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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

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>GASTONIA EAST ROTARY CLUB</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p>PO BOX 3586</p> <p>City or town, state or country, and ZIP + 4</p> <p>GASTONIA, NC 28053</p>	<p>D Employer identification number</p> <p>23-7096884</p> <p>E Telephone number</p> <p>704-913-6472</p> <p>F Group Exemption Number ▶ 0573</p>
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• 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: ▶

J Tax-exempt status (check only one) — 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

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

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 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 ▶ \$ **80,793.**

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

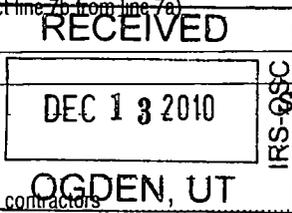
	1 Contributions, gifts, grants, and similar amounts received		10,638.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		65,770.
	4 Investment income		580.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis 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 \$ <u>5,590.</u> of contributions reported on line 1)	6a	3,805.
	b Less: direct expenses other than fundraising expenses	6b	3,805.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.
	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	76,988.
	10 Grants and similar amounts paid (attach schedule)	10	19,750.
	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	800.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	250.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u>)	16	52,533.
	17 Total expenses. Add lines 10 through 16	17	73,333.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,655.
	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	30,883.
	20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 4</u>	20	1,832.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	36,370.

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	11,332.	13,713.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 2</u>)	19,551.	22,657.
25 Total assets	30,883.	36,370.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,883.	36,370.

SCANNED JAN 0 2010



Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
	What is the organization's primary exempt purpose? CHARITABLE CIVIC CLUB	
	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, and other relevant information for each program title.	
28	GASTONIA EAST ROTARY PROVIDES CIVIC CLUB BENEFITS TO ITS MEMBERS AND AIDS IN THE SUPPORT OF SEVERAL LOCAL NOT FOR PROFIT ORGANIZATIONS AND SCHOLARSHIP NEEDS. (Grants \$ <u>7,040.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 45,049.
29	 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 45,049.

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
KEVIN DIBELLA PO BOX 3586, GASTONIA, NC 28054	PRESIDENT 2.50	0.	0.	0.
ASH SMITH PO BOX 3586, GASTONIA, NC 28054	PRESIDENT-ELECT 2.50	0.	0.	0.
JOHN PEA PO BOX 3586, GASTONIA, NC 28054	SECRETARY 2.50	0.	0.	0.
DAVID FOGARTY PO BOX 3586, GASTONIA, NC 28054	TREASURER 2.50	0.	0.	0.
MIKE STANFORTH PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
CARMEN SCHULTZ PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
KARL MCKINNON PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
WILLIAM E. MOORE, JR. PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
ERIC RILEY PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
CRAIG LOWRY PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
ROBIN HALE PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
KELLUM MORRIS PO BOX 3586, GASTONIA, NC 28054	DIRECTOR 0.50	0.	0.	0.
KENT HUGGINS PO BOX 3586, GASTONIA, NC 28054	IMMEDIATE PAST PRES 2.50	0.	0.	0.

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.		
a	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
b	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.		
b	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?		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 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		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		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ KENT HUGGINS Telephone no. ▶ 704-913-6472 Located at ▶ P.O. BOX 3586, GASTONIA, NC ZIP + 4 ▶ 28053		
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)?		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.?		X
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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 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 ▶ _____

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: *[Signature]* Date: 12/2/10

Type or print name and title: KENNETH R. HUGGINS PAST PRESIDENT & EXECUTIVE SECRETARY

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 12/3/10

Check if self-employed:

Preparer's identifying number (See instr): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: CHERRY, BEKAERT & HOLLAND, L.L.P. 332 BURTONWOOD DRIVE GASTONIA, NC 28054

EIN no.: _____ Phone no.: 704-865-2396

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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
CLUB BULLETIN & DIRECTORY	540.
MISCELLANEOUS EXPENSES	2,452.
BADGES & ENGRAVING	250.
INSURANCE	600.
SUPPLIES	2,665.
CONFERENCES & MEETINGS	46,026.
TOTAL TO FORM 990-EZ, LINE 16	52,533.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT HELD BY COMMUNITY FUND	19,551.	22,657.
TOTAL TO FORM 990-EZ, LINE 24	19,551.	22,657.

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	3
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATES ADDRESS</u>	<u>AMOUNT</u>
DISTRICT ROTARY	7501 CELTIC COURT CHARLOTTE, NC 28277	
<u>PURPOSE OF PAYMENT</u>		
DUES		4,575.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATES ADDRESS</u>	<u>AMOUNT</u>
ROTARY INTERNATIONAL	1560 SHERMAN AVENUE EVANSON, IL 60201	
<u>PURPOSE OF PAYMENT</u>		
DUES		8,135.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	12,710.
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FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
CHANGE IN VALUE OF BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION	1,832.
TOTAL TO FORM 990-EZ, LINE 20	1,832.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CIVIC ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSON, IL 60201	NONE	2,390.
EDUCATIONAL GASTON COLLEGE 201 HWY 321 SOUTH DALLAS, NC 28034	NONE	2,750.
EDUCATIONAL PARTNERS OF THE AMERICAS 702 EMORY DRIVE CHAPEL HILL, NC 27514	NONE	1,000.
EDUCATIONAL LOCAL YOUTH CAMP-LEADERSHIP CONF GASTONIA, NC	NONE	200.
EDUCATIONAL ROTARY FLIGHT OF HONOR PO BOX 495 GASTONIA, NC 28053	NONE	500.
EDUCATIONAL DISTRICT YOUTH CAMP GASTONIA, NC	NONE	200.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>7,040.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

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

**Application for Extension of Time To File an
Exempt Organization Return**

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	GASTONIA EAST ROTARY CLUB	23-7096884
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	
	PO BOX 3586	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GASTONIA, NC 28053	

Check type of return to be filed (file a separate application for each return).

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

KENT HUGGINS

- The books are in the care of ▶ **P.O. BOX 3586 - GASTONIA, NC 28053**

Telephone No. ▶ **704-913-6472**

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions