

## 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



DLN: 93492313003030

OMB No 1545-1150

2009

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.

Open to Public **Inspection** 

			year, or	tax year beginning 07-01-2009	, and ending (	6-30-2010			
		applicable	Please	C Name of organization Rotary International Greenville Rotary Club			D Emplo	yer iden	tification number
<b>⊢</b> ^	ddress o	change	use IRS	,		<u>,                                      </u>	56-60	88477	
┢╷	ame cha	ange	label or print or	Number and street (or P O box, if mail is no PO Box 1565	t delivered to street	address) Room/suite	<b>E</b> Teleph	one numb	er <u></u>
Γ,	nitial reti erminati	uIII ed	type. See					(252) 75	6-7534
_		roturn	Specific	City or town, state or country, and ZIP + 4		<u> </u>	<b>F</b> Group	Exemption	1
_			Instruc- tions.	Winterville, NC 285901565			Numbe	er 🕨	
						1	F	<del>-</del>	<del>_</del>
♦ Se	ction			ns and 4947(a)(1) nonexempt charita mpleted Schedule A (Form 990 or 990		G Accounting m Other (specify		Cash	Accrual
I W	ebsit e:	:► N/A				H Check ►		organizat	tion
			ck only on	e)— 501(c) (4) <b>4</b> (insert no ) 4947(a	a)(1) or <b>5</b> 27	— is <b>not</b> requir Schedule B (			EZ, or 990-PF)_
K C	neck 🕨	If the organ	nization i	s not a section 509(a)(3) supporting or	ganization <b>and</b> it				
				n 990 return is not required, but if the o				o file a c	
				etermine gross receipts, if \$500,000 or more, file			<b>▶</b> \$		91,397
P	art I			ises, and Changes in Net Asset	s or Fund Ba	lances (See the i	nstructio T		
	1		, - , -	rants, and similar amounts received			•	1	18,835
	2	-		nue including government fees and cont	racts		.	2	
	3	Membership d		assessments			.	3	49,649
	4	Investment in					.	4	
	5a	Gross amount	t from sa	le of assets other than inventory .		5a			
Ē	b	Less cost or	other ba	sis and sales expenses		5b			
Revenue	c	Gain or (loss)	from sal	e of assets other than inventory (Subtra	act line 5b from l	ıne 5a)	[	5c	
ů	6	Special event check here	_	tivities (complete applicable parts of Sc	hedule G) If an	y amount is from <b>ga</b>	ming,		
	a	Gross revenue	e (not ind	cluding \$ _of contributions					
		reported on lu	ne 1)			6a	22,893		
	ь	Less directe	xpenses	other than fundraising expenses .		6b	5,203		
	c	Net income oi	r (loss) fi	rom special events and activities (Subti	act line 6b from	line 6a)		6c	17,690
	   7a	Gross sales o	finvento	ry, less returns and allowances		7a			<u> </u>
	ь	Less cost of	goods so	old		7b			
	_ c	Gross profit o	r (loss) f	rom sales of inventory (Subtract line 7b	from line 7a)			7c	
	8	Other revenue			,		,	8	20
	9						<del></del> ', ├	9	86,194
	10			ounts paid (attach schedule) 🔁 🔒 .			+	10	27,713
		Benefits paid					•		27,713
	11	·					·	11	
ı.	12	,	•	nsation, and employee benefits .			· •	12	
50	13			other payments to independent contrac	tors		•	13	705
Expenses	14	,	•	cles, and maintenance			.	14	9,814
ũ	15	<del>-</del> , .	•	postage, and shipping			•	15	
	16	Other expens					<u> </u>	16	38,377
	17	<u>-</u>		nes 10 through 16			•	17	76,609
B O	18	•	•	the year (Subtract line 17 from line 9)				18	9,585
etAssets	19			ances at beginning of year (from line 27	, column (A)) (m	iust agree with			
4. 4.		end-of-year fı	gure rep	orted on prior year's return)			. [	19	74,013
Ž	20	Other change	s in net a	assets or fund balances (attach explana	ition)		. [	20	
	21	Net assets or	fund bal	ances at end of year Combine lines 18	through 20 .		•	21	83,598
Pa	rt II	Balance S	Sheets-	—If Total assets on line 25, column (B)	are \$1,250,000	or more, file Form	990 inste	ead of Fo	rm 990-EZ
			(Saa th	ie instructions for Part II )		(A) Paginning of va	<u> </u>	(B) E.	ad of year
22	Cach	cavings and	•	·	$\vdash$	(A) Beginning of ye		(B) E	nd of year
	,	, savings, and i and buildings	iiivestme		· · · ⊢		429 <b>22</b> 463 <b>23</b>		15,444
		-	 ⊾≪⊊ा		· · · · ⊢		121 <b>24</b>		
		r assets (descr	ibe <b>₹</b>		———,				1,154
		assets . liabilities (des	cribo 🟲		· · · ·	/4,	013 25		83,598
		•	-	(line 27 of column (B) <b>must</b> agree with l	——— <sup>)</sup>	7.4	0 <b>26</b> 013 <b>27</b>		83,598
41	HEL B	ssers of I and D	aiaiices	(inne 27 or corunni (d) <b>must</b> agree with i	<del>.</del>	/4,	0 T 2   21	I	03,598

Part IIII Statement of Program	Service Accomplishn	nents (See the instruction	ns for Part III )		Expenses				
· · · · · · · · · · · · · · · · · · ·	/hat is the organization's primary exempt purpose? O PROMOTE COMMUNITY SERVICE THROUGH FUND RAISING AND OTHER ACTIVITIES								
Describe what was achieved in carrying of describe the services provided, the numb program title		•		organizations and section 4947(a)(1) trusts, optional for others)					
28 Miscellaneous charitable donations to	other non profit organizatior	ıs							
(Grants \$ 0) If t	nis amount includes foreign	grants, check here .	▶ ┌	28a	27,713				
29									
(Grants \$ ) Ift	nis amount includes foreign	grants, check here .	▶┌	29a					
30									
(Grants \$ ) If t	nis amount includes foreign	grants, check here .	▶┌	30a					
<b>31</b> O ther program services (attach sched (Grants \$ )	ule) nıs amount ıncludes foreıgn	grants, check here .	▶ ┌	31a					
32 Total program service expenses (add l	nes 28a through 31a) .		▶	32	27,713				
Part IV List of Officers, Directors, T	ustees, and Key Employees.	List each one even if not co	mpensated (See the ins	tructions	s for Part IV )				
	(b) Title and average	(c) Compensation	(d) Contributions	s to	(e) Expense				
(a) Name and address	hours per week	(If not paid,	employee benefit p						
	devoted to position	enter -0)	deferred compens	ation	other allowances				
			1						

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33				
	description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
35	If 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, 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		Νο
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
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		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
ь	Did the organization file Form 1120-POL for this year?	37ь		
38a	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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9 39a			
ь	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955			
b	40Ь		No	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • • 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 🕨 <u>William C Glidewell Jr</u> Telephone no	<b>(25</b>	2)756	7534
	PO Box 1565  Located at Winterville, NC ZIP + 4	<u>28</u>	590	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		No
	account)?  If "Yes," enter the name of the foreign country 🛌	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νο
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			►□
	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 of		Yes	No
	Form 990-EZ.	44		Νo
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		Νo
	_	. ^	^^ ==	

Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectio	n 4947(a)(1) nonex	-			-	stions
46	Did the	e organization engage in direct	or indirect political car	mpaign activities on b	ehalf of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47	Did the	e organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C	, Part II		47		
48	Is the	organization a school describe	d in section 170(b)(1)	(A)(II)? If "Yes," compl	lete Schedule E		48		
49a	Did the	e organization make any transfe	ers to an exempt non-c	harıtable related orga	nızatıon?		49a		
ь	If"Yes	," was the related organization	a section 527 organiz	ation?			49b		
	•	ete this table for the organizati vees) who each received more t		· · · · · · · · · · · · · · · · · · ·					
(a) N		nd address of each employee more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensat	ion employee	tributions to benefit plans & compensation	a	e) Exper ecount a er allowa	and
50(f)	) Tota	number of other employees pa	ıd over \$100,000 .				•		
	of com	ete this table for the organization pensation from the organization me and address of each indepe	n If there is none, ente	er "None "		each received m		an \$10 Compen	
	(u) Hu	The distribution of Cash indepe	nacine contractor para i	11012 than \$220,000	(5).,,,	o or service	(0)	ompen.	
51(d)	<b>)</b> Tota	number of other independent o	ontractors each receiv	ving over \$100,000					
Pleas		Under penalties of perjury, I declare t and belief, it is true, correct, and com	hat I have examined this re plete Declaration of prepar	eturn, including accompany er (other than officer) is ba	ing schedules and st ased on all information 2010-	on of which prepare	ne best o er has ar	of my kno ny knowle	owledge edge
Sign Here		Signature of officer  William C Glidewell Jr Treasurer Type or print name and title			Date				
Paid		Preparer's Signature Raymond W Edwards		Date	Check if self-empolyed	Preparer's identify (See instructions)		nber	
Prepa Use O	nlv	Firm's name (or yours f self-employed), address, and ZIP + 4	drey Inc Banks Road			EIN Þ			
		Greenville,	NC 278585725			Phone no ► (25			
May tl	he IRS	discuss this return with the pre	eparer shown above? S	ee instructions		📂	₽Y	es l	No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492313003030

OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

licensing

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.

	ne of the organization ary International Greenville	Rotary Club					Employer ider	itification number
	, medinational ordentino						56-6088477	
Pa		<b>tivities.</b> Completers are not require			tion answered "Yes" s part.	to Form	990, Part IV	, line 17.
1	Indicate whether the orga	nızatıon raısed funds	s through :	any of the	following activities C	neck all th	nat apply	
а	Mail solicitations			e	Solicitation of no	n-govern	ment grants	
b	Internet and e-mail so	olicitations		f	Solicitation of go	vernment	grants	
c	Phone solicitations			g	Special fundrais	ng events	;	
d	☐ In-person solicitation	s						
2a	Did the organization have or key employees listed in							Г <sub>Yes</sub> Г м
b	If "Yes," list the ten highe to be compensated at leas							
	(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(or re	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
				+				
ota	al							
					l	1		<u> </u>

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

			(a) Event #1  Golf tournament	<b>(b)</b> Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)			
Revenue	<ul><li>1 Gross receipt</li><li>2 Less Charita</li></ul>		20,503	3			20	0,503
æ	contributions  Gross income minus line 2)	e (line 1	20,503	3			20	0,50:
	4 Cash prizes							
	5 Non-cash pri	zes						
nse	6 Rent/facility	costs						
Expenses	7 Food and bev	erages						
Direct t	8 Entertainmen	t						
5	9 Other direct	expenses .	5,20	3			į	5,203
	10 Direct expens	se summarv. Add lii	nes 4 through 9 in column	ı (d)				5,203
		·	ines 3, column d, and line	•			1 5	5,300
ar		Complete if the o n Form 990-EZ, li	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
<u>. F</u>	1 Gross revenue							
	2 Cash prizes							
Expenses	3 Non-cash prize	es						
_	4 Rent/facility co	osts						
년 호 조	5 Other direct ex	(penses						
	6 Volunteer labo		│	Г Yes	┌ Yes%			
			es 2 through 5 in column (					
	8 Net gaming inc	ome summary Con	nbine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9 a			ation operates gaming ac e gaming activities in eac			· 9a	103	110
b	If "No," Explain							
	Were any of the org	ganization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a		
.0a b	If "Yes," Explain							

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
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 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492313003030

OMB No 1545-0172

Form **4562** 

**Depreciation and Amortization** (Including Information on Listed Property)

2 Total cost of section 179 property before reduction in Imitation (see instructions)	Department of the Treasury Internal Revenue Service	•	See separ	ate instructions	s. 🕨 Attach	to your tax re	et urn.			Attachment Sequence No. <b>67</b>
Election To Expense Certain Property Under Section 179   Mote: If you have any listed property, complete Part V before you complete Part I.				Business or a	ctivity to which	this form rela	ates	Iden	tifyin	g number
Rote: If you have any listed property. Complete Part V Before you complete Part V.	Rotary International Greei	nville Rotary Clu	b	Form 990-F7	Page 1			56-6	N 8 8 A	77
Maximum amount See the matticulous for a higher limit for certain businesses:   1   259,00	Part I Flection	To Expense (	Certain			179		30-0	0004	
1		•					plete Par	t I.		
3   800.00 4   Reduction in limitation   3   5   6   6   6   6   6   6   6   6   6									1	250,000
3   800.00 4   Reduction in limitation   3   5   6   6   6   6   6   6   6   6   6	2 Total cost of section 1	79 property plac	ced in serv	/ıce (see ınstru	ctions) .				2	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter-0-   4   5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter-0- If marmed filling   5   6				•	•	uctions) .		_		800,000
Solollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0 - If married filling separately, see instructions			•		•		• •	•		000,000
Separately, see instructions   Separately					•		61	•	-	
6 (a) Description of property 6 (b) Cost (business use only) 6 (c) Elected cost of section 179 property Add amounts in column (c), lines 6 and 7		•	iiiie 4 iroii	Tille I IIZero	or less, efficer - (	J- II married	illing		_	
6  7 Listed property: Enter the amount from line 29  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  9 Tentative deduction: Enter the smaller of line 5 or line 8  9 Tentative deduction: Enter the smaller of line 5 or line 8  9 Tentative deduction: Enter the smaller of line 5 or line 8  10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562  11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11  12 Section 179 expense deduction to 2010 Add lines 9 and 10, but do not enter more than line 11  13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, loss line 12  14 Secrid sepreciation and lowards and Other Depreciation (Do not include listed property). Instead, use Part V.  Part III or Part III below for listed property. Instead, use Part V.  Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property) placed in service during the 14 tax year (see instructions).  15 Special Depreciation (Go not including AC 85)  16 Part III MACRS Depreciation (Do not including AC 85)  17 MACRS deductions for assets placed in service in tax years beginning before 2009  18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here  19 Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and year placed in Service During 2008 Tax Year Using the General Depreciation System (c) Bass for property  19 3-year property  10 Section C—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Bass for high service During 2009 tax Year Using the General Depreciation System (c) During 2009 tax Year Using the General Depreciation System (c) During 2009 tax Year Using the General Depreciation System (c) During 2009 tax Year Using the Alternative Depreciation System (c) During 2009 tax Year Using the Alternative Depreciation System (c) During 2009 tax Year Using	separatery, see mistruc	ctions				• • •	• • •	•	5	
6  7 Listed property: Enter the amount from line 29  8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  9 Tentative deduction: Enter the smaller of line 5 or line 8  9 Tentative deduction: Enter the smaller of line 5 or line 8  9 Tentative deduction: Enter the smaller of line 5 or line 8  10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562  11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11  12 Section 179 expense deduction to 2010 Add lines 9 and 10, but do not enter more than line 11  13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, loss line 12  14 Secrid sepreciation and lowards and Other Depreciation (Do not include listed property). Instead, use Part V.  Part III or Part III below for listed property. Instead, use Part V.  Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property) placed in service during the 14 tax year (see instructions).  15 Special Depreciation (Go not including AC 85)  16 Part III MACRS Depreciation (Do not including AC 85)  17 MACRS deductions for assets placed in service in tax years beginning before 2009  18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here  19 Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and year placed in Service During 2008 Tax Year Using the General Depreciation System (c) Bass for property  19 3-year property  10 Section C—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Bass for high service During 2009 tax Year Using the General Depreciation System (c) During 2009 tax Year Using the General Depreciation System (c) During 2009 tax Year Using the General Depreciation System (c) During 2009 tax Year Using the Alternative Depreciation System (c) During 2009 tax Year Using the Alternative Depreciation System (c) During 2009 tax Year Using					(b) Cost	/husingss use				
7 Listed property Enter the amount from line 29 7 Listed property Enter the amount from line 29 7 Listed property Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 7	6 (a)	Description of pr	operty		1	•	(c) Ele	ected	cost	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryveer of desallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expenses deduction Add lines 9 and 10, less line 12	6									
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryveer of desallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expenses deduction Add lines 9 and 10, less line 12										
9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	7 Listed property Enter	the amount from	line 29			. 7				
9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	8 Total elected cost of s	ection 179 prop	erty Add	amounts ın colu	ımn (c), lınes 6	and 7 .			8	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	9 Tentative deduction E	nter the <b>smaller</b>	of line 5 o	rline 8 .					9	
11 Business mome limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).  12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 1					m 4562					
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	·									
Note: Do not use Part II or Part III below for listed property. Instead, use Part V.  Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)  14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)  15 Sproperty subject to section 168(f)(1) election								•		
Note: Do not use Part II or Part III below for listed property. Instead, use Part V.	•			·		n line 11 ·	• •	•	12	
Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)   14				<u> </u>						
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)   15   15   16   16   16   16   16   16										
15 Property subject to section 168 (f)(1) election   16 Other depreciation (including ACRS)   16									opert	y <b>)</b> (See instructions ) I
15 Property subject to section 168(f)(1) election			lified prope	erty (other than	listed property	) placed in se	rvice durin	ig the	4.4	
16 Other depreciation (including ACRS)   16										
MACRS Depreciation (Do not include listed property.) (See instructions.)   Section A		,	election					•		
Section A   17 MACRS deductions for assets placed in service in tax years beginning before 2009				<u> </u>			· . · ·	•	16	
17 MACRS deductions for assets placed in service in tax years beginning before 2009	Part III MACRS De	preciation (I	Do not ir			<u>ee instructio</u>	ns.)			
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	17 MACRS deductions for	rassets placed i	n service i			009			17	1,946
Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System  (a) Classification of property		•			-		one or m	nore		
Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System  (a) Classification of property  (b) Month and year placed in service  (c) Basis for depreciation (business/investment use only—see instructions)  (d) Recovery period  (e) Convention  (f) Method  (g) Depreciation deduction  (d) Recovery period  (e) Convention  (f) Method  (g) Depreciation deduction					_					
(a) Classification of property		•							recia	tion System
Service   Serv	3333333									
property ser placed in service only—see instructions)  19a 3-year property b 5-year property c 7-year property e 15-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property b 10-year property c 10-year property b 25 yrs c 10-year property c 1	(a) Classification of	(b) Month and			(d) Recovery					(a)Denreciation
19a 3-year property	* *	1'''	(busines			(e) Convent	ion <b>(f)</b>	Metho	·d	
19a 3-year property b 5-year property c 7-year property d 1,197 7 0 HY 200 DB 4 d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property 10 27 5 yrs MM S/L i Nonresidential real property 20 27 5 yrs MM S/L  i Nonresidential real property 10 27 5 yrs MM S/L  Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year 12 yrs S/L c 40-year 12 yrs Summary (see instructions) 21 Listed property Enter amount from line 28		service	only—see							
Display	19a 3-year property		,	,						
C7-year property										
e 15-year property f 20-year property g 25-year property h Residential rental property l 27 5 yrs   MM   S/L   l Nonresidential real property Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  200 Class life b 12-year   12 yrs   S/L   c 40-year   40 yrs   MM   S/L    21 Summary (see instructions)  21 Listed property Enter amount from line 28				1,197	7 0	НҮ	20	0 DB		43
## 20-year property ## 25 year property ## 25 year property ## 25 year property ## 25 year property ## 27 5 yes ## MM	<b>d</b> 10-year property									
## School of the contraction of the appropriate lines of your return Partnerships and S corporations—see instructions    Solution   125 yrs   MM   S/L   S/L     1	<b>e</b> 15-year property									
h Residential rental property 27 5 yrs MM S/L 27 5 yrs MM S/L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>f</b> 20-year property									
property  i Nonresidential real property  Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life  b 12-year  c 40-year  Part IV Summary (see instructions)  21 Listed property Enter amount from line 28	<b>g</b> 25-year property				25 yrs		5	5/L		
i Nonresidential real property	<b>h</b> Residential rental				27 5 yrs	ММ	9	5/L		
Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life b 12-year c 40-year  Part IV Summary (see instructions)  21 Listed property Enter amount from line 28	property				27 5 yrs	ММ	9	5/L		
Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20a Class life S/L  b 12-year 12 yrs S/L  c 40-year 40 yrs MM S/L  Part IV Summary (see instructions)  21 Listed property Enter amount from line 28	i Nonresıdentıal real	2010-04		2,375	39 yrs	ММ	9	5/L		13
20a Class life b 12-year c 40-year l 2 yrs MM S/L  Part IV Summary (see instructions) 21 Listed property Enter amount from line 28	property					ММ	5	5/L		
b 12-year		on C—Assets Plac	ed in Serv	vice During 2009	Tax Year Using	g the Alterna			Syst	em
Part IV Summary (see instructions)  21 Listed property Enter amount from line 28		_								
Part IV Summary (see instructions)  21 Listed property Enter amount from line 28	·				· · · · · · · · · · · · · · · · · · ·					
21 Listed property Enter amount from line 28		(00 - 15 - 15 - 15	 		40 yrs	I MM		5/L		
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 2,00  23 For assets shown above and placed in service during the current year, enter the									24	
and on the appropriate lines of your return Partnerships and S corporations—see instructions   22   2,000  23 For assets shown above and placed in service during the current year, enter the								•	<b>Z1</b>	
23 For assets shown above and placed in service during the current year, enter the								nere	22	2,002
							• • •	•		<u>'</u>
				-	. ,					

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete <b>only</b>	24a, 24b, colui	mns (a	) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Deprec																
<b>24a</b> Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ <sub>No</sub>			<b>24b</b> If	"Yes," ı	s the ev	/ idence	written?		sГNo	)
										1						
(a) Type of property (list Distorbicles first)	( <b>b)</b> Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		<b>(g)</b> Method/ conventio		<b>(h</b> Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (	during the	tax year	and u	sed mo	re tha	in 25						
<b>26</b> Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L					]		
20 0 dd		%	7 5-4			21 .			S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr					·	· ·	• Va	biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
Section B—Information on Use of Vehicles  complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles  30 Total business/investment miles driven during the year (do not include commuting miles)  (a) (b) (c) (d) (e) (f)  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5  Vehicle 1 Total commuting miles driven during the year .																
<b>31</b> Total commuting m	ıles drıven	during the year	.  -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			·  _													
<b>34</b> Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
<b>35</b> Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
<b>36</b> Is another vehicle a	avaılable f	or personal use?														
<b>Section</b> Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
<b>37</b> Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
<b>38</b> Do you maintain a vemployees? See the																
<b>39</b> Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
<b>41</b> Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
<b>42</b> A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
<b>43</b> A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492313003030

### TY 2009 Grants and Similar Amounts Paid Schedule

Name: Rotary International Greenville Rotary Club

Item No.	1
Class of Activity	
Donee's Name	United Way (Boy Scouts)
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	Boy Scouts Troop 9
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	Boys & Gırls Home of NC
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	Greenville Choral Society
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	Rotary Youth Leadership Awards
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	Rotary Foundation
Donee's Address	
Amount (FMV)	25,250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	Coins for Alzheimers Research Trust (CART)
Donee's Address	
Amount (FMV)	563
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	
Donee's Name	Rotaract scholarships
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93492313003030

#### **TY 2009 Other Assets Schedule**

Name: Rotary International Greenville Rotary Club

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	121	1,154

## **TY 2009 Other Expenses Schedule**

Name: Rotary International Greenville Rotary Club

Description	Amount
Meals	24,589
International and district dues	8,408
District Conference expenses	302
Bank charges	185
Supplies	1,255
Club social expenses	3,638



#### **TY 2009 Other Revenues Schedule**

Name: Rotary International Greenville Rotary Club

Description	Amount	
Guest meals	20	

# **TY 2009 Transfers Personal Benefits Contracts Declaration**

Name: Rotary International Greenville Rotary Club

**EIN:** 56-6088477

**Declaration:** The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Software ID: Software Version:

**EIN:** 56-6088477

Name: Rotary International Greenville Rotary Club

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Brad Evans 181 Holly Hills Road Greenville,NC 27858	President 10 00	0	0	0
Stan Armstrong 917 Charlton Place Greenville, NC 27858	President Elect 5 00	0	0	0
Earl Crisp 703 Kensington Drive Greenville, NC 27858	Vice President 5 00	0	0	0
Bill Glidewell PO Box 1565 Winterville, NC 28590	Treasurer 5 00	0	0	0
Bill Pryor 100 Wesley Road Greenville,NC 27858	Secretary 5 00	0	0	0
Gray Blount 4109 Dunhagen Road Greenville,NC 27858	Director 1 00	0	0	0
Ron Carnighan 103 Kilby Drive Greenville, NC 27858	Director 1 00	0	0	0
Mark Holmes 900 Chesapeake Place Greenville, NC 27858	Director 1 00	0	0	0
Ed Adams 4102 Hardwick Court Greenville, NC 27858	Director 1 00	0	0	0
Ray Edwards 2507 Surrey Lane Greenville, NC 27858	Director 1 00	0	0	0
Rob Powell 511 Bremerton Drive Greenville, NC 27858	Director 1 00	0	0	0