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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 \$500,000 and total assets
less than \$1,250,000 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

2009

Open to Public Inspection

Α	For the	ne 2009 ca	lendar	yea	ar, or t	ax ye	ar be	ginnin	g	Jul	<u> 1</u>		, 20	09,	and e	ndin	g Ji	un 3	0		,	2010	_	
<u>B</u>	Check	ıf applıcable		C	Name	of orga	anızatı	on .											D Em	ploy	er ide	entification	number	
\sqcup	Addres	s change	Please use IRS	INI	EW B	RTT	ATN	-BER	T.T N	ROT	TARY	CLU	IB.						0.6	6-	604	13330		
	Name (change	label or										street addres	ss)	l Ro	om/sı	ııte		E Tele					
Ш	Initial r	eturn	print or type.						,					,	1				I	•				
	Termin	ation	See Specific	PC	O BC										ł				()	ქ 6	0)	827-9	064	
	Amend	ed return	Instruc		City o	r town,	state o	or country	y, and	ZIP + 4									F Gro	al in	Fye	emption		
\sqcup	Applica	ation pending	tions.	N	EW B	RIT	AIN							C:	г 06	605	0-1	794	Nu			ompao	•	
		• Section :	501(c)(3 nust atta	3) o	rganiz	ation	ns and	1 4947	(a)(1)	none.	xempt	t chari	table trus	ts			Acco		method	d		Cash X	Acc	rual
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•		_											0477.3713	$\overline{}$	F07		990-	EZ. or	990-PF	-) -)	neut	ne b (ru	טפפ וווו	,
		kempt status					501(c			(inser			947(a)(1) or		527	1				<u> </u>				
		000 A For	m 990-E	EZ d	or For	m 990	0 retu	rn is n	ot re	quired,	, but if	f the o		n cl	hooses	s to 1	file a							urn
L		ines <u>5</u> b, 6l			to line	9 to	deter	mine g	ross	receip	ots; if	\$500,0	000 or mo	re,	file Fo	rm 9	990			_			60.6	
_		ad of Form								 -											\$		63,2	204.
Pa	ırt I											ssets	or Fun	d E	<u>Balan</u>	ces	(Se	<u>e the</u>	ınstru	ıct	ions	s for Pa	art I.)	
	1	Contribut	ions, gif	fts,	grant	s, and	d simi	lar am	ounts	s recei	ıved									1				37.
	2	Program	service	rev	/enue	ınclud	ding ç	overn	nent	fees a	and co	ntracts	S							2	2			
	3	Members	hip dues	s a	nd ass	sessm	nents												Γ	3	3		15,5	500.
	4	Investme	nt incom	me																4	.			6.
	5 a	Gross am	nount fro	om	sale o	of ass	ets of	her tha	יחו חב	ventor	v				5 a				Ī	,				···-
	1	Less: cos									•			ı	5b									
R		Gain or (los								tract lin	e 5h fro	m line ^s	5a)	١				-		,	ic			
E	6	Special ever	-						•				•	nam	ına cho	ack ho	ro	•	. 🗆 🕆	<u> </u>	3			
REVENU	1 -					-		abic pair	.3 01 3			-		yanı	ing, one	CK IIC	.16			K.	*			
Ü	a	Gross rev	•		includ	ing ې					<u>J.</u> or (contri	outions	ı	- 1			4.7		8:				
Ě	١.	reported		•			_							-	6a				661.	Žģć.	.			
	1	Less: dire	•						-	•				Į	6b			33,	080.					
	1	Net income			•				•			om line (6a)						1	. 6	ic		14,5	581.
	7 a	Gross sa	les of in	nver	ntory,	less r	return	s and	allow	ances	i			ļ	7 a									
	b	Less: cos	st of goo	ods	sold									Į	7 b					٠				
	С	Gross pro	ofit or (le	loss	s) from	ı sale	s of r	nvento	ry (S	ubtrac	t line	7b fror	n line 7a))						7	'c			
	8	Other reven	ue (descr	rıbe	▶ ┌) [8	3			
	9	Total rev	enue. A	Add	lines	1.2.3	RE	Cal	WF.	മവി 8	7									9	,		30,1	124
	10	Grants ar													·					10			307.	
	1	Danatita	nu Siiiiii			Tra ha	iiu (ai	laciis	crieui	ر العالم									ł					
Ē	11	Benefits (Salaries,	paid to t	Or I	ior me	niber:	NOVE	1.5	20	ال. 10	S								ŀ	11	-	· ·		
X	12	Salaries,	otner co	com	pensa . l	τιφη, :	and e	mpioy	ee be	≱¤eтits	. Ko								}	12	-			~ ~ ~
E Ņ	13	Profession	onal fees	s ar	na otn	er pa	ymen	ts_to_ir	idepe	endent	. contr	actors								13	-			500.
S	14	Occupan	cy, rent,	t, ut	ulities,	and	Den Per	enanc	٦	IT	-1									14				925.
s	15	Printing,	publicat	ition	ıs, pos	stage;	, and	shippii	ìġ											15	5			<u>637.</u>
	16	Other exper	nses (desc	cribe	• ► <u>S</u>	ee Ot	her E	xpense	es St	<u>ateme</u>	nt								_)	16	<u> </u>		29,	<u>170.</u>
	17	Total exp	enses.	. <u>Ad</u>	ld line	s 10 t	.hrouç	h 16												17	7		32,2	<u>232.</u>
	18	Excess o	r (defici	it) f	or the	year	(Sub	tract lu	ne 17	⁷ from	line 9)								18	3		-2,	108.
N S E E	19	Net asse							of yea	ar (fror	m line	27, cc	olumn (A))) (m	iust ag	gree	with 6	end-of-	year	19			30 °	210
N S E E	20				-			-	(4							ŀ				30,	<u>319.</u>
Š	:	Other cha	_								•		•							20	_			
	21	Net asse																		21	<u>-</u>			<u> 211.</u>
Pa	art II	Bala	ance S	<u>sne</u>								(B) are	e \$1,250,0	000	or mo					_	f Fo			
	_				-		ınstrı	uctions	tor F	Part II)					\perp	(A) Be		g of yea	$\overline{}$	<u>L,</u>	(B) End		
22		sh, saving	•	inve	estmei	nts										<u> </u>		54	,011				39,	<u>350.</u>
23		nd and bui	-													<u></u>			0	_	23			<u>0.</u>
24	4 Otl	ner assets	(describ	ıbe	<u> </u>	ee_	<u>L-2</u>	4 St	mt)							,237		24			<u>500.</u>
25	5 To	tal assets																57	,248		25		41,	<u>850.</u>
26	5 To	tal liabilitie	es (desc	crıb	e ►	See	L-	<u>26 S</u>	tmt)							,929				13,	639.
_27		t assets o																30	,319	. :	27			211.
BA	A Fo	r Privacy	Act and	i Pa	perwe	ork Re	educi	ion Ac	t Not	lice, se	ee the	separ	ate instru	ıctic	ons.							Form 9	90-EZ	(2009)

