

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-EZ**

2009

OMB No 1545 1150

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.

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

|             | A I               | For the 2009 calendar year, or tax year beginning 7/01, 2009, and end  | ing 6/30             | ,                      | 2010   |
|-------------|-------------------|--|----------------------|------------------------|--|
|             | _                 | Check if applicable C  |                      | D Employerid           | entification number                          |
|             | X                 | Address change   Please   ROTARY INTERNATIONAL DISTRICT 7620   |                      | 52-103                 | 37873  |
|             | □r                | Name change   label or   4064 LOMAR DRIVE  | Ī                    | Telephone n            | 829-2010                                     |
|             | Ħ                 | Initial return type. MT. AIRY, MD 21771  |                      | <del>443-2</del>       | <del>74 2349</del>                           |
|             | Ħ                 | Termination Specific Instruc-  | ļ.,                  | F Group Ex             | omntion                                      |
|             | =                 | Application pending  | '                    | Number                 | emption <b>&gt;</b>                          |
| -           |                   |  | Accounting n         | nethod <sup>.</sup>    | Cash X Accrual                               |
| _           |                   | must attach a completed Schedule A (Form 990 or 990-E2).   | Other (specif        | <del></del>            |  |
|             |                   |  | I Check ► X          |                        | anızatıon ıs <b>not</b><br>lule B (Form 990, |
|             |                   | Website: ► N/A  Tax-exempt status (check only one) — X 501(c) (4) ◄ (insert no) 4947(a)(1) or 527  | 990-EZ, or 9         | ittach Sched<br>90-PF) | iule B (Form 990,                            |
| -           | •                 | Tax-exempt status (check only one) — X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527 Check ► If the organization is not a section 509(a)(3) supporting organization and its gr  |                      |                        | ot 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 Fore   | n 990                |                        | ~ <del></del>                                |
|             |                   | instead of Form 990-EZ   |                      | <b>▶</b> \$            | 297,668.                                     |
| ł           | Pa                |  | <b>s</b> (See the ii |                        | s for Part I.)                               |
|             |                   | 1 Contributions, gifts, grants, and similar amounts received   |                      | 1                      | 152 012                                      |
| <u>ç</u> ⊸  | ,                 | Program service revenue including government fees and contracts  |                      | 3                      | 153,013.<br>144,535.                         |
| 2011        |                   | Membership dues and assessments.   |                      | 4                      | 120.   |
|             |                   | 4 Investment income 5a Gross amount from sale of assets other than inventory 5a  |                      |                        | 120.   |
| <b>©</b>    | ı                 | b Less: cost or other basis and sales expenses  5b   |                      |                        |  |
| <b>8</b>    | · <u>R</u>        | c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a).   |                      | 5 c                    |  |
| \$          | REVEZUE           | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check  | here -               |                        |  |
| _           | t N               | a Gross revenue (not including \$ of contributions   |                      | _                      |  |
|             | Ë                 | reported on line 1) 6a   |                      |                        |  |
| SCANNED JAN |                   | b Less direct expenses other than fundraising expenses   |                      |                        |  |
| 3           | -                 | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  |                      | 6c                     |  |
| Š           |                   | 7a Gross sales of inventory, less returns and allowances 7a  |                      |                        |  |
| Ŵ           | Ì                 | 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  |                      | -' <b>▶</b> 9          | 297,668.                                     |
|             |                   | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   |                      | 10                     | 231,000.                                     |
|             | '                 | 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits JAN 1 9 2011 13 Professional fees and other payments to independent contractors |                      | 11                     |  |
|             | E X               | 11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits JAN 1 9 2011  |                      | 12                     |  |
|             | X P E Z           | 13 Professional fees and other payments to independent contractors   |                      | 13                     | 4,200.                                       |
|             | N<br>S            |  |                      | 14                     |  |
|             | S<br>E<br>S       | 15 Printing, publications, postage, and shipping   |                      | 15                     | 6,114.                                       |
|             | Ţ,                | 16 Other expenses (describe ► SEE STATEMENT 1  | )                    | 16                     | 277,952.                                     |
|             |                   | 17 Total expenses. Add lines 10 through 16   |                      | ▶ 17                   | 288,266.                                     |
|             |                   | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)   |                      | 18                     | 9,402.                                       |
|             | N S               | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr   | ee with end-of-      | year                   | 122 005                                      |
|             | N S<br>E E<br>T E | figure reported on prior year's return)  |                      | 19                     | 122,985.                                     |
|             | \$                | -  |                      | ▶ 21                   | 132,387.                                     |
|             | Da                | 21 Net assets or fund balances at end of year Combine lines 18 through 20  If I Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more   | file Form 990        |                        |  |
|             | 1 4               | (See the instructions for Part II)   | (A) Beginning        |                        | (B) End of year                              |
|             | 22                | · · · · · · · · · · · · · · · · · · ·  |                      | 029. 22                | 142,116.                                     |
|             | 23                | · · · · · · · · · · · · · · · · · · ·  |                      | 23                     |  |
|             | 24                | CDD COMMONDED O  |                      | 695. 24                | 4,294.                                       |
|             |                   | Total assets   | 149,                 |                        | 146,410.                                     |
|             | ·                 | Total liabilities (describe ► SEE STATEMENT 3  |                      | 739. 26                | 14,023.                                      |
|             |                   |  | 122,                 | 985. 27                | 132,387.                                     |
|             | BA                | A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.   |                      |                        | Form <b>990-EZ</b> (2009)                    |

| Part             |   |  |                         | ons.)                                      | -      | Expenses   |
|------------------|---|--|-------------------------|--|--------|--|
| What is          | the organization's primary exempt purpose? SU                                 | PPORT LOCAL ROTARY                                   | CLUBS IN THE I          | DISTRICT                                   | (Kegi  | uired for section  |
| Descri           | be what was achieved in carrying out the the services provided, the number of | e organization's exempt purp                         | oses in a clear and co  | ncise manner,                              | organ  | uired for section<br>(3) and (4)<br>nizations and section<br>(a)(1) trusts, optional |
| descri           | be the services provided, the number of                                       | persons benefited, or other                          | elevant information for | each '                                     | 4947   | (a)(1) trusts, optional thers)   |
|                  | am title.   | 71 LOCAL DOTARY CL                                   | HDC THE WART            | OIIC -                                     | 101 01 |  |
|                  | THE DISTRICT CONSISTS OF  |  |                         |  |        | *  |
| _                | PROGRAMS PROMOTE AND FACI   |  |                         |  |        |  |
|                  | INTERNATIONAL AND SUPPORT   | THE LOCAL CLUBS I                                    | N THE DISTRICT          | <u> <b></b></u> _                          |        |  |
| - 7              | (Grants \$ ) If th  | is amount includes foreign gr                        | ants, check here        |  | 28a    | 91,728.  |
|                  | RYLA- ROTARY YOUTH LEADER   |  |                         | CAMP HELD                                  |        |  |
|                  | FOR HIGH SCHOOL AGE STUDE   |  |                         |  |        |  |
|                  |   | MID' TERT THE PROPERTY                               |                         | 7 TIPS WAD                                 |        |  |
| -                | EXPERIENCES   |  | - <del></del>           |  |        | 40.000   |
| <u>_</u>         | (Grants \$ ) If th  | is amount includes foreign gr                        | ants, check here        | ▶ [_]                                      | 29 a   | 49,296.  |
| 30 5             | SEE STATEMENT 4   |  |                         | j  |        |  |
| -                |   |  |                         |  |        |  |
|                  |   |  |                         |  |        |  |
| ; -              | (Grants \$ ) If th  | is amount includes foreign gr                        | ants, check here        |  | 30 a   | 42,250.  |
| 21               | Other program services (attach schedule                                       |  | and, and an incide      | 111  |        |  |
| ٥, ١             |   | ップ SEE SIAIEMENI 5<br>iis amount includes foreign gr | ants shack hara         | ▶ [7]                                      | 31 a   | 25,511.  |
|                  |   |  | arits, thete            |  | 32     | 208,785.   |
|                  | Total program service expenses (add III                                       |  | nlovono 1 1             |  |        |  |
| Part             | IV List of Officers, Directors  |  |                         | r'   |        |  |
|                  | (a) Nome and address  | (b) Title and average hours<br>per week devoted      | (c) Compensation (If    | (d) Contributions<br>employee benefit plar | to     | (e) Expense account and other allowances   |
|                  | (a) Name and address  | per week devoted<br>to position                      | not paid, enter -0)     | employee benefit plar<br>deferred compensa |        | and other allowances   |
| יחים             | re Lewis  | PRESIDENT  | 0.                      | actoriou compensa                          | 0.     | 0.   |
|                  |   |  |                         |  | ٠.     |  |
|                  | BLACKBRIAR STREET   | 1.00   |                         |  |        |  |
|                  | /ER SPRING, MD 20903  |  |                         |  |        |  |
| JAY              | KUMAR   | SECRETARY  | 0.                      |  | 0.     | 0.   |
| 114              | O OLD FREDERICK ROAD  | 1.00   |                         |  |        |  |
|                  | RIOTTSVILLE, MD 21104   |  |                         |  |        |  |
|                  |   | TREASURER  | 0.                      |  | 0.     | 0.   |
|                  | L TALLEY  |  | 0.                      |  | υ.     | 0.   |
|                  | 7 DERBY DRIVE   | 1.00   |                         |  |        |  |
| FRE              | DERICK, MD 21703  |  |                         |  |        |  |
| PAU              | L FREY  | OFFICER  | 0.                      |  | 0.     | 0.   |
|                  | AMBER COURT   | 1.00   |                         |  |        |  |
|                  | DERICK, MD 21702  |  |                         |  |        |  |
|                  |   | OFFICER  | 0.                      | · · · · -                                  | 0.     | 0.   |
|                  | DDE MORISSETTE  |  | 0.                      |  | υ.     | 0.   |
|                  | 5 MONTPELIER ROAD   | 1.00   |                         |  |        |  |
| ROC              | KVILLE, MD 20853  |  |                         |  | _      |  |
|                  |   |  |                         |  |        |  |
|                  |   | -  |                         | İ  |        |  |
|                  |   | 1  |                         |  |        |  |
| L,               |   |  |                         | <del></del>                                |        |  |
|                  |   | ·  |                         |  |        |  |
| <u> </u>         |   | 1  |                         |  |        |  |
|                  |   |  |                         |  |        |  |
|                  |   |  |                         |  |        |  |
|                  |   |  |                         |  |        |  |
| <del>-</del>     |   |  |                         |  |        |  |
|                  |   |  |                         |  |        |  |
| <del>_</del>     |   |  |                         |  |        |  |
| <u></u>          |   |  |                         | 1  |        |  |
|                  |   |  |                         |  |        |  |
| ;                |   |  |                         |  |        |  |
|                  |   | 1  |                         |  |        |  |
| -;               |   |  |                         |  |        |  |
|                  |   | <del></del>  |                         |  |        | -  |
| 4                |   |  |                         |  |        |  |
| 3 <del>-</del> - |   | 1  |                         |  |        |  |
| ,                |   |  |                         |  |        |  |
|                  |   |  |                         | -  |        |  |
|                  |   | 1  |                         |  |        |  |
|                  |   | 1  |                         |  |        |  |
|                  |   |  | l                       | <u> </u>                                   |        | C 000 E7 (0000)  |

