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** JUL 1, 2008 **and ending** JUN 30, 2009

| B Check if applicable | Please use IRS label or print or type. See Specific Instructions | C Name of organization | | D Employer identification number |
|---|---|---|---|---|
| [ ] Address change | | ROTARY INTERNATIONAL | | |
| [ ] Name change | | YUMA FOOTHILLS ROTARY | | 86-0885883 |
| [ ] Initial return | | Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite | E Telephone number |
| [ ] Termination | | P.O. BOX 25162 | | NONE |
| [ ] Amended return | | City or town, state or country, and ZIP + 4 | | F Group Exemption |
| [ ] Application pending | | YUMA, AZ 85367-0162 | | 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 [X] Accrual Other (specify) ▶

I Website: ▶ N/A

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

J **Organization type** (check only one)— [X] 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 ▶ $ 50708.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | Line | Description | | | | Amount |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | 1 | 4238. |
| | 2 | Program service revenue including government fees and contracts | | | 2 | |
| | 3 | Membership dues and assessments | | | 3 | 20740. |
| | 4 | Investment income | | | 4 | 69. |
| | 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 schedule) | | | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ [X] | | | | |
| | a | Gross revenue (not including $ ______ of contributions reported on line 1) | 6a | 25661. | | |
| | b | Less: direct expenses other than fundraising expenses | 6b | 6463. | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | 6c | 19198. |
| | 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 | 44245. |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) STMT 5 STMT 7 STMT 4 | | | 10 | 21976. |
| | 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 SEE STATEMENT 6 | | | 14 | 332. |
| | 15 | Printing, publications, postage, and shipping | | | 15 | |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 1 ) | | | 16 | 19151. |
| | 17 | **Total expenses** Add lines 10 through 16 ▶ | | | 17 | 41459. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | 18 | 2786. |
| | 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 | 18365. |
| | 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 | 21151. |

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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 | 23278. | 22 | 26746. |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe ▶ SEE STATEMENT 2 ) | 1231. | 24 | 394. |
| 25 **Total assets** | 24509. | 25 | 27140. |
| 26 **Total liabilities** (describe ▶ SEE STATEMENT 3 ) | 6144. | 26 | 5989. |
| 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21) | 18365. | 27 | 21151. |

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

What is the organization's primary exempt purpose? SEE STATEMENT 9

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 CASH ASSISTANCE TO ROTARY WORLD-WIDE POLIO ERADICATION PROGRAM (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 28a | 6000. |
| 29 ROTARY YOUTH LEADERSHIP PROMOTION (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 29a | 1200. |
| 30 CASH ASSISTANCE TO VARIOUS U.S. NATIONAL & LOCAL COMMUNITY PROJECTS (SEE DETAIL IN SCHEDULE FOR LINE 10) (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 30a | 14776. |
| 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 | 21976. |

**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 |
|---|---|---|---|---|
| ALAN RAY, 9797 E. 32ND ST. UNIT 33, YUMA, AZ 85365 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| PAUL MCLEOD, 11411 S. FORTUNA RD. SUITE 108, YUMA, AZ 85367 | TREASURER 10.00 | 0. | 0. | 0. |
| GARY HOWARD, 11287 S. AVENIDA LA PRIMAVERA, YUMA, AZ 85367 | PAST PRESIDENT 2.00 | 0. | 0. | 0. |
| SHARON MERZ 3828 S. 18TH AVE, YUMA, AZ 85365 | PRESIDENT 15.00 | 0. | 0. | 0. |
| KATHLEEN BENCH 798 W. 28TH ST., YUMA, AZ 85364 | SECRETARY 10.00 | 0. | 0. | 0. |
| DOREEN CALDWELL 12856 E. 38TH ST., YUMA, AZ 85367 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| ANGELA MITCHELL 10742 S. DEL RIO, YUMA, AZ 85367 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| DIT BLACKBURN 3231 FLORENCE LANE, YUMA, AZ 85365 | BOARD MEMBER 2.00 | 0. | 0. | 0. |
| LINDA WEATHERWAX 11191 E. 26TH PLACE, YUMA, AZ 85367 | SERGEANT AT ARMS 2.00 | 0. | 0. | 0. |
| LOUIS SCOTT 4549 W. 18TH PLACE, YUMA, AZ 85364 | PRESIDENT-ELECT 2.00 | 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 | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. | | | |
| 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 N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | 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 ; section 4912 ▶ N/A ; section 4955 ▶ N/A | | | |
| 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 ▶ 0. | | | |
| d | 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. ▶ AZ

42a The books are in care of ▶ PAUL MCLEOD, CPA Telephone no. ▶ 928-342-3003
Located at ▶ 11411 S. FORTUNA RD., SUITE 108, YUMA, AZ ZIP + 4 ▶ 85367

| | | | 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)? 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 | | X |
| 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 N/A

| | | | 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 |



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12-17-08

**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 |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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."