Form	990-EZ(2009) NEW BRITAIN-BER	LIN ROTARY CLUB		06-	-604	3330 Page 2	
Par	t III Statement of Program Ser	vice Accomplishments	(See_the instruction	ons.)	_	Expenses	
What i	s the organization's primary exempt purpose? PR	OMOTE CHILD WELFAR	RE & SCHOLARSHI	PS	(Regi	Jired for section	
Desc	at is the organization's primary exempt purpose? PROMOTE CHILD WELFARE & SCHOLARSHIPS scribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, scribe the services provided, the number of persons benefited, or other relevant information for each (Required for section 501 (c)(3) and (4) organizations and section 4947(a)(1) trusts; optional						
progr	ribe the services provided, the number of practitle	persons benefited, or other re	levant information for ea	acn	for ot	(a)(1) trusts; optional hers)	
	PROVIDE 10 SCHOLARSHIPS T	O STUDENTS RESIDT	NG IN BERLIN				
	OR NEW BRITAIN						
	(Grants \$ 0.) If the				20.	0 500	
20		is amount includes foreign gra			28 a	9,500.	
29	SPONSOR EVENTS FOR BERLIN	WIND WEM BRITAIN	HIGH SCHOOF -				
		-					
			-				
	(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here		29 a	<u>5,493.</u>	
30		-					
	(Grants \$) If th	is amount includes foreign gra	ants, check here	<u> </u>	30 a		
31	Other program services (attach schedule))		_			
		is amount includes foreign gra	ants, check here	•	31 a		
32	Total program service expenses (add lin			<u> </u>	32	14,993.	
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each on	ie even if not comp	oensa	ted (See the instrs.)	
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account	
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar deferred compensa		and other allowances	
.TAN	NE COYLE	to position		deserred compensu			
	3 STANLEY ST	PRESIDENT					
					^		
		5.00	0.		0.		
	SCHALLER						
	VETERANS DRIVE	VICE-PRES	_		_		
	BRITAIN CT 06051	5.00	0.		0.		
ROE	BIN_SHARP						
22	GLENN ST	SECRETARY					
NEW	BRITAIN CT 06051	3.00	0.		0.		
KIM	ANDREWS						
205	WEST MAIN ST	TREASURER					
	BRITAIN CT 06051	3.00	0.		0.		
	N PEABODY						
	HIGH ST	EXEC SEC					
	W BRITAIN CT 06051	3.00	0.		0 -		
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BAA		TEEA0812 (01/30/10	·		Form 990-EZ (2009)	