Form 990-EZ (2009) ROTARY INTERNATIONAL DISTRICT 7620

52-1037873

Page 2

|   | ``   |                    | 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                 |            | Х        |  |
| 34  | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes   | 34                 |            | X        |  |
| 35  | f the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, Itach a statement explaining why the organization did not report the income on Form 990-T.  |                    |            |          |  |
| i   | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notic  | e,                 |            | .,       |  |
|   | reporting, and proxy tax requirements?   | 35 a               | <u> </u>   | <u>X</u> |  |
| ,   | o If 'Yes,' has it filed a tax return on Form 990-T for this year?   | 330                |            |          |  |
|   | 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  2 Enter amount of political expenditures, direct or indirect, as described in the instructions  | 36                 |            | X        |  |
|   | a 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              | •          | Х        |  |
|   | •  |                    |            |          |  |
| -,  | a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | 38a                |            | Х        |  |
| (   | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/  | A                  | -          |          |  |
|   | Section 501(c)(7) organizations Enter  | _                  |            |          |  |
|   | a Initiation fees and capital contributions included on line 9   |                    |            |          |  |
|   | b Gross receipts, included on line 9, for public use of club facilities  39b  N/   | A                  |            |          |  |
| 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   |                    |            | ٠,       |  |
| .3"   | 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 ь               |            | 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  |                    |            |          |  |
| 1   | 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               |            | Х        |  |
| 41  | List the states with which a copy of this return is filed NONE   |                    |            |          |  |
| , l   |  |                    |            |          |  |
| Ã   | a The organization's   |                    |            |          |  |
| 42  | books are in care of ► <u>WILLIAM R. TALLEY JR.</u> Located at ► 4064 LOMAR DRIVE MT. AIRY MD  Telephone no ► 240-  ZIP + 4 ► 2177   | 5 <u>29-1</u><br>1 | <u>507</u> |          |  |
|   |  |                    |            |          |  |
|   | 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  | 42b                | Yes        | No<br>X  |  |
|   |  |                    |            |          |  |
|   |  |                    |            |          |  |
| •   | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  |                    |            | ٠,       |  |
| •   | 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                |            | Х        |  |
| AS  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here  |                    | ▶ [¨       | N/A      |  |
| and enter the amount of tax-exempt interest received or accrued during the tax year |  |                    |            |          |  |
| _   |  |                    |            |          |  |
| 44  | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead  | 44                 | Yes        | No<br>X  |  |
| A E   | of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'  |                    |            | <u> </u> |  |
| 45<br>RA  | Form 990 must be completed instead of Form 990-EZ  | 45<br>orm 99       | 0-F7       | (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 indire-<br>public office? If 'Yes,' complete Schedule (                | ct political campaign acti<br>C, Part I                                   | vities on behalf of or                                     | in opposition to candidates   | 46                              | Yes           | No          |
|   | the organization engage in lobbying activit   |   | chedule C, Part II   | ,   | 47                              |               |             |
|   | 170 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)   |   |  |   |                                 |               | ,           |
|   | the organization make any transfers to an   |   |  |   | 49a                             |               | <del></del> |
|   | es,' was the related organization a section   |   |  |   | 49b                             |               |             |
