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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 requirements.

OMB No 1545-1150

2009

Open to Public Inspection

		of the Treasury		▶ 7				end of the year ma is return to satisfy			ments.			Inspe	ection
_		e 2009 calenda	ar year.			<u> </u>	July 1			nd ending		June 3	0		, 20 10
_		applicable	Please		lame of organ		<u>y</u>	· · · · · · · · · · · · · · · · · · ·	-7-	3				fication r	
		change	use IRS	Nort	folk Rotary	Charities, In	nc.				1			918783	
	Name cl	hange	label or print or					vered to street add	dress)	Room/suite	E Tele				
=	Instial ret Termina	i i	type. See	414	West Bute	Street			İ		1	7	57-6	22-7971	l
=		ed return	Specific			te or country, a	nd ZIP + 4				F Gro				
=		on pending	Instruc- tions.	Nort	folk, VA 23	510-1112						nber	•	uon	N/A
_	• Sec	ction 501/c)/3)	omaniz				emnt charitah	le trusts must a	attach	G Acco] Cash	Accrual
	- 000	3.1011 001 (0)(0)	_				90 or 990-EZ).	io trasts must i	attacii		r (specify		· <u>L</u>	Joann	Accidai
		· ·				<u> </u>					k ▶ 🗸	<u> </u>	oras	nızatıon	is not
ı v	Nebsi	ite:▶ www	.rotarvc	lubo	fnorfolk.or	a				- 1			_		Form 990,
						-	(insert no.) □	4947(a)(1) or	527	-	EZ, or 99			J G 0.00	om 500,
	Check							ganization and it				<u>_</u>		than \$25	5 000 A
								hooses to file a							,,000. /
								nore, file Form 99				> 9	<u> </u>		228,218
	art l							s or Fund Ba				ction	s fo	r Part	
	1						unts received	• • • • • • • • • • • • • • • • • • • •				1			0
	2		_	_			ent fees and					2	<u> </u>		0
	3	Membersh										3			0
	4	Investment	t incom	е.								4			380
	5a	Gross amo	unt from	m sa	le of asset	ts other tha	n inventory		5a		0				
	Ь						s		5b		0	第 次形式			
	c							btract line 5b	from lin	ne 5a)		5c			0
9	6							any amount is fro		•					
le/	a	_					· · · · · · · · · · · · · · · · · · ·	ontributions	•	•	_				
Revenue		reported or	•		•				6a		227,838				
_	Ь	Less: direc	t expen	•			expenses		6b		32,354				
	c		-					btract line 6b	from lu	ne 6a)		6c			195,484
	7a						lowances .		7a	•	0				
	b								7b		0				
	C	Gross prof	it or (los	ss) fr	om sales	of inventory	(Subtract line	7b from line 7	7a) .			7c			0
	8	Other reve	nue (de	scrib	e ▶)	8			0
	9	Total reve	nue. Ac	dd lin	ies 1, 2, 3	, 4, 5c, 6c, 7	c, and 8 .				▶	9			195,864
	10	Grants and	l sımılar	amo	ounts paid	l (attach sch	nedule)					10			153,846
	11	Benefits pa	aid to or	r for a	members							11			0
es	12	Salaries, of	ther cor	mper	nsation, ar	nd employe	e benefits .					12			0
enses	13	Profession	al fees a	and o	other payr	ments to inc	lependent coi	ntractors				13			280
Expe	14	Occupancy	rent,	otiliti	es) and m	aıntenance						14			0
Ω	15	Printing, pt	ublication	ons,	postage,	and shipping	g <i>.</i>	isc.				15			0
	16	Other expe	nses (d	lescr	ibe ► 🞢	teracy Proje	ct and other n	nisc.)	16			35,720
	17	i otal expe	enses. <i>k</i>	HOOM	iines ių in	rougn 16 .		<u> </u>			. ▶	17			189,846
ম	18	Excess or (deficit)	for ti	he yeart(S	ubtract line	17 from line 9	3)				18			6,018
Net Assets	19	Net assets	or fund	d ba	lances at	beginning of	of year (from	line 27, colum	nn (A)) ((must agre	e with	FA WAY			
As	ĺ	end-of-yea	<u>Migure</u>	repo	inted on p	nor year's r	etum)					19			226,021
<u>fe</u>	20	Other chan	iges in i	net a	ssets or fo	und balance	s (attach exp	lanation)				20			98,223
	21							s 18 through 2		<u></u> .		21			330,262
P	art II	Balance	Shee					are \$1,250,00	00 or m				ad o	f Form	990-EZ.
				(Se	ee the inst	tructions for	Part II.)			(A) B	ginning of	year		(B) End	of year
22		ash, savings,									6	8,814	-		67,538
23												0	23		0
24		•		e 🕨	Rotary Er	ndowment H	eld by The No	folk Foundatio	n	_)	15	7,207	24		262,724
25		otal assets .								·	22	6,021	_		330,262
26	To	otal liabilities	s (desci	nbe l	•		(5)	ree with line 2		_)		_	26		0
27	· N	et accete or	rund b	alan.	cae fline ?	/ Of column	(H) must acc	roo with line 2°	11	1	22	C 024	07	1	220 202

Form **990-EZ** (2009)

Cat No 10642I

-OHIII S	390-E2 (200 3)					Page 🚄
Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses
What	is the organization's primary exempt purpose?	Charitable Organization to F	Promote Social Well	fare		aired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise)(3) and 501(c)(4)
manı	ner, describe the services provided, the number of	f persons benefited, and c	other relevant info	mation for		izations and section (a)(1) trusts, optional
each	program title.					hers.)
28	The Literacy Partnership mission is to enhance the c	apacity and effectiveness of	literacy resources		† –	
20	throughout Hampton Roads Virginia, to promote the				Ì	
		awareness of interacy progra	iiis ailu auvocale			
	for economic growth through a literate workforce.					
		includes foreign grants, che			28a	37,816
29	The Rotary Foundation has mobilized hundreds of the	ousands of individuals work	ing to ensure that o	hildren		
	are immunized against polio. More than two billion c	hildren have received the po	lio vaccine. Over			
	five million cases of paralysis and 250,000 deaths fro	om polio have been prevente	d.		1	
	(Grants \$ 16,166) If this amount	includes foreign grants, chi	eck here	. ▶ □	29a	16,166
30	The Rotary Endowment Fund is used to make grants				1	
•	quality of life and inspire philanthropy in Southeaste]	
	quality of the and mapping primarian opy in obdaticaste	······································				
	10				1	
		includes foreign grants, che	eck nere	<u>. ▶ ⊔</u>	30a	82,364
31	Other program services (attach schedule)				}	
	(Grants \$ 45,500) If this amount	includes foreign grants, ch	eck here	. ▶ 📙	31a	45,500
	Total program service expenses (add lines 28a t	hrough 31a)		>	32	181,846
Part	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ted. (See the	ınstruc	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
John	Padgett					
	V. Bute Street, Norfolk, VA 23510	President / 10 hrs	o		0	,
			0			· · · · · ·
	Chandler	Vice President / 10 hrs			_	_
	N. Bute Street, Norfolk, VA 23510		0		0	0
Malc	olm P. (Mal) Branch	Secretary/Treas. / 10				
414 \	V. Bute Street, Norfolk, VA 23510	Occidenty, meas. 7 10	0		0	0
Susa	n B. Donn	0				
414 V	V. Bute Street, Norfolk, VA 23510	Sergeant at Arms / 10 hrs	0		0	o
Robe	ert A. Heely					
	V. Bute Street, Norfolk, VA 23510	Director / 10 hrs	o		0	o
	ne E. Shank		<u> </u>			
		Director / 10 hrs				
	V. Bute Street, Norfolk, VA 23510		0		0	0
	Kercher	Director / 10 hrs	Ì			
414 \	N. Bute Street, Norfolk, VA 23510		0		0	0
Sally	Hartman	Director / 10 hrs				
414 \	V. Bute Street, Norfolk, VA 23510	Director / To file	0		0	0
Will	King					
414 \	V. Bute Street, Norfolk, VA 23510	Director / 10 hrs	o		0	o
	A. Keesling					
	V. Bute Street, Norfolk, VA 23510	Director / 10 hrs	o		0	o
	<u> </u>				U	
	on Laderberg	Director / 10 hrs				
-	V. Bute Street, Norfolk, VA 23510		0		0	0
Colir	M. McKinnon	Director / 10 hrs				
414 \	V. Bute Street, Norfolk, VA 23510		0		0	0
John	Lynn, Past President	D: 4 140 I				
414 V	V. Bute Street, Norfolk, VA 23510	Director / 10 hrs	0		0	o
					-	
					ļ	
						•

Part	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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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.			
а	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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a		-
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	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		,	
40a	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			
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	40b		✓
С	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			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶ None			<u> </u>
42a	The organization's books are in care of ▶ Executive Secretary Telephone no. ▶ 7	57-62	2-797 ⁻	1
	Located at ► 414 West Bush Street, Norfolk, VA ZIP + 4 ►	23510	-1112	
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		Yes	
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	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: N/A	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
	_	mor		