Other Information (Note the statement requirements in the instrs for Part V.) Yes No 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? If 'Yes,' attach a conformed copy of the changes 34 X 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 why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, 35 a reporting, and proxy tax requirements? Х b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 0 **b** Did the organization file Form 1120-POL for this year? 37 b Х 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 outstanding at the end of the period covered by this return? 38 a X b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b 38 5 39 Section 501(c)(7) organizations Entera Initiation fees and capital contributions included on line 9 39 a ő **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4912 ► section 4911 ► b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 b Х c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations 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 40 e 41 List the states with which a copy of this return is filed > 42 a The organization's books are in care of ▶ ANN PEABODY Telephone no ► (860) 827-9064 Located at ► 101 GREAT NECK ROAD WATERFORD No Yes 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 Х 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 a Foreign Bank and Financial Accounts Х c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42 c 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 ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 X Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes.' 45 Form 990 must be completed instead of Form 990-EZ 45

orm	990-EZ	(2009)	NEW	BRITAIN-BERLIN ROTARY	CLUB
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06-6043330

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	tion 4947(a)(1) nor	exempt charitab	t charitable trusts onl le trusts must answer	y. All section questions	<u>ugo .</u> 1	
46 Did th	ne organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C,	political campaign activ	rities on behalf of or	in opposition to candidates	Yes	No	
	ne organization engage in lobbying activitie		hedule C, Part II		47		
48 Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)? If	Yes, complete Sche	dule E	48		
49 a Did th	ne organization make any transfers to an e	exempt non-charitable re	lated organization?		49 a		
b If 'Ye	s,' was the related organization a section	527 organization?			49 b		
50 Compemble	olete this table for the organization's five hoyees) who each received more than \$100	ighest compensated em ,000 of compensation fr	oloyees (other than o	fficers, directors, trustees a If there is none, enter 'None	nd key		
(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 allowance	s	
	~						
f Total	number of other employees paid over \$10	0.000		<u> </u>			
51 Comp	polete this table for the organization's five hoensation from the organization. If there is	ighest compensated ind none, enter 'None '	ependent contractors	who each received more th	an \$100,000 of		
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation	in	
						——	
		-					
d Total	number of other independent contractors	each receiving over \$10	0,000	-			
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of areparer (nined this return, including according than officer) is based on a	npanying schedules and sta Il information of which prep	arer has any knowledge	_	ıs	
Sign Clem J. Ceabode 11/9/20							
Here	Signature of officer ANN F. PEABO Type or print name and title	DY		Date .			
Paid	Preparer's signature Trunk W.	Nanous C	PA Date 11/08/1		parer's Identifying Nue instructions)	ımber	
Pre- parer's	Firm's name (or FRANK D. MARROC		,, -, -, -,				
Use	yours if self- employed), > 142 WEST MAIN S			EIN ►			
Only	address, and ZIP + 4 NEW BRITAIN		CT 06052	Phone no ► (860) 229-747	9	
May the IR	S discuss this return with the preparer sho	own above? See instruct			►X Yes	No	
RΔΔ					Form 990-F7	(2009)	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

r Gaming Activities 2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number						ation number
NEW BRITAIN-BERLIN ROTARY CLUB 06-6043330						0
Fundraising Activities, Complete of the organization answered 'Yes' to Form 990, Part IV, line 17						
Part I Form 990EZ filers are not requ						
1 Indicate whether the organization ra	aised funds thro	ough any o	of the follow			
Mail solicitations				Solicitation of non-g	-	
Internet and email solicitations				Solicitation of gover	rnment grants	
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have written or	r oral agreemer	nt with any	individual	l (including officers, dire	ctors, trustees or key	Dy., Du.
employees listed in Form 990, Part				=		∐ Yes ∐ No
b If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by the	ividuals or entit	ties (fundra	aisers) pui	rsuant to agreements ur	nder which the fundraise	er is to be
compensated at least \$5,000 by the	organization	1	1		(v) Amount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fundraiser)		have custoo	ly or control	from activity	fundraiser listed in	(or retained by)
			ibutions?		col (ı)	organization
		Yes	No			
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		<u> </u>	I		-	-
Total			>			
3 List all states in which the organiza	ition is register	ed or licen	sed to solu	l Icit funds or has been no	l otified it is exempt from	registration
or licensing	orrio regione.	ou oo			otiliod it is exempt if of it	registration
	- -					
	-				. = =	
				-		
			_	· -		
						