| 50 Con  | nplete this table for the organization's five bloyees) who each received more than \$10                     | highest compensated em<br>0.000 of compensation fi                        | ployees (other than com the organization.                  | officers, directors, trustees a                                       | and key                         |               |             |
| 7   | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average<br>hours per week<br>devoted to position            | (c) Compensation   | (d) Contributions to employee benefit plans and deferred compensation | (e) Exp<br>accour<br>other allo | nt and        | <u> </u>    |
|   |   |   |  |   |                                 |               |             |
|   |   |   |  |   |                                 |               |             |
| <del></del>                                       |   |   |  |   |                                 |               |             |
|   |   |   |  |   |                                 | <del></del>   |             |
| -'  |   |   | ,  |   |                                 |               | ,           |
| f Tot   | al number of other employees paid over \$1  | 00.000  |  | <u> </u>  |                                 |               |             |
| . 100   | ar riamber of other employees para ever \$1   |   |  |   |                                 |               |             |
| 51 Cor  | nplete this table for the organization's five<br>npensation from the organization. If there is              | highest compensated ind<br>s none, enter 'None '                          | dependent contractors                                      | s who each received more th   | nan \$100                       | 0,000         | of          |
|   | (a) Name and address of each independent contr  | actor paid more than \$100,000  | <u> </u>   | (b) Type of service   | (c) Comp                        | ensatio       | n           |
|   |   |   |  |   |                                 |               |             |
| <del></del>                                       |   |   |  |   |                                 |               |             |
|   |   |   |  |   |                                 |               | ,           |
|   |   |   |  |   |                                 |               |             |
| ··· ,   |   |   |  |   |                                 |               | •           |
|   |   | <del> </del>  |  |   |                                 |               |             |
| _ <del>_</del>                                    |   |   |  |   |                                 |               |             |
|   |   |   |  |   |                                 |               |             |
|   |   | <b></b>   |  |   |                                 |               |             |
|   | <del></del>   |   | 20,000   |   |                                 |               |             |
| <b>d</b> lot                                      | al number of other independent contractors  | s each receiving over \$10  | 00,000   |   |                                 |               |             |
| <del>, , , , , , , , , , , , , , , , , , , </del> | Under penalbes of perjury, I declare that I have exam true, correct, and complete Declaration of preparer ( | nined this return, including accom<br>other than officer) is based on all | panying schedules and state<br>information of which prepar | ements, and to the best of my knowled<br>er has any knowledge         | ige and be                      | lief, it is   | ,           |
| Sign  | William Klalley   | h   |  | 1/14/2011   |                                 |               |             |
| Here  | Signature of officer  |   |  | Date  |                                 |               | ,           |
| •   | WILLIAM R TALLEY, JR.   | <u></u>   |  | TREASURER   |                                 |               |             |
|   | Type or print name and title  |   |  | 1 75  |                                 |               | <del></del> |
| Paid<br>Pre-                                      | Preparer's Sanature BARBARA ROMAN   |   | Date 12/30/U   | self-<br>employed N/A   | er's identif<br>istructions)    | ying Nu       | mber        |
| parer's   |   | ARFIELD & GARRE   | TT, P.A., CPA  | <del></del>   |                                 |               |             |
| Use   | employed),   201 THOMAS JOHN  | SON DRIVE   |  | EIN ► N/  |                                 |               |             |
| Only  |   | 1702  |  | Phone no ► (301)  | 662-                            | $\overline{}$ |             |
| May the   | IRS discuss this return with the preparer si  | nown above? See instruc   | tions  |   | X Yes                           |               | No (2000)   |

|    | ;   |                           |               |              |                                     |  |
|----|---|---------------------------|---------------|--------------|-------------------------------------|--|
| 20 | 009   | FEDERAL STAT              | EMENTS        |              |                                     | PAGE 1   |
| l  | •   | 、<br>ROTARY INTERNATIONAL | DISTRICT 7620 |              |                                     | 52-1037873   |
|    | STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  AWARDS BANK AND CREDIT CARD FEES CONFERENCES, CONVENTIONS, CONTRACT LABOR DONATIONS INSURANCE INTERNET, WEBSITE & COMPU MARKETING AND PUBLIC RELA MEMBERSHIP EXPENSE MISCELLANEOUS EXPENSE OFFICE EXPENSES ROTARACT SUPPLIES AND COPIES TELEPHONE TRAINING | TER                       |               |              | \$ TOTAL \$                         | 2,857.<br>1,551.<br>189,514.<br>31,319.<br>2,600.<br>1,722.<br>3,795.<br>7,989.<br>2,425.<br>6,956.<br>6,880.<br>516.<br>10,555.<br>277,952. |
|    | STATEMENT 2<br>FORM 990-EZ, PART II, LINE 24<br>OTHER ASSETS  |                           |               | <del>-</del> |                                     | 3  |
|    | ACCOUNTS RECEIVABLE<br>NOTES AND LOANS RECEIVABL<br>PREPAID EXPENSES AND DEFE   |                           | TOTAL         | <u>BE</u>    | GINNING 210. \$ 0. 2,485. 2,695. \$ | ENDING<br>0.<br>1,294.<br>3,000.<br>4,294.   |
|    | STATEMENT 3<br>FORM 990-EZ, PART II, LINE 26<br>TOTAL LIABILITIES   |                           |               |              |                                     |  |
| -  |   |                           |               | BE           | GINNING                             | ENDING   |
|    | ACCOUNTS PAYABLE AND ACCR ACCRUED EXPENSES CREDIT CARD PAYABLE  | UED EXPENSES              |               | \$           | 6,923. \$<br>0.<br>0                | 0.<br>2,192.<br>1 699  |

### **STATEMENT 4** FORM 990-EZ, PART III, LINE 30 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CREDIT CARD PAYALBE OTHER LIABILITIES

RYLA FUNDS PAYABLE

RI SIMPLIFIED GRANT PAYABLE

VOCATIONAL SERVICES GUIDE AND ASSIST THE MEMBERS IN DISCHARGING THEIR RESPONSIBILITIES OF MAINTAINING HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS AND BUILDING THE RECIGNITION IN THEIR COMMUNITY THAT ALL USEFUL OCCUPATIONS HAVE A VALUE IN THE ECONOMY OF THE WORLD TODAY. SOME OF THE ACTIVITIES WHICH MIGHT BE FOUND INCLUDE:

2,192. 1,699.

4,100.

4,000.

2,032.

14,023.

0. 0.

0.

0.

19,816.

TOTAL \$

26,739. \$

2009

### **FEDERAL STATEMENTS**

PAGE 2

ROTARY INTERNATIONAL DISTRICT 7620

52-1037873

## STATEMENT 4 (CONTINUED) FORM 990-EZ, PART III, LINE 30 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

- -VOCATIONAL GUIDANCE FOR STUDENTS -SCHOLARSHIPS FOR VOCATION EDUCATION
- -FOUR WAY TEST STUDENT COMPETITION
  -DISTRIBUTION OF THE "DECLARATION IN ROTARIANS IN BUSINESS AND PROFESSIONS" TO AREA SCHOOLS AS WELL AS CLUB MEMBERS

### **STATEMENT 5** FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

|   | DESCRIPTION   | <u>GRANTS</u> | PROGRAM<br>SERVICE<br>EXPENSES |
|---|---|---------------|--------------------------------|
| - | PETS TRAINING INCLUDES FOREIGN GRANTS: NO   |               | 14,553                         |
|   | THE DISTRICT CONFERENCE IS HELD IN ORDER TO WORK WITH THE LEADERS OF EVERY CLUB AND EDUCATE THEM ON HOW TO HELP RUN THEIR INDIVIDUAL CLUBS MORE EFFECTIVELY.  INCLUDES FOREIGN GRANTS: NO |               | 10,958.                        |
|   | TOTAL   | \$ 0.         | \$ 25,511.                     |