N/A

| (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

▶ Paul McLeod — Signature of officer | 11/10/09 — Date

▶ PAUL MCLEOD, TREASURER — Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instr.) |
|---|---|---|---|
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | | | EIN ▶ <br> Phone no. ▶ |

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

Form 990-EZ (2008)

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12-17-08

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 18 BANQUET TABLES | 111607 | 200DB | 7.00 | 17 | 480. | | | 480. | 69. | | 117. |
| 4 | MEAT SLICER | 020608 | 200DB | 5.00 | 17 | 894. | | 447. | 447. | 89. | | 143. |
| 5 | ROTARY SIGN FOR RESTAURANT | 012809 | 200DB | 7.00 | 19C | 103. | | | 103. | | | 15. |
| 6 | SHADE CANOPIES | 020309 | 200DB | 7.00 | 19C | 251. | | | 251. | | | 36. |
| 7 | 2 150-QT COOLERS | 021109 | 200DB | 7.00 | 19C | 148. | | | 148. | | | 21. |
| | * TOTAL 990-EZ PG 1 DEPR | | | | | 1876. | | 447. | 1429. | 158. | 0. | 332. |

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04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-EZ OTHER EXPENSES STATEMENT 1

| DESCRIPTION | AMOUNT |
|---|---|
| BADGES & ENGRAVING | 1332. |
| MEALS | 10760. |
| MISCELLANEOUS | 505. |
| FLOWERS & GIFTS | 291. |
| CLUB SECRETARY SUPPLIES | 359. |
| DISTRICT ASSEMBLY | 509. |
| OFFICER TRAINING | 117. |
| ADVERTISING | 724. |
| OFFICE SUPPLIES | 64. |
| SHIRTS | 49. |
| TRAVEL REIMBURSEMENTS | 358. |
| INSTALLATION OF OFFICERS | 3302. |
| P.O. BOX RENT | 42. |
| PRESIDENT'S MEMBERSHIP CONFERENCE | 739. |
| TOTAL TO FORM 990-EZ, LINE 16 | 19151. |

FORM 990-EZ OTHER ASSETS STATEMENT 2

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| DUES RECEIVABLE | 525. | -546. |
| OTHER DEPRECIABLE ASSETS | 706. | 940. |
| TOTAL TO FORM 990-EZ, LINE 24 | 1231. | 394. |

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| ROTARY PAYABLE | 576. | 1540. |
| ACCOUNTS PAYABLE | 1000. | 0. |
| 50/50 RAFFLE LIABILITY | 1518. | 899. |
| UNCLAIMED CHECKS | 550. | 550. |
| UNCLAIMED SCHOLARSHIPS | 2500. | 3000. |
| TOTAL TO FORM 990-EZ, LINE 26 | 6144. | 5989. |

| FORM 990-EZ | PAYMENTS TO AFFILIATES | STATEMENT 4 |
|---|---|---|

| AFFILIATE'S NAME | AFFILIATES ADDRESS |
|---|---|
| ROTARY INTERNATIONAL | 14255 COLLECTIONS CENTER DR<br>CHICAGO, IL 60693 |

| PURPOSE OF PAYMENT | AMOUNT |
|---|---|
| DUES | 1562. |

| AFFILIATE'S NAME | AFFILIATES ADDRESS |
|---|---|
| ROTARY DISTRICT 5500 | 5347 N LA PLAZA CIRCLE<br>PHOENIX, AZ 85012 |

| PURPOSE OF PAYMENT | AMOUNT |
|---|---|
| DUES | 1697. |

| | |
|---|---|
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | 3259. |

| FORM 990-EZ | NONCASH GRANTS AND ALLOCATIONS | STATEMENT 5 |
|---|---|---|

CLASS OF ACTIVITY

CHILDREN'S HOME

| DONEE'S NAME | DONEE'S ADDRESS |
|---|---|
| SAN LUIS ORPHANAGE | |

| RELATIONSHIP OF DONEE | DESCRIPTION OF PROPERTY | DATE OF GIFT |
|---|---|---|
| NONE | TV/VCR/SCHOOL SUPPLIES/ETC. | |

