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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

Openio Public Inspection

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Security S		В	Check if applicabl		С					Di	Employer	identification number
New toward return Terremation Form species Sepecific Sep			Address change	Please use IRS	ROTARY CLUB OF CAR	TERSVILLE.	INC.				52-24	122533
Carter Syllic Carter Sylli			Name change	label or		,						
### Special control of the control o			Initial return	ltype.	CARTERSVILLE, GA 3	0120				1	770-3	182-3361
**Section 50T(c/X) organizations and 4947(x/T) nonexempl charitable trusts Website: * N/A			Termination	Specific						<u> </u>	770	02 3301
**Section Strick3) organizations and 493/16/17) nonexempt charitable inusts Website: N/A Website: N/A		Ц		tions.								xemption
Website: N/A Website: N/A		Ш	Application pendir	ng	L	·						,
Website: N/A Jara-resemblatus (closed only non) X 50(0) (3) - 4 (meet no.) 4947(0X1) or 327 990-EF.			• Section	n 501(c)(3 must atta	?) organizations and 4947(a)(1) ach a completed Schedule A (l	nonexempt char Form 990 or 990-E	itable trust Z).		Other	(specify)		.] Cash [Accrual
Tax-exempt stritus (clieck only zero —		ı	Website: ►	N/A					requir	ed to attach	ch Sche	
K Check P 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 C 2 or Form 990 return is not required, but if the organization chooses to life a return, be sure to file a f		J			only one) - X 501(c) (3)	(insert no.) 4	947(a)(1) or	527	990-E	Z, or 990-	PF).	
\$25,000 A Form 990 E2 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 Inese 55, 65, and 70, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990									ross rece	ipts are n	ormally	not more than
Instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 6 Special events and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here c Subtract expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) 8 Other revenue (discribe ** 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 16 Other expenses (describe ** SEE STATEMENT 2 17 Total expenses. Add lines 10 from line 27) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year line 27, vicilal expenses, Add lines 10 from year (subtract line 17 from line 29) 21 Net assets or fund balances and on year (from line 27, column (B)) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 22 Cash, savings, and investments 12 (B) End of year 23 Land and buildings 24 Other assets (describe **) 25 Total lassifities (describe **) 26 Total lassifities (d			\$25,000 A Fo	rm 990-EZ	or Form 990 return is not requir	ed, but if the organ	ization choo	oses to file	a return, l	oe sure to	file a coi	mplete return.
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 69, 484 10 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Total assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > (B) End of year 25 Total assets 26 Total liabilities (describe > (B) End of column (B) must agree with line 21) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Geg the instructions for Part II (B) End of year 29 Other assets (describe > (B) End of year 20 Other assets (describe > (B) End of year 21 (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > (B) End of year 25 Total assets 26 Total liabilities (describe > (B) End of year 26 Other assets (describe > (B) End of year 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Other assets or fund balances (line 27 of column (B) must agree with line 21)				•	•	Subtract line 75 iro	om line 7a))				
10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1 10 16,405.				•		- 10				——·' .	-	F4 FC2
Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 15 13 14 15 15 788. 16 34,768. 16 34,768. 16 34,768. 17 51,961. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,601. 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) 20 Other changes in net assets or fund balances (attach explanation) 20 21 72,085. 21 72,085. 22 24 25 74,20. 23 57,420. 24 25 72,085. 26 Total labilities (describe	C		_					000 00	3 000 400	<u> </u>	+	
Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > 12 14, 665. 25 Total assets						ule)	•	SEE ST	ATEMEN	TI		16,405.
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,601. 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 69,484. 10 Other changes in net assets or fund balances (attach explanation) 20 19 69,484. 10 Other changes in net assets or fund balances (attach explanation) 20 21 72,085. 10 Payment P	(نیک)	Ε		•			D	ECEI	VED			
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Coccupancy, Telli, utilities, and maintenance Tellific Telli	Щ	E N				endent contractor	s [S		
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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) Net assets or fund balances at end of year. Combine lines 18 through 20 Partition 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) Cash, savings, and investments Land and buildings Other assets (describe Other assets (describe Total assets Total liabilities (describe Net assets or fund balances (line 27 of column (B) must agree with line 21) Net assets or fund balances (line 27 of column (B) must agree with line 21) Net assets or fund balances (line 27 of column (B) must agree with line 21)		s				•	4	, 5 6	ፈ ບ ነው	SO V		
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figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe 25 Total assets 26 Total liabilities (describe 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Geq the instructions for Part II of the prior of the p		۸									100	2,601.
20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 72, 085. 22 Parall 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		ΝŞ				ar (from line 27, c	olumn (A))) (must ag	ree with e	end-of-yea		60 101
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 72,085. 22		F E	_	•	, ,	attach avalanatia	۵١			•	-	03,404.
Residual 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)		s		-								72 005
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets		70°5		_				100	o filo Con			
22 Cash, savings, and investments 12,064. 22 14,665. 23 Land and buildings 57,420. 23 57,420. 24 Other assets (describe ►) 24 25 Total assets 69,484. 25 72,085. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 69,484. 27 72,085.		J.C.	Company Dai	ance 3			e \$1,250,0	or mor				
23 Land and buildings 57,420. 23 57,420. 24 Other assets (describe ►) 24 25 Total assets . . 69,484. 25 72,085. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 69,484. 27 72,085.		22	Cach cours	ne and	•	ait II)		}	(A) Degi			
24 Other assets (describe ►) 24 25 Total assets . .				-		•		}				
25 Total assets 69,484. 25 72,085. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 69,484. 27 72,085.				_	ne >	`		ł		<u> </u>	$\overline{}$	31,420.
26 Total liabilities (describe ►				-		,		}		69 19		72 085
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 69,484. 27 72,085.								. }				
						must agree with	line 211	ł				
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Form 990-EZ (2009)

Form	990-EZ (2009) ROTARY CLUB OF	CARTERSVILLE, INC.		52	-242	22533 Page 2
Par		Expenses				
	s the organization's primary exempt purpose? SE				Reg	uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out to the services provided, the number of	the organization's exempt pure	oses. In a clear and co	ncise manner.	orga	nizations and section
desc	the services provided, the number of	of persons benefited, or other	relevant information for	each	4947	nizations and section (a)(1) trusts, optional
	am title.	OULT TOTED ODGLAVE	TOYO OPE TION	BOD TIME	for o	thérs')
28	MONEY GIVEN DIRECTLY TO		 -	- <i></i>		•
	10.BENIFITS FOR CHILDREN	<u>, HOMELESS SHELTER,</u>	LOCAL CHARITI	<u>ES</u>		
					Ì '	
	(Grants \$) If I	his amount includes foreign gi	rants, check here.		28 a	16,405.
29	WEEKLY PROGRAMS VARY DEP			ENHANCE		
	THE UNDERSTANDING BETWEE					
			WIND COTTOKES OF	NE PROGRAM		
	PER WEEK ON VARIOUS SUBJ	ECTS				
	(Grants \$) If t	his amount includes foreign g	rants, check here	>	29 a	
30		<u> </u>				
	_					
						
	(Grants \$) If t	his amount includes foreign gi	rants, check here		30 a	
31	Other program services (attach schedu		· · · · · · · · · · · · · · · · · · ·			
٠.	, ,	his amount includes foreign g	rants check here	▶ □	31 a	
32	Total program service expenses (add		rarra, ericak mara		32	16,405.
	List of Officers, Directors		playage List and a			
Fal	List of Officers, Directors					r
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plai		(e) Expense account and other allowances
	(a) Hame and Badross	to position	inot para, onto: o i,	deferred compensa		and other anomanoes
CHU	CK NIDA	PAST PRESIDENT	0.		0.	0.
	LEAKE ST	1 0				
	TERSVILLE, GA 30120	- ~ ~ ~				
		mpna ouppn				
	Y_GAINES	TREASURER	0.		0.	0.
13	N. WALL STREET] 0			1	
CAR	TERSVILLE, GA 30120					
SUS	AN SIMONTON	PRESIDENT	0.		0.	0.
	N-TENNESSEE STREET	217 S. ERW	10) 55		•	
	TERSVILLE, GA 30120	1211 S. ERW	//O			
CAR	TERSVILLE, GR 30120					· · · · · · · · · · · · · · · · · · ·
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Pa	Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	ATEME	ENT	4
			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? 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 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?	35 a		х
١	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
1	b Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 period covered by this return?	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b 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. N/A			
40 8	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.		1.19	
		And Care		
ŀ	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 b		X
•	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			,
•	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		X
41	List the states with which a copy of this return is filed NONE			
40	The second of			
42 8	a The organization's books are in care of ► LLOYD WILLIAMSON Telephone no. ► 770-3. Located at ► BOX 473 CARTERSVILLE GA ZIP + 4 ► 30120		361_	
		Г	Yes	No
t	• 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)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country.			
			1	
	0			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	40 -		y.
•	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		<u>X</u>
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			N/A
		Γ	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	\Box		
	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,'	_	\Box	
BAA	Form 990 must be completed instead of Form 990-EZ	m 990-	EZ (2	X 2009)

Use

Only

BAA

address, and ZIP + 4

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

Form 990-EZ (2009) ROTARY CLUB OF CARTERSVILLE, INC 52-2422533 Page 4 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. Yes No 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 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization 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? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 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. (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (a) Name and address of each employee paid more than \$100,000 NONE f Total number of other employees paid over \$100,000 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 NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11-15-2010 Sign A. Here Signature of officer CHUCK NIDA PRESIDENT Type or print name and title Date Preparer's Identifying Number (See instructions) Check if self-Preparer's Paid NON-PAID PREPARER 11/05/10 employed Pre-Firm's name (or yours if self-employed), parer's

EIN

Phone no

Yes X No

Form 990-EZ (2009)

· · · · · **SCHEDULE A** (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection Employer identification number

			RTERSVILLE, IN							<u>422533</u>				
Ŗãr,	Reason for Public Charity Status (All organizations must complete this part.) See instructions													
				use it is: (For lines 1 thro										
1	П	A church, conventi	on of churches or ass	ociation of churches des	cribed in	n sectio	n 170(b)	(1)(A)(i)).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's													
	name, city, and state													
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6	\sqcup			governmental unit descri										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)													
8	밁			170(b)(1)(A)(vi). (Comple										
9	An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10	Ш	An organization org	ganized and operated	exclusively to test for pu	ıblıc saf	ety See	section	1 509(a)	(4).					
11	Ш	more publicly supp	orted organizations d	exclusively for the benef lescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out th 509(a)(3	ne purpose). Check t	s of or he box	ne or that	
	a Type I b Type II c Type III — Functionally integrated d Type III — Other													
е														
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box													
g														
		(i) a person who	directly or indirectly	controls, either alone or i	together	r with pe	rsons d	escribe	d in (ii) i	and (m)		Yes	No	
		below, the go	verning body of the si	upported organization?					(,	()	11 g (i)			
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)			
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) at	bove?						11 g (iii)			
h		Provide the following	ng information about t	he supported organization	ns									
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	(v) Did y the organ col (your su	ızatıon in (i) of	(vi) I organizat (i) organi U S	zed in the	(VII) Amount of Support			
					Yes	No	Yes	No	Yes	No				
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3ΔΔ	For	Privacy Act and Panerw	ork Reduction Act Notice	see the Instructions for Form	agn or g	90-F7			chedule	A (Form	n 990 or 9	00 EZ	2000	

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A. Part II, line 14 15 % 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 18 BAA Schedule A (Form 990 or 990-EZ) 2009

