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# **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)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_		0000 1	<u> </u>		ng 7/01	20	09, and endir	ng 6/	30	-	2010
	for th	e 2009 calen	dar year,	or tax year beginni	ng //UI	, 20	os, and enun	ig 0/			ation Number
В	Check if	applicable	Please use								
	Add	dress change	IRS label	KOTAKI CLUB		Υ			<del></del>	509243	16
	Na	me change	or print or type.	P O BOX 1913	2	^			E Telepho	ne number	
	Init	ial return	See specific	GILROY, CA	95021-191	2			408	-842 <i>-</i> 4	158
	Ter	rmination	Instruc- tions.	1							
	$\vdash$	nended return							G Gross re	ecerots \$	207,151.
	-		F Name	and address of principal of	fficer	· · · ·		H(a) Is this	a group return		
	L Api	plication pending			ilice:			1	l affiliates incl		Yes No
				AS C ABOVE		1 40474 3413		If 'No,'	' attach a list	(see instruc	
<u></u>		exempt statu			nsert no )	4947(a)(1) or	527	-		_	0572
<u>J</u>	Web	osite: - WW	$\overline{}$	ROYROTARY.ORG	·	· · · · · · · · · · · · · · · · · · ·			exemption nu		0573
K		of organization	Corpor	ation Trust A	Association C	Other •	L Year of Forma	tion	M s	itate of lega	I domicile
Pa		Summ									
$\Box$	1	Briefly descri	be the or	ganızatıon's mıssıor	n or most sign	ificant activities	<u>SERVICE</u>	TO THE	COMMU	NITY A	AND THE
اه	_	WORLD									
Ĕ										. <del></del>	
ξį											
§	2	Check this be	ox ►	if the organization	discontinued i	ts operations or o	disposed of m	ore than 2	25% of its	assets.	
ğ				nbers of the govern						3	15
80	4	Number of in	depender	nt voting members of	of the governing	ng body (Part VI,	line 1b) .			4	0
蠕	5	Total number	r of emplo	oyees (Part V, line 2	2a)					5	0
<b>≋</b>				teers (estimate if no						6	0
<u>ر</u> ۲	7 a	Total gross u	inrelated	business revenue fr	om Part VIII,	column (C), line 1	12			7a	0.
⊌ & ActiNities & Governance	b	Net unrelated	d busines:	s taxable income fro	om Form 990-	T, line 34				7 b	0.
								F	Prior Year		Current Year
MINITED DEC	8	Contributions	and oran	nts (Part VIII, line 1	h)			<u> </u>	30,€	22.	14,356.
그을				nue (Part VIII, line 2		•			108,5		105,792.
⊃§				art VIII, column (A)		nd 7d)				08.	415.
ŤŒ				'iii, column (A), line				<u> </u>	88,0		55,910.
				ines 8 through 11 (r			1 line 12)		227,6		176,473.
<u></u>							,, III.C 12)		101,7		85,622.
3				nounts paid (Part IX					101,		03,022.
ן פ				members (Part IX,				-		-	0.400
g .	15	Salaries, oth	er compe	ensation, employee	benefits (Part	IX, column (A), li	ines 5-10).	٠	7,7	700.	8,400.
Expenses	16a	Professional	fundraisi	ng fees (Part IX, co	lýmn-(A)	きとうシンドロ					
be	ь	Total fundrai	sına expe	enses (Part IX, colu	mn (D): line 2	5) <del>-1</del> V-D				1	į
ũ				IX, column (A), line	u n			•	106,2	200	98,555.
	1/	Tatal assault	262 (LOLL	in, column (n), inc	JSP MOV	1.5 2010-0	₿[.	-	215,6		192,577.
	18	Total expens	ses. Add I	ines 13-17 (must ed	uai FaiulApc		<b>ઝ</b> ∦	<del></del>	11,9		-16,104.
		Revenue les	s expense	es Subtract line 18	from line 12		<u> </u>	<del></del>			•
Net Assets or Fund Balancos					OGI	DEN. UT	_{	Begi	nning of Y	'ear	End of Year
20	20	Total assets					<del></del> !		114,3		98,280.
\$ P	21	Total liabilitie	es (Part X	(, line 26)					3,3	380.	3,415.
žŽ	22	Net assets o	r fund ba	lances, Subtract line	e 21 from line	20			110,9	969.	94,865.
Pa	rt II		ure Blo					<del></del>			
		<del></del>			mined this return i	including accompanying	schedules and st	atements an	d to the best o	of my knowl	edge and belief, it is
		true, correct,	and complet	declare that I have example declaration of preparer	(other than officer)	) is based on all inform	ation of which pre	parer has any	knowledge	/	1
Sig		▶ . ₽		771/Yh	1			1	1	////	110
He	jii ro	Signature	or officer	V Y					ate	//	//
110		1.						מידות	CHDED /	, כהכטבו	שמגיו
			NYE print name ai	nd titlo		<del></del>		IKEA	SURER/	SECRE.	IAKI
		- Type or p	Jilli Haille al	nd title		<del></del>	15	Т	_	Pres	arer's identifican number
_		ļ		7			Date	[	Check if self-	(see	arer's identifying number instructions)
Pa		Preparer's		The state of the s	17:	_	$ \varphi '' $	$\sim$ 1	employed P	$\Box$	
Pr		signature	PAU	JL V. VANNI	PA, CFP			100		N/	Α
	rer's	Firm's name	(or SEI	LEDON, VANNI,	HUMPHRE	Y AND KAWAF	UCHI, CP.	AS			
Us		yours if self- employed),		37 HANNA STRE					EIN - Ì	I/A	
Or	ııy	address, and ZIP + 4		LROY, CA 9502					Phone no		847-4330
NA-	, the			with the preparer s		(see instructions	)	1.		, , , , , ,	X Yes No
ivia	y ine	ins discuss t	ins return	with the preparers	nown above?	Tace manuchous	<del>/ ·</del>				1 100