METHOD USED TO DETERMINE BOOK VALUE

PURCHASE PRICE

| METHOD USED TO DETERMINE FAIR MARKET VALUE | BOOK VALUE | AMOUNT GIVEN |
|---|---|---|
| PURCHASE PRICE | 1107. | 1107. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 1107. |

| FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT 6 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| DEPRECIATION | 332. |
| TOTAL TO FORM 990-EZ, LINE 14 | 332. |

FORM 990-EZ — CASH GRANTS AND ALLOCATIONS — STATEMENT 7

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | DONEE'S RELATIONSHIP | AMOUNT |
|---|---|---|
| INTERNATIONAL SERVICE PROJECT<br>ADOPT-A-VILLAGE | NONE | 200. |
| SUPPORT FOR ROTARY PROJECTS<br>ROTARY FOUNDATION<br>14255 COLLECTIONS CENTER DRIVE<br>CHICAGO, IL 60693 | CHARITABLE FOUNDATION OF ROTARY INT | 100. |
| YOUTH ACTIVITIES<br>SALVATION ARMY BOYS & GIRLS CLUB | NONE | 500. |
| EDUCATIONAL SUPPORT<br>DICTIONARY PROJECT | NONE | 500. |
| DOMESTIC VIOLENCE SHELTER<br>AMBERLY'S PLACE | NONE | 1000. |
| MUSIC EDUCATION<br>YUMA YOUTH CHOIR | NONE | 500. |
| YOUTH ACTIVITIES<br>SKILLS USA | NONE | 500. |
| YOUTH ACTIVITIES<br>ROTARY YOUTH LEADERSHIP AWARDS | PROGRAM OF ROTARY INTERNATIONAL | 1200. |

| | | |
|---|---|---|
| POLIO ERADICATION<br>POLIO PLUS | PROGRAM OF ROTARY INTERNATIONAL | 6000. |
| DOMESTIC VIOLENCE VICTIMS AID<br>KIDS CUDDLE BOOK | NONE | 250. |
| YOUTH ACTIVITIES<br>LANGLEY BENEFIT | NONE | 500. |
| VARIOUS<br>MATO | NONE | 110. |
| YOUTH ACTIVITIES<br>FUTURE FARMERS OF AMERICA | NONE | 500. |
| HEALTH SUPPORT FOR NEEDY CHILDREN<br>GIFT OF LIFE - ARIZONA, INC. | PROGRAM OF ROTARY DISTRICT 5500 | 150. |
| ELDERLY & HOME-BOUND ASSISTANCE<br>GREATER FOOTHILLS HELPING HANDS | NONE | 1000. |
| YOUTH ACTIVITIES<br>YUMA BALLET THEATER | NONE | 100. |
| HEALTH SUPPORT FOR NEEDY CHILDREN<br>SALVATION ARMY | NONE | 2000. |

| | | |
|---|---|---|
| DISABLED CHILDREN'S ACTIVITIES<br>SADDLES OF JOY | NONE | 1000. |
| YOUTH ACTIVITIES<br>YUMA YOUNG LIFE | NONE | 500. |
| YOUTH ACTIVITIES<br>YUMA BALLET THEATER | NONE | 1000. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 17610. |

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 8

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

990-EZ PG 2 STATEMENT 9

TO PROVIDE SERVICE TO OTHERS, PROMOTE HIGH ETHICAL STANDARDS, AND TO ADVANCE WORLD UNDERSTANDING, GOODWILL AND PEACE.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization 990-EZ

**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2008**

Attachment Sequence No 67

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| ROTARY INTERNATIONAL YUMA FOOTHILLS ROTARY | FORM 990-EZ PAGE 1 | 86-0885883 |

**Part I** Election To Expense Certain Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 800000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| | | | |
|---|---|---|---|
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** *Do not use Part II or Part III below for listed property Instead, use Part V*

**Part II** **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

**Part III** **MACRS Depreciation (Do not** include listed property.) (See instructions )

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008 | 17 | 260. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 502. | 7 YRS. | HY | 200DB | 72. |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs | MM | S/L | |
| | / | | | MM | S/L | |

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

| (a) Classification of property | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | / | | 40 yrs | MM | S/L | |

**Part IV** Summary (See instructions )

| | | | |
|---|---|---|---|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. | 22 | 332. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

**Section A - Depreciation and Other Information (Caution:** *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 Total business/investment miles driven during the year (**do not** include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

**Note:** *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2008 tax year: | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2008 tax year | | | | 43 | |
| 44 **Total.** Add amounts in column (f). See the instructions for where to report | | | | 44 | |