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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY CLUB OF YORK-EAST		D Employer identification number 23-2484981
		Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 3491		E Telephone number (717) 846-7000
		City or town, state or country, and ZIP + 4 YORK, PA 17402-0491		F Group Exemption Number ▶

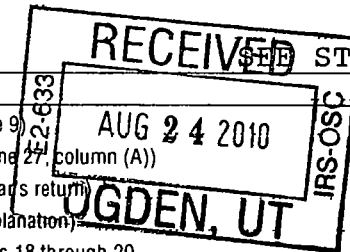
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ WWW.YORKEASTROTARY.ORG

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **75,800.****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	
2	Program service revenue including government fees and contracts	2	2,238.
3	Membership dues and assessments	3	40,551.
4	Investment income	4	14.
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)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	32,320.
b	Less direct expenses other than fundraising expenses	6b	12,684.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19,636.
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 ▶ MISCELLANEOUS)	8	677.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	63,116.
10	Grants and similar amounts paid (attach schedule) STMT 3 STMT 2	10	27,019.
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	204.
16	Other expenses (describe ▶)	16	36,534.
17	Total expenses. Add lines 10 through 16	17	63,757.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-641.
19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	20,239.
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	19,598.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	20,239.	19,598.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	20,239.	19,598.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,239.	19,598.

932171
02-08-10

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

Form 990-EZ (2009)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDES SERVICE TO THE YORK COMMUNITY THROUGH VARIOUS
PROJECTS AND EVENTS. PROCEEDS FROM THE EVENTS ARE DONATED
TO VARIOUS NONPROFIT AND INTERNATIONAL ORGANIZATIONS.

28a	14,700.
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(Grants \$) If this amount includes foreign grants, check here

29a

(Grants \$) If this amount includes foreign grants, check here

30a

(Grants \$) If this amount includes foreign grants, check here

31a

32 **Total program service expenses** (add lines 28a through 31a)

32	14,700.
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[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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? 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 why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	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 outstanding at the end of the period covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39a	Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9	39a	N/A
39b	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	
40b	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	40b	X
40c	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		0.
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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	41	PA
42a	The organization's books are in care of	42a	THOMAS ZELLERS, TREASURER
	Located at		PO BOX 3491, YORK, PA
	Telephone no		(717) 843-9499
	ZIP + 4		17402
42b	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
42c	If "Yes," enter the name of the foreign country	42c	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
43	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	43	X
	If "Yes," enter the name of the foreign country		
44	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	N/A
45	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X
46	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	46	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization 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 a section 527 organization?
- 50** Complete this table for the organization's 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."

	Yes	No
46		
47		
48		
49a		
49b		

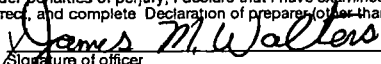
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

- f** Total number of other employees paid over \$100,000
- 51** Complete this table for the organization's 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
N/A		

- d** 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  **Date** 8/17/10

JAMES WALTERS, PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature **DOUGLAS L. BERMAN** Date **07/29/10** Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 **PARENTEBEARD LLC SUITE 200, 221 W PHILADELPHIA ST. YORK, PA 17401-2993**

EIN **71-1234567** Phone no **(717) 846-7000**

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

Form 990-EZ (2009)

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 Form 990 or Form 990-EZ.** ► **See separate instructions.**

Open To Public Inspection

Employer identification number
23-2484981

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- ☐ Yes ☐ No

- | (i) Name of individual
or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 |
|--|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF	MONTE CARLO NIGHT	NONE		
		(event type)	(event type)	(total number)		
1	Gross receipts	13,832.	9,645.		23,477.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	13,832.	9,645.		23,477.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	416.		416.	
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,019.	5,409.		9,428.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			▶	(9,844)
	11	Net income summary. Combine line 3, column (d), and line 10			▶	13,633.

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))
1	Gross revenue			3,682.	3,682.
2	Cash prizes			1,841.	1,841.
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,841.
8	Net gaming income summary. Combine line 1, column (d), and line 7				1,841.

9 Enter the state(s) in which the organization operates gaming activities: PA

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b	100.00	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ► THOMAS ZELLERSAddress ► PO BOX 3491 - YORK, PA 17402**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 of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:Name ► THOMAS ZELLERSGaming manager compensation ► \$ 0.Description of services provided ► RESPONSIBLE FOR THE COLLECTION AND RECORDING OF GAMING REVENUE AND EXPENSES.

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?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

X

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEALS		32,765.	
SPEAKER EXPENSES		215.	
CONFERENCES		341.	
MISCELLANEOUS		1,689.	
INSURANCE		1,179.	
WEBSITE HOST FEE		345.	
TOTAL TO FORM 990-EZ, LINE 16		36,534.	

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	2
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATES ADDRESS</u>
ROTARY INTERNATIONAL	1560 SHERMAN AVE EVANSTON, IL 60201

<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
DUES	5,010.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATES ADDRESS</u>
ROTARY DISTRICT 7390	515 S GEORGE ST YORK, PA 174012723

<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
DUES	3,409.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATES ADDRESS</u>
ROTARY FOUNDATION	1560 SHERMAN AVE EVANSTON, IL 60201

<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
MATCHING CONTRIBUTION-PAUL HARRIS FELLOWSHIP	3,900.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	12,319.
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FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS PAID TO STUDENTS	NONE	3,000.
SCHOLARSHIPS PAID TO STUDENTS	NONE	1,200.
CHARITABLE CONTRIBUTION VETERANS MEMORIAL GOLD STAR & PEACE GARDEN 1000 VANDER AVENUE YORK, PA 17401	NONE	2,500.
CHARITABLE CONTRIBUTION AMERICAN RED CROSS - YORK COUNTY 724 SOUTH GEORGE STREET YORK, PA 17401	NONE	2,500.
CHARITABLE CONTRIBUTION OLIVIA'S HOUSE 830 SOUTH GEORGE STREET YORK, PA 17403	NONE	2,000.
CHARITABLE CONTRIBUTION PREGNANCY & FAMILY RESOURCES 46 W. PRINCESS STREET YORK, PA 17401	NONE	2,500.
ECUADOR MISSION ECUADOR MISSION 1560 SHERMAN AVENUE EVANSTON, IL 60201	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		14,700.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	4
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A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO
