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Filing Relief UCP

Form 990-EZ

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

OMB No 1545-1150

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. Department of the Treasury Internal Revenue Service

Open to Public Inspection

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State Part		B C	oplicab	ite Please		of organization							D Empl	oyer i	dentification	number
State Part			Addres	s ∫use IRS												
Second						N HILLS F	ROTARY	CLUB O	F ROME.	GA			91	-1	775507	
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City or town, state or country, and 2 if 9.4		_	Term	ın- Specific	° ₽ . ∩ .	BOX 301							(7	06	1295-7	716
Section 50 (c)(s) organizations and 4947(s)(1) non-braitiable trusts must attach a completed Other (specify): **Section 50 (c)(s) organizations and 4947(s)(1) non-braitiable trusts must attach a completed Other (specify): **Website: **N/A Website: **N/A** Website: **N		\vdash	Amer	ded tions	City or	town, state or cour	ntry, and ZIP +	4			I					7.10
Section 501(c)(3) organizations and 4947(e)(1) nonecompt charitable trusts must attach a completed G Accounting method:		\vdash	⊸returr	, ,	1 .										=	
Website: ► N/A Hebrex Home (speedy) H											1-4-4	0 00000				Noorual
Website: N/A			• Sec	ition 5U1(c))(3) organiz				rusts must aπacn	a comp	letea	l	-		Casii	Acciual
Jax-exempt status (check only one)					/>	Schedule F	4 (FUIIII 990 0	390-62).								
Check								<u> </u>				1			-	
Add Intes St., 6b, and 7b, to line 91 or determine arrows receiptive; if \$500,000 or more, file form \$90 instead of Form \$90 etc.							y									
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; (\$500,000 or more, the form 990 instead of Form 990-EZ		K C	heck [an \$2	25,000. A For	m 990-EZ or
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1													turn.			
1 7,092.																<u>77,197.</u>
2 Programs service revenue including government fees and contracts 2 3 3 10,560.		<u> Pa</u>	<u>rt I</u>	Reve	nue, Exp	penses, and	Changes	in Net As	sets or Fund	Bala	nces (S	ee the instri	ıçtıons f	or Par	rt I.)	
3 10,560.			1	Contribution	ons, gifts, g	rants, and similar a	amounts receiv	/ed					L	1		7,092.
Investment income			2	Program s	service revei	nue including gove	rnment fees a	nd contracts						2		
5a Gross amount from sale of assets other than inventory 5b 5c	<u>'</u>		3	Membersh	hip dues and	d assessments								3		10,560.
5a Gross amount from sale of assets other than inventory 5b 5c	2		4	Investmen	nt income									4		
Description and careage soft or other basis and sales expenses 56 56 56 56 56 56 56 5			5a	Gross amo	ount from sa	ale of assets other	than inventory			5a						
C Gain or (loss) from sale of assets other then munty (Subtract line 5b from line 5a) 8 Special events and activities (complete appricable parts of Schedule G). If any amount is from gaming, check here ▶□ a Gross revenue (not included the control of the cont	8		ь	Less: cost	t or other ba	sis and sales expe	nses _ N			5b				}		
Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here proported on line 1) Reference of the proported on line 1) Reference to the proported on line 2, 1, 2, 4, 5c, 6c, 7c, and 8 9 Total revenue (describe) SEE STATEMENT 2) 8 35, 239. 10 Grants and similar amounts paid (attach schedule) STMT 3 10 19, 7114. 11 Benefits paid to or for members 11 1 11 11 11 11 11 11 11 11 11 11 11											5c					
b Less: cost of goods sold	ш	ē								s from a	amina, ch	eck here	.mt			
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b Less: cost of goods sold	Z	" ∣	h	l ess. que	ct eynenses	other than fundra	sing eynenses	no.						- 1		
b Less: cost of goods sold	Z		٥	Met incom	a or (Ince) f	rom special events	and activities	(Subtract line	6h from line 6a\	00 1				60		21 711
b Less: cost of goods sold	8		70	Croco cala	no of invente	rom special events	HOHOWARANIES	(Subtract inte	ob irom iine oaj	7.			F	OC		21,/14.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► SEE STATEMENT 2) 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 1) 17 Total expenses Add lines 10 through 16 18 Excess or (deflort) 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 at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (B) End of year	\tilde{S}		/ a	Language	t of goods o	old Section 19 act	y anowances							1		
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15	_	ens					•	contractors					-			
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year		Z	21	Net assets	s or fund bal	ances at end of ye	ar. Combine lii	nes 18 through	1 20				▶ [21		18,969.
(See the instructions for Part II.) 22		Pa	ırt II	Balar	nce She	ets. If Total asset	ts on line 25, c	olumn (B) are	\$1,250,000 or mo	re, file F	orm 990 ı	nstead of Fo	rm 990-	EZ.		
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932171 CHA For Privacy Act and Paperwork Reduction Act Notice see the senarate instructions Form 990-F7 (2000)							mn (B) must a	nree with line ?	21)	· ′		10				
										ructions	·		<u> </u>	<u>, = ()</u>	Form 99	