Parallia Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support												
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	58,447.	67,228.	65,532.	54,167.	54,484.	299,858.					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt		ŕ									
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						0.					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
6	Total. Add lines 1 through 5	58,447.	67,228.	65,532.	54,167.	54,484.	299,858.					
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.					
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the											
	year	0.	0.	0.	0.	0.	0.					
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.					
8	Public support (Subtract line		% 1,3 1 7 2,7 3				200 050					
500	7c from line 6)	12 43	2 1 1		gas', .	84 Sant	299,858.					
		(a) 200E	(h) 2000	(0) 2007	(4) 2009	(*) 2000	(D. TII					
	ndar year (or fiscal yr beginning in)	(a) 2005 58,447.	(b) 2006 67, 228.	(c) 2007	(d) 2008	(e) 2009	(f) Total					
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	22.		65,532. 440.	54,167. 289.	78.	299,858. 845.					
	Similar Sources		16 1		200.							
b	Unrelated business taxable income (less section 511 taxes) from businesses	22.	16.	440.								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	22.	16.	440.	289.	78.	0. 845.					
11	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				289.		0.					
11	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				289.		0. 845.					
11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	22.		440.	289.		0. 845. 0.					
11 12 13 14	D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	22.	16.	1,027.	The second second	78.	0. 845. 0. 1,027. 301,730.					
11 12 13 14 Sec	O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	22. is for the organizatop here. blic Support P	16.	1,027.	or fifth tax year as	78. a section 501(c)(3	0. 845. 0. 1,027. 301,730.					
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11 12 13 14 Sec 15 16	O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 2	22. is for the organizatop here. blic Support P 09 (line 8, column 2008 Schedule A,	tion's first, seconercentage (f) divided by line Part III, line 15	1,027.	or fifth tax year as	78. a section 501(c)(3	0. 845. 0. 1,027. 301,730.					
11 12 13 14 Sec 15 16 Sec	O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invitorial support in the support in t	is for the organizatop here. blic Support P 09 (line 8, column 2008 Schedule A, estment Incon	16. tition's first, secondercentage (f) divided by line Part III, line 15 ne Percentage	1,027. d, third, fourth, o	or fifth tax year as	78. a section 501(c)(3	0. 845. 0. 1,027. 301,730.) ► □					
11 12 13 14 Sec 15 16 Sec 17	O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV. Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 tion D. Computation of Invitivestment income percentage for	is for the organization here. blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c,	ation's first, secondercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	1,027. d, third, fourth, ce 13, column (f)	or fifth tax year as	78. a section 501(c)(3	0. 845. 0. 1,027. 301,730.) ► □ 99.4% 0.0%					
11 12 13 14 Sec 15 16 Sec 17	O Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV. Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from a tion D. Computation of Investment income percentage for Investment Income	is for the organizastop here. blic Support P 09 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedul	tition's first, secondercentage (f) divided by line Part III, line 15 16 Percentage column (f) divided e A, Part III, line	1,027. d, third, fourth, ce 13, column (f))	or fifth tax year as	78. a section 501(c)(3 15 16	0. 845. 0. 1,027. 301,730.) ► □					
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Schedule A	(Form	990 or	990-E2	2009	ROT	ARY	CLUB	OF	CAR	TERSV	ILLE	INC.		52-	242253	3	Page 4
PartiN	Supp Part	lemer II, line	1 tal In 17a (formator 17b;	tion. (; and	Comp Part	olete ti III, line	nis p e 12.	art to Prov	provide ar	de the	explar er addit	ations i	required formatio	by Part n. See ιι	II, line 1 nstructio	0; ns.
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PART III, LINE 12 - OTH	ER INC	OME										
NATURE AND SOURCE		2009		 2008		 2007			2006		 2005	
•	TOTAL	\$	0.	\$	0.	\$ 	0.	\$		0.	\$ 	0.

2009	FEDERAL STATEMENTS	 PAGE 1
CLIENT 58607337	ROTARY CLUB OF CARTERSVILLE, INC.	 52-2422533
11/05/10		 08 47AM
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUN	NTS PAID	
DONEE'S NAME: DONEE'S ADDRESS:	PAUL HARRIS FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$ 6,500.
DONEE'S NAME: DONEE'S ADDRESS:	GEORGIA ROTARY STUDENT PROGRAM 3802 WINDER HIGHWAY FLOWERY BRANCH, GA 30542	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$ 4,576.
DONEE'S NAME: DONEE'S ADDRESS:	BOY SCOUT TROOP 24 CARTERSVILLE REC CENTER CARTERSVILLE, GA 30120	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$ 1,829.
DONEE'S NAME: DONEE'S ADDRESS:	ADVOCATES FOR BARTOW BOX 1461 CARTERSVILLE, GA 30120	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME: DONEE'S ADDRESS:	SMALL CHARITIES GIFTS CARTERSVILLE CARTERSVILLE, GA 30120	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE NONE	\$ 1,000.
DONEE'S NAME: DONEE'S ADDRESS:	CARTERSVILLE SHOOL FOUNDATION CARTERSVILLE CARTERSVILLE, GA 30120	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME: DONEE'S ADDRESS:	COMMUNITY FOUNDATION BOX 942 DALTON, GA 30722	
CASH AMOUNT GIVEN:	DALION, GA 30722	\$ 1,500.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES BANK CHARGES CHAMBER DUES CONFERENCES, CONVENTIONS, DISTR/NATIONAL DUES GIFTS MEALS MISC PO BOX RENTAL PRESENTATION MATERIALS REPAY TO MURPHY HARPST	AND MEETINGS	\$ 69. 137. 960. 7,196. 628. 21,766. 1,247. 56. 701. 1,060.

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FEDERAL STATEMENTS

PAGE 2

CLIENT 58607337

ROTARY CLUB OF CARTERSVILLE, INC.

52-2422533

11/05/10

08 47AM

STATEMENT 2 (CONTINUED) FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

SUPPLIES

TOTAL \$ 948. \$ 34,768.

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATION, SCHOLARSHIPS, EXPANDING UNDERSTANDING AND KNOWLEDGE WITH OTHER CULTURES AND BUSINESS

STATEMENT 4
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO