O. BOX 701308 PLYMOUTH, MI 48170	350					CONFERENCE
ROTARY INTERNATIONAL DISTRICT 6400 DIRECTORY AD P.O. BOX 701308 PLYMOUTH, MI 48170	100					DIRECTORY AD
ROTARY INTERNATIONAL DISTRICT 6400 RYLA PROGRAM FEES P.O. BOX 701308 PLYMOUTH, MI 48170	700					RYLA
ROTARY DISTRICT 6400 FOUNDATION FUNDRAISER P.O. BOX 701308 PLYMOUTH, MI 48170	2,400					DISTRICT FUNDRAISER

Federal Statements

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

Name and Address / Description of Property	Cash Contribution	Noncash Contribution	Relationship to Organization / Book Value	Class of Activity / Book Value Explanation	Date of Gift / FMV Explanation	Purpose
ROTARY INTERNATIONAL INTERNATL PORTION 1560 SHERMAN AVENUE EVANSTON, IL 60201	664					MEMBER DUES
ROTARY INTERNATIONAL DISTRICT 6400 EXCHANGE STUDENT P.O. BOX 701308 PLYMOUTH, MI 48170	483					EXCHANGE STUDENT
ROTARY INTERNATIONAL ADRIAN ROTARY EXCHANGE STUDENT P.O. BOX 1119 ADRIAN, MI 49221	100					EXCHANGE STUDENT
Total	5,695					

Federal Statements

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

Description	Amount
CELEBRITY WAIT	$
Other Expenses	3,173
WREATH SALES	
Supplies	3,488
PAUL HARRIS	
PAUL HARRIS	2,225
D.O.V.E. FUND	
D.O.V.E. FUND	650
Expenses	
Information Technology	299
Travel	2,500
DISTRICT CONVENTION	1,400
ROTARY GOLF OUTING	655
PETS-DISTRICT ASSEMBLY	461
INTER-CLUB COUNCIL	25
SCHOLARSHIP	1,000
SKATING PARTY	350
BANK FEES	347
CHANGEOVER DINNER	225
MEALS	7,138
SUPPLIES, PLAQUES, ETC.	971
FLAG POLES & STANDS	150
INTERACT	276
EXCHANGE STUDENT	450
HAITI HURRICANE RELIEF	500
PACE UNIVERSAL	500
Total	$ 26,783

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$	$ 50
		50

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
to provide service to others, to promote high ethical standards, and to advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.

Special Events Direct Expenses

Description	Amount
Column A	$
MUD HENS	
Other Expenses	100
SubTotal	100
Total	100

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