Form 990-EZ (2009) SEVEN HILLS ROTARY CLUB (<u>91-1'</u>	<u> 1755</u>	07 Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose COMMUNITY AND	INTERNATIONAL	SERVICES	(P.		r section 501(c)(3)
			an an) organizations and
Describe what was achieved in carrying out the organization's exempt puthe services provided, the number of persons benefited, and other relevant					(a)(1) trusts, optional
		grain ilie.	101	others)	
28 ROTARY INTERNATIONAL PAUL HARRIS FI	STTOMSHIBS				
(Grants \$) If this amount includes foreign	grants, check here	•	28	a	6,400.
29 GRSP SCHOLARSHIPS	-			1	
20 ORDI BOROLIMBRILI B		-			
					
			—		4 04 5
(Grants \$) If this amount includes foreign	grants, check here		29	<u>a </u>	<u>4,017.</u>
30 BOYS AND GIRLS CLUB					
(Grants \$) If this amount includes foreign	grants, check here		30	a	2,500.
31 Other program services (attach schedule)	,				
	amanda ahaalahaaa			_	
(Grants \$) If this amount includes foreign	grants, cneck nere		31		10 017
32 Total program service expenses (add lines 28a through 31a)	F1		▶ 32		12,917.
Part IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ev	ven if not compensated	(See the inst	ructions f	or Part IV)
	(h) Title and average hours	(a) Componentian	(d) Contri		(a) Eymanaa
(a) Name and address	(b) Title and average hours	(c) Compensation	to emp		(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	benefit p		account and other allowances
	position	-0)	defer compen		other allowances
TERRIT DI MATI	DDDGTDDIM		Compen	Sation	
JERRY PATTY	PRESIDENT			_	
	0.00	0.		0.	0.
ALAN HORNE	PRESIDENT ELE	CT			
	0.00	0.		0.	0.
BILL BYARS	VICE PRESIDEN	T			
	0.00	0.		0.	0.
CUDIC EXPNECE	SECRETARY				<u>~</u>
CHRIS EARNEST	-		ŀ	•	_
	0.00	0.		0.	0.
GAIL GARLAND	TREASURER				_
	0.00	0.	_	0.	0.
MIKE HACKETT	DIRECTOR				
	0.00	0.		0.	0.
CHARLES WATTERSON	DIRECTOR				
CIMICAL WITTENDON	0.00	0.		0.	0.
DODEDE DARVILLE	DIRECTOR	0.			•
ROBERT DARVILLE	-		1	^	_
	0.00	0.		0.	0.
MARK COCHRAN	DIRECTOR				
	0.00	0.	ļ	0.	0.
SUZANNE SCOTT	DIRECTOR				
	0.00	0.		0.	0.
ANDY GARNER	DIRECTOR				-
INTO CIMETALL	0.00	0.		0.	0.
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02.00.10					(2003)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X_
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	•		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	7		1
a	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	7		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7		}
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		
	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		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			}
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			1
	organization • 0.			
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		X
41	List the states with which a copy of this return is filed. > GA			
42 a	The organization's books are in care of ►AL THRELKELD Telephone no. ► (706)	291-	469	0
	Located at ▶ 901 N. BROAD ST., STE 450, ROME, GA ZIP+4 ▶	3016	1	
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	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			ļ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Ì
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
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	<u> </u>	Х
		Form 9	90-F7	(2009

Pai			4947(a)(1) nonexempt le trusts must answer questio					
46	Did the organization engage in direct or inc	firect political campaign activitie	s on behalf of or in opposition to	candidates for public			Yes	No
	office? If "Yes," complete Schedule C,			·	Γ	46		
47	Did the organization engage in lobbying ac	tivities? If "Yes," complete So	chedule C, Part II			47		X X X
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii)? If "Y	es," complete Schedule E			48		X
49 a	Did the organization make any transfers to	an exempt non-charitable relate	ed organization?			49a		X
b	If "Yes," was the related organization a sect	ion 527 organization?			Γ	49b		
	Complete this table for the organization's f than \$100,000 of compensation from the		·	s, trustees and key er	mployees) who ea	ch rec	eived i	nore
	(a) Name and address of each of than \$100,00	0	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe count r allow	and
51	Total number of other employees paid ove Complete this table for the organization's forganization. If there is none, enter "None." NO (a) Name and address of each	ive highest compensated indepe		ved more than \$100. (b) Type of ser			om the	
	Total number of other independent contra	store each recovered over \$100 C	200			-		
_ a	·	•						
Sign Here		peter (other than officer) is based on a	accompanying schedules and statemental information of which preparer has any	nts, and to the best of m	Date		true,	
Paid Prepa Use (arer's Signature Preparer's Signature Only	rer's 8 -6 - 10 employed >)
	firm's name (or yours of self-employed),	& MOORE, LLC ROAD ST, SUITE	450	Phon	e >			
	address, and ZIP+4 ROME, G	A 30161		no.	<u>(706)</u>		1-4	<u>690</u>
May t	the IRS discuss this return with the prepare	r shown above? See instruction	os			Ye orm 9	8 90-EZ	No (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

SEVEN HILLS ROTARY CLUB OF ROME, 91-1775507 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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: 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). X 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.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c Type III - Functionally integrated d ____ Type III · Other a L Type I b Type II 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (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 (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in vour organization in col. organization support (described on lines 1-9 (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No No Yes

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2009 SEVEN HILLS ROTARY CLUB OF ROME, GA 91-1775507 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Pa	Support Schedule for (-		Sections 170(b	b)(1)(A)(iv) and	d 170(b)(1)(A)	(vi)
85.	(Complete only if you checked	the box on line 5,	7, or 8 or Part I.)				
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(6) 2000	(6) 2007	(u) 2008	(e) 2003	(i) Total
'	membership fees received. (Do not						
	include any "unusual grants ")	44,350.	49,381.	51,343.	8,600.		153,674.
2	Tax revenues levied for the organ-		49,301.	<u> </u>	0,000.		133,074.
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge	1					
	•	44,350.	49,381.	51,343.	8,600.		153,674.
	Total. Add lines 1 through 3	44,330.	49,301.	31,343.	0,000.		133,074.
5							
	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)	,					İ
	• • •						153,674.
	Public support. Subtract line 5 from line 4 ction B. Total Support		·		,	1	1 133,074.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	44,350.	49,381.	51,343.	8,600.	(e) 2003	153,674.
	Gross income from interest,	44,330.	49,3010	31,323.	0,000.		133,074.
8	· · · · · · · · · · · · · · · · · · ·						
	dividends, payments received on						
	securities loans, rents, royalties			10.	1.		11.
_	and income from similar sources						11.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital	E 004	3,402.	10 000	E0 007	1	70 462
	assets (Explain in Part IV)	5,994.	3,402.	10,980.	50,087.		70,463.
	Total support. Add lines 7 through 10				· · · · · · · · · · · · · · · · · · ·	12	74,092.
	Gross receipts from related activities,					12	74,092.
13	First five years. If the Form 990 is for	=	tirst, second, third	, tourth, or tilth tax	x year as a section	on 501(c)(3)	
Se	organization, check this box and stop ction C. Computation of Publ	<u>nere</u> ic Support Per	centage				
	Public support percentage for 2009 (I			olumo (fi)		14	68.56 %
	Public support percentage from 2008		=	,,,,,		15	72.72 %
	33 1/3% support test - 2009. If the o			line 13, and line 14	4 is 33 1/3% or m		
106	stop here. The organization qualifies	_		10, 4110 1-	4 13 00 17070 01 11	ioro, oricon triis b	►X
	33 1/3% support test - 2008. If the o		-	e 13 or 16a, and li	ine 15 is 33 1/3%	or more check t	· ·
	and stop here. The organization qual	-				or more, encent	▶ □
17-	10% -facts-and-circumstances tes				13 16a or 16b s	and line 14 is 10%	6 or more
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					at iv now the orga	▶
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
•	more, and if the organization meets th						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support						
Calendar 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.")						
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 bus-				1		
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		ļ				
the organization without charge						
6 Total. Add lines 1 through 5		-				
7a Amounts included on lines 1, 2, and	_					
3 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		·				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	\					1.2
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						
c Add lines 10a and 10b						
11 Net income from unrelated business 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)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2009 (lir	ne 8, column (f) d	ıvıded by line 13, c	column (f))		15	
16 Public support percentage from 2008	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves					-	
17 Investment income percentage for 200	9 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	
18 Investment income percentage from 2			.,,		18	
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than 3		
more than 33 1/3%, check this box an					*	. ▶
	organization did r	not check a box on	line 14 or line 19:	a, and line 16 is mo	re than 33 1/3%	and
b 33 1/3% support tests - 2008. If the claim 18 is not more than 33 1/3%, check						and ▶☐

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MEALS		25,989.
CONCLAVE CHARGES		575.
RAFFLE		393.
BAD DEBTS		203.
GIFTS		310.
OTHER MISCELLANEOUS		751.
ROTARY PARAPHERNALIA		293.
ROTARY PLAQUES & AWARDS		63.
CONTRACT LABOR		2,400.
DUES		7,596.
STAR STUDENT		2,902.
CHAMBER DUES		150.
CONFERENCES		1,039.
SOCIAL ACTIVITIES		3,572.
POSTAGE BANK CHARGES		98.
BANK CHARGES		89.
TOTAL TO FORM 990-EZ, LINE 16	;	46,423.
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST INCOME		2.
STAR BANQUET		2,675.
MEALS-GUESTS		2,663.
MEALS-MEMBERS		28,947.
CLUB RAFFLES		952.
TOTAL TO FORM 990-EZ, LINE 8		35,239.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
FERST FOUNDATION	NONE	2,240.
GOAL AWARDS	NONE	500.
GRSP SPONSORSHIP	NONE	4,017.
PAUL HARRIS	NONE	6,400.
MISCELLANEOUS	NONE	557.
DISTRICT SIMPLIFIED GRANT-INTER	NONE	1,000.
BOYS AND GIRLS CLUB	NONE	2,500.
STUDENTS AND EDUCATION	NONE	2,000.
OP FOUNDATION	NONE	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		19,714.

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS						4
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUND DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	•	[]	YES	[X]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	•	. []	YES	[X]	NO