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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2011Open to Public
InspectionA For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization BROOKLINE MASSACHUSETTS ROTARY CLUB		D Employer identification number 36-3981131
	Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 136		E Telephone number 617-965-1965
	Room/suite		F Group Exemption Number
	City or town, state or country, and ZIP + 4 BROOKLINE, MA 02446		
	G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ☐		H Check ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: HTTP://WWW.CLUBRUNNER.CA/PORTAL/HOME.ASPX?CID=36			
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527			

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 92,347.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	7,997.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6,678.
	4	Investment income	4	143.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	47,771.
	c	Less: direct expenses from gaming and fundraising events	6c	10,358.
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	37,413.
	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 in Schedule O)	8	29,758.
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	81,989.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	42,928.
	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	94.
	16	Other expenses (describe in Schedule O)	16	47,857.
	17	Total expenses Add lines 10 through 16	17	90,879.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,890.
	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	58,437.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	49,547.

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

Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,437.	22 49,547.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	58,437.	25 49,547.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,437.	27 49,547.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒

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

What is the organization's primary exempt purpose? **ROTARY IS A SERVICE CLUB**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O(Grants \$) If this amount includes foreign grants, check here ☐ **28a****29**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31 Other program services** (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses** (add lines 28a through 31a)**32 0.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JUSTIN BERKE, 1 WASHBURN PLACE #2, BROOKLINE, MA 02226	PRESIDENT	1.00	0.	0.
IRA HIRSH, 754 NEWTON STREET, CHESTNUT HILL, MA 02467	SECRETARY	1.00	0.	0.
HADLEY WEINBERG, 330 WAVERLY AVE, NEWTON, MA 02458	TREASURER	1.00	0.	0.
CLAUDIA DELANNO, 33 MAIN STREET, SOMERVILLE, MA 02145	SERGEANT AT ARMS	1.00	0.	0.
SHIRLEY MACPHERSON, 100 FRANKLIN STREET, BROOKLINE, MA 02445	DIRECTOR	1.00	0.	0.
ELIAS AUDY, 75 NEW HAVEN ST, WEST ROXBURY, MA 02132	DIRECTOR	1.00	0.	0.
MURRAY LIVERMAN, 7 VALLENCOURT DRIVE, FRAMINGHAM, MA 01701	DIRECTOR	1.00	0.	0.
MARINA BRODSKAYA, 1731 BEACON ST, BROOKLINE, MA 02445	DIRECTOR	1.00	0.	0.
CLAUDIA DUPRE, 1731 BEACON ST, BROOKLINE, MA 02445	DIRECTOR	1.00	0.	0.
DAYSE SENA, 14 HOMER STREET #1, BROOKLINE, MA 02445	DIRECTOR	1.00	0.	0.
ROBERT SLAVEN, 297 MASON TERRACE, BROOKLINE, MA 02446	DIRECTOR	1.00	0.	0.
BEVERLY ZIBRAK, 22 STILL STREET, BROOKLINE, MA 02446	DIRECTOR	1.00	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 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. 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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 tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b N/A	39b	
40 a 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. 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	X
41 List the states with which a copy of this return is filed. MA		
42 a The organization's books are in care of CORPORATION Telephone no. 617-965-1965		
Located at PO BOX 136, BROOKLINE, MA ZIP + 4 02446		
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: X	42c	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes	☒ No
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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

Signature of officer

Date

Type or print name and title

HADLEY A. WENBERG, TREASURER

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

STUART COHEN CPA PC

11/02/12

P01283755

Firm's name ▶ STUART COHEN, CPA, P.C.

Firm's EIN ▶ 01-0682821

Firm's address ▶ 233 NEEDHAM STREET, SUITE 300
NEWTON, MA 02464

Phone no. 617-454-1212

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes	☒ No
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Form 990-EZ (2011)

Brookline Massachusetts Rotary Club
36-3981131 Schedule of Grants Paid
Form 940-EZ June 30, 2012

Artsbridge	donation 2012	500
Beacon Street Firefighters		500
Bountiful Brookline		250
Bountiful Brookline		250
Brookline Community Foundation/STS	Steps to Success	1,000
Brookline Community Mental Health Center	Donation - Believe In Brookline Kids event 2011	1,000
Brookline Education Foundation		300
Brookline Emergency Food Pantry	Donation	10,000
Brookline Emergency Food Pantry	Donation - 2012	7,500
Brookline Emergency Food Pantry	Deposit	2,500
Brookline Food Coop	Food Coop	2,500
Brookline Library Music Association	2012	200
Brookline Literacy Partnership		500
BROOKLINE SYMPHONY ORCHESTRA		500
Brookline Teen Center		500
CEO4Teens		250
Climate Action of Brookline		250
Covenant House		200
ESWA		500
FIRST CORPS CADET BAND	2012	250
Gemini		1,000
Newbury College	Scholarship Auction Dinner	250
Plymouth Plantation		250
ROTARY CLUB OF NEWTON	Amer Cancer	500
ROTARY FOUNDATION	Brazil Water	3,500
ROTARY FOUNDATION	Polio Plus	600
ROTARY FOUNDATION	Brazil Water	3,000
ROTARY INTERNATIONAL FOUNDATION	Polio Plus	3,000
Rotary Scholarship		300
SPECIAL OLYMPICS		1,078
		42,928

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BROOKLINE MASSACHUSETTS ROTARY CLUB

Employer identification number

36-3981131

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

143.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

LUNCH RECEIPTS

29,758.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: SEE ATTACHED SCHEDULE

AMOUNT OF PAYMENT:

42,928.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

ACCOUNTING FEES

600.

AWARD DAY

8,683.

SUPPLIES AND MATERIALS

2,825.

LUNCH EXPENSES

25,740.

SOCIAL EVENTS, SEMINARS & CONFERENCES

1,932.

DUES AND FEES

7,348.

WEB SITE DEVELOPMENT

479.

ADVERTISING

250.

TOTAL TO FORM 990-EZ, LINE 16

47,857.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

SINGLE PROGRAMS DEVOTED TO SUPPORT LOCAL, NATIONAL & INTER-

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BROOKLINE MASSACHUSETTS ROTARY CLUB

Employer identification number

36-3981131

NATIONAL COMMUNITIES, INDIVIDUALS & CHARITABLE

ORGANIZATIONS. PROVIDES FINANCIAL SUPPORT TO WORTHY

ACTIVITIES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.

Name of the organization

BROOKLINE MASSACHUSETTS ROTARY CLUB

Employer identification number
36-3981131

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
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[illegible]