Page 2

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization al form 990-EZ. line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, li gross receipts grea	ne 18, or ater than \$5 000
RES		, <u></u>	(a) Event #1 WREATH SALE (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
足田>田乙田	1	Gross receipts	20,020.	25,183.		45,203.
Ē	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	20,020.	25,183.		45,203.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				_
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	13,034.	19,175.		32,209.
Š	10	Direct expense summary Add lines 4- th	nrough 9 in column (d)		•	32,209.
	11	Net income summary Combine lines 3, c	 		•	12,994.
Pai	rt III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a		s' to Form 990, Pa	rt IV, line 19, or re	ported more than
REVENUE	•		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Ñ					*	
	1	Gross revenue				<u></u>
D X	2	Cash prizes				
D I P E N C T E	3	Non-cash prizes				
T E S	1	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	•
				-	_	
	8	Net gaming income summary Combine I	ines 1, column (d) and I	ine /		YES NO
9		er the state(s) in which the organization op				
		he organization licensed to operate gaming No,' explain:	gactivities in each of the	ese states?		9a
10	 a Wer	re any of the organization's gaming license	es revoked, suspended o	or terminated during the	tax year?	10a
1	b If 'Y 	'es,' explain'				
11	 Doe	es the organization operate gaming activities	es with nonmembers?			11
	ls ti	he organization a grantor, beneficiary or tri		mber of a partnership or	other entity formed to	12
BAA		ninister charitable gaming?	TEEA3702	02/05/10	Schedule G (Fo	orm 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 NEW BRITAIN-BERLIN ROTARY CLUB	06-6043330	_ F	age 3
•		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	8		
b An outside facility	ક		
14 Enter 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		a	
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 of the third party			**
Name			
Address •			!
16 Gaming manager information	¢	,	*
Name ►			
	*	· 🦻	^
Gaming manager compensation ► \$	· · · · · · · · · · · · · · · · · · ·	4	434
Description of services provided	× ,		
			,
Director/officer Employee Independent contractor	x		
17 Mandatory distributions	4		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	ain the	a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	spent in the	-	.~ Å
organization's own exempt activities during the tax year. > \$			
BAA TEEA3703 02/05/10 Schedu	le G (Form 990 or 9	990-EZ	2009

Form 990-EZ

Other Assets and Liabilities

2009

Name as Shown on Return

NEW BRITAIN-BERLIN ROTARY CLUB

Employer Identification No 06-6043330

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE PREPAID EXPENSES	1,427.	2,500
Totals to Form 990-EZ, Part II, line 24 Line 26 - Total Liabilities:	3,237. Beginning of Year	2,500. End of Year
WREATH -HIGH SCHOOL SCHOLARSHIPS PAYABLE COMMUNITY FOUNDATION PAYABLE ACCRUED EXPENSES DONATIONS PAYABLE-CHARITABLE CONTR.	8,500. 1,258. 5,747. 11,424.	4,120 0 2,043 7,476
Totals to Form 990-EZ, Part II, line 26	26,929.	13,639

TEEW1801 SCR 02/11/10

Form	990-EZ,	Part I	, Line	16
Other	Expens	es Sta	temer	1t

Other expenses (describe)	
MEMBERSHIP DUES	7,104.
ADVERTISING & PROMOTION	200.
MEETINGS & MEMBERSHIP EXPENSES	5,542.
OFFICE EXPENSES	161.
SCHOLARSHIPS	9,500.
DICTIONARY COSTS	1,170.
PROGRAM EXPENSES	5,493.
Total	<u>29,170.</u>

FY 2009- 2010 Board of Directors New Britain – Berlin Rotary

Jane Coyle President 1863 Stanley Street New Britain, CT, 06053

Art Schaller President Elect Schaller Auto World 25 Veterans Drive New Britain CT

Robin Sharp Secretary YWCA 22 Glenn St New Britain, CT 06051

Kim Andrews Treasurer VNA Central CT 205 West Main Street New Britain, CT, 06051

Mike Gorzoch Sergeant at Arms 161 Virginia Avenue New Britain, CT, 06052

Ann Peabody Executive Secretary New Britain Youth Museum 30 High St New Britain, CT 06051