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 17(a)(1) nonexempt ch d 51.	nexempt chai aritable trusts	ritable trusts only. A must answer question	all sec ons 46	tion 3-49b)
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete \$	<u>-</u>			46		√
	Did the organization engage in lobbying activities	•	-		47		√
	Is the organization a school as described in section		-		48		√
	Did the organization make any transfers to an ex		•		49a		√
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five high employees) who each received more than \$100,000.	ghest compensated emp	oloyees (other ti	han officers, directors,	truste	es and	_ √ d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens		(e)	Expension allowa	se nd
None		acrotos to position			Cirici	uno wa	11005
					<u> </u>	·	
			1				
	Total number of other employees paid over \$100	000	1		L	-	
None	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type of service	(c) Cor	npensa	ition
d	Total number of other independent contractors e	ach receiving over \$100	,000▶_				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	od this return, including accomp of preparer (other than officer)	panying schedules a is based on all inform	nd statements, and to the be mation of which preparer has	st of my any kno	knowle wledge	 edge €
Sign Here	Signature of officer Sohn Padgett President			"/22/ _I νν Date			
Daid	Type or print name and title Preparer's	Date	Check if	Preparer's identifying nui	nber (See	nstruct	tions)
Paid Prepare	signature Firm's name (or		self- employed	<u>•</u> 🗆	,		·
Use Onl	y yours if self-employed), address, and ZIP + 4			Phone no ►			
May the	e IRS discuss this return with the preparer shown	above? See instruction	s	▶	Yes m 990		(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.

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

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Norfolk Rotary Charities, Inc. 1918783 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33\% % 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\% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II c Type III–Functionally integrated d Type III-Other e 🗵 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? |11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No Yes No No Literacy Partnership 9 31-1774108 37,816 **Rotary Endowment** 9 54-2035996 82,364 **Rotary Foundation** 9 36-3245072 16,166 Amazon Medical 9 Malaria Project 39-1863128 7,000 For Kids 9 54-1477799 2,500 **Total** See Page 4

Pa	Support Schedule for Org (Complete only if you chec					and	170(b)(1	l)(A)(vi)
Sec	tion A. Public Support			<u> </u>				
Ca	lendar year (or fiscal year 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 any "unusual grants.")							N/A
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	<u>.</u>				<u> </u>		
5 6	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.							
	tion B. Total Support	<u> </u>	1	l	1	<u> </u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e	2009	(f) Total
7	Amounts from line 4	(2, 2000	(0) 2000	(0, 200.	(2, 2000	 (, 2000	(1) 1014
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .				<u> </u>			
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		N/A
13	First five years. If the Form 990 is for organization, check this box and stop he	the organization	on's first, secor	nd, third, fourth	n, or fifth tax y	ear as	a section	on 501(c)(3)
Sec	tion C. Computation of Public Sup	pport Perce	ntage					
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 11	t, column (f))		14	[N/A %
15	Public support percentage from 2008 Sch	nedule A, Part	II, line 14			15		%
16a	33% % support test—2009. If the organizand stop here. The organization qualifies	zation did not o as a publicly s	check the box o	on line 13, and	line 14 is 331/31	% or n	nore, che	ck this box
b	33% % support test—2008. If the organization qua	zation did not d	check a box on	line 13 or 16a,	and line 15 is	33 ½ %	or more,	
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circur	nstances" test,	check this box	and stop here.	. Expla	in in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, co organization qua	check this box a alifies as a public	and stop here. bly supported or	Explai ganıza	n in Part tion	IV how the

	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	Support Schedule for Orga				a)(2)		
Sec	(Complete only if you checke tion A. Public Support	ed the box of	n line 9 of Pa	art I.)		 	
	alendar year (or fiscal year 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						
	any "unusual grants.")						N/A
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			}			
	furnished by a governmental unit to the						
6	organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3	-					
14	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						N/A
Sec	tion B. Total Support		1	1	·		1 11/4
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			:			
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	·					
С 11	Add lines 10a and 10b						
••	activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	-					
13	Total support. (Add lines 9, 10c, 11, and 12.)						N/A
14	First five years. If the Form 990 is for to organization, check this box and stop I	here		nd, third, fourth			
	tion C. Computation of Public Sup		 	·	-		
15	Public support percentage for 2009 (lin					15	n/a %
<u>16</u> Sec	Public support percentage from 2008 Stion D. Computation of Investment	t Income P	art III, line 15	· · · · ·	· · · ·	16	n/a %
					-l (6)	17	n/a %
17 18	Investment income percentage for 2009 Investment income percentage from 20					18	<u>n/a %</u> %
19a						·	

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐ **33**½% **support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

Part IV Suppleme Part II, line	ental Information. Complet e 17a or 17b; and Part III, li	e this part to provide the ex ne 12. Provide any other ad	planations required ditional information.	by Part II, line 10; See instructions.
Part I Line (h)				
(i) Name of Supported	Organization (ii) EIN	(iii) Type of Organization	(iv) (v) (vi)	(vii) Amount
Girl Scout Council	54-1158412	9	No Yes Yes	\$ 1,000
Horizons		9	No Yes Yes	\$ 1,000
Norfolk Seaman's Fr	iend Society	9	No Yes Yes	\$ 3,000
Tidewater Arts Outre	each	9	No Yes Yes	\$ 2,000
Virginia Children's (Chorus	9	No Yes Yes	\$ 1,000
Total				\$ 153,846
				·
	·····			
			••••	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

20**09**

Open To Public Inspection

Name of the organization Employer identification number Norfolk Rotary Charities, Inc. 54 1918783 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations еl Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations g ✓ Special fundraising events c Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? LYes VII) was not serviced by the view of the view b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of contributions? (or retained by) fundraiser listed in (or retained by) organization or entity (fundraiser) from activity col (i) Yes No N/A 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Norfolk Endowmt Literacy Partner	Other events 5 total number) 108,242 69,666 38,576	(add col ((c)) 228	8,218
(event type) (event type) (to the second sec	108,242 69,666 38,576	(add col (a) throug (c)) 228	
1 Gross receipts	108,242 69,666 38,576	COI	228	3,218
contributions	69,666 38,576			B,218
contributions	38,576	_	400	
3 Gross income (line 1 ninus line 2)204			10:	9,846
			38	8,372
4 Cash prizes	0		·	0
5 Noncash prizes 0 0	0			0
6 Rent/facility costs 0 0	0			0
6 Rent/facility costs 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0			0
8 Entertainment 0 0	0			0
9 Other direct expenses	32,354		32	2,354
10 Direct expense summary. Add lines 4 through 9 in column (d)	•	(,354)
11 Net income summary. Combine line 3, column (d), and line 10	<u></u> ▶			6,018
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Pathan \$15,000 on Form 990-EZ, line 6a.	art IV, line 19,	or report	ed mo	re
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo	Other gaming	(d) Total col (a) th	gaming (rough co	
1 Gross revenue	21,100		21	1,100
2 Cash prizes	15,000		15	5,000
2 Cash prizes	0			0
4 Rent/facility costs	0			0
5 Other direct expenses .	162			162
6 Volunteer labor	es 100 %			
7 Direct expense summary. Add lines 2 through 5 in column (d)	<i>.</i> •	(15,	162)
8 Net gaming income summary. Combine line 1, column d, and line 7	•			5,938
				No
 9 Enter the state(s) in which the organization operates gaming activities: VA a Is the organization licensed to operate gaming activities in each of these states? 		9:	a 🗸	
b If "No," explain:				
10a Were any of the organization's gaming licenses revoked, suspended or terminated du b If "Yes," explain:	,		а	✓
		 <u>1</u>		
Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partner formed to administer charitable gaming?	ership or other	entity		

Page	3
гаце	•

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility]		ĺ
b	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name Norfolk Rotary Club Executive Secretary			
	Address > 414 West Bute Street, Norfolk, VA 23510			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		1
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ► N/A			
	Address ▶			
16	Gaming manager information:			
	Name ▶ Lois Kercher			
	Gaming manager compensation ▶ \$0			
	Description of services provided General Management General Management			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		l	
	retain the state gaming license?	17a		1
ь 	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0			

Schedule G (Form 990 or 990-EZ) 2009

Norfolk Rotary Charities, Inc., EIN: 54-1918783 Tax Year ended 6/30/2010

Form 990-EZ Part I Line 10, Grants and similar amounts paid. Part III Line 31, Other Program Services

. •		Gr	ants paid		
Name of Supported Organization	<u>EIN</u>	<u>Part</u>	<u>l, Line 10</u>	<u>Part</u>	III, Line 31
Literacy Partnership	31-1774108	\$	37,816		
Rotary Endowment	54-2035996	\$	82,364		
Rotary Foundation	36-3245072	\$	16,166		
Amazon Medical Malaria Project	39-1863128	\$	7,000	\$	7,000
FOR Kids	54-1477799	\$	2,500	\$	2,500
Girl Scout Council	54-1158412	\$	1,000	\$	1,000
Horizons		\$	1,000	\$	1,000
Norfolk Seaman's Friend Society		\$	3,000	\$	3,000
Tidewater Arts Outreach		\$	2,000	\$	2,000
Virginia Childrens Chorus		\$	1,000	\$	1,000
Local Restricted				\$	28,000
Totals		\$	153,846	\$	45,500