Form 990 (2009) ROTARY CLUB OF GILROY	94-6092436	Page 2
Part III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission SERVICE TO THE COMMUNITY AND THE WORLD		
2 Did the organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?	on the prior	No
If 'Yes,' describe these new services on Schedule O		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program s If 'Yes,' describe these changes on Schedule O	services? Yes X	No
4 Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported	ces by expenses Section 501(c and allocations to others, the to	)(3) tal
4a (Code:) (Expenses \$ 129,027. including grants of \$ SUPPORT OF LOCAL, DISTRICT & INTERNATIONAL ROTARY PROGRAMS AND ACCOMPLISHING THE PURPOSES OF SERVICE TO YOUTH, COMMUNITY, AND		'92.) 
		<b>-</b>
4b (Code) (Expenses \$ 37,795. including grants of \$ 37,795. CHARITABLE CONTRIBUTIONS TO CHARITABLE AND MUNICIPAL ORGANIZATIC COMMUNITY ACTIVITIES, YOUTH ATHLETIC PROGRAMS, AND BONA FIDE CHARITAGES.	ONS TO ASSIST	
4- (O-d-) (Figure 5 10 000 includes content 5 10 000	) (Daysey - C	 
4c (Code:) (Expenses \$ 10,000. including grants of \$ 10,000. PROVIDED SCHOLARSHIPS TO 9 GRADUATING HIGH SCHOOL AND JUNIOR CO		
4d Other program services (Describe in Schedule O ) SEE SCHEDULE O		
(Expenses \$ 2,870. including grants of \$ 2,870.) (Revenue 4e Total program service expenses ► 179,692.	\$ )	
4e Total program service expenses ► 179, 692.		

Page 3

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A. 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 Х **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a X 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . 18 X . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

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Form 990 (2009) ROTARY CLUB OF GILROY

Part IV | Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21_	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		_x_
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	1	_ x_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Χ_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		Х_
BAA		Form	990	(2009)

				Yes	No
	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S information Returns Enter -0- if not applicable	1a 3			90,1
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1b (	] [		]
c [	Old the organization comply with backup withholding rules for reportable payments to vendo gambling) winnings to prize winners?	ors and reportable gaming	1 c		Х
2a E	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return	2a (			
2b I	f at least one is reported on line 2a, did the organization file all required federal employme	nt tax returns?	2b		
ı	Note. If the sum of lines $1a$ and $2a$ is greater than $250$ , you may be required to $e$ -file this re	turn (see instructions)			
3a [	Did the organization have unrelated business gross income of \$1,000 or more during the ye his return?	ar covered by	3a		х
ЬI	f 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule C</i>	)	3b		
4a /	At any time during the calendar year, did the organization have an interest in, or a signature inancial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a		х
	f 'Yes,' enter the name of the foreign country: ▶	<del></del>			[
F	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of inancial Accounts.	f Foreign Bank and			
5a \	Nas the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year?	5a		X
b [	Old any taxable party notify the organization that it was or is a party to a prohibited tax she	Iter transaction?	5 b		Х
c Į	f 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E Fax Shelter Transaction?	ntity Regarding Prohibited	5c		
6a [	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a	Х	
	f 'Yes,' did the organization include with every solicitation an express statement that such deductible?	contributions or gifts were no	6ь	Х	
7 (	Organizations that may receive deductible contributions under section 170(c).				
a [	Old the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	7a		
ы	f 'Yes,' did the organization notify the donor of the value of the goods or services provided'	7	7b		
	Old the organization sell, exchange, or otherwise dispose of tangible personal property for v Form 8282?	which it was required to file	7с		
	f 'Yes,' indicate the number of Forms 8282 filed during the year .	_7d			
ŀ	Old the organization, during the year, receive any funds, directly or indirectly, to pay premiusenefit contract?		7e		
	Old the organization, during the year, pay premiums, directly or indirectly, on a personal be		71		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support supporting organization, or a donor advised fund maintained by a sponsoring organization, noldings at any time during the year?	ing organizations. Did the have excess business	8		
	Sponsoring organizations maintaining donor advised funds.	•	<u> </u>		
	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
	Did the organization make any distribution to a donor, donor advisor, or related person?		9b	-	
	Section 501(c)(7) organizations. Enter:	•	<del>"</del>		<del>                                     </del>
	nitiation fees and capital contributions included on Part VIII, line 12	10a			1
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь	†		l
	Section 501(c)(12) organizations. Enter	<u></u>	1		
	Gross income from other members or shareholders	11 a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		
	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sectio	<u>n A.</u>	Governing	g Bod	y and	<u>d Ma</u>	nag	<u>jeme</u>	<u>ent</u>														
																					Yes	No
		number of ve	•			_		_	-	-					-	1a	_		15	1		
		number of vo	•								•			•	L	1 b	_					
2 Did off	d any c ficer, di	officer, directo irector, truste	or, trust e or ke	ee, or y emp	key e oloyee	emplo ?	oyee	have	e a fa	amıly	relatı	ionshij	p or a	busine	ss rela	ations	ship w	ith any	other	2		<u>X</u>
3 Die	d the o	rganization de s, directors or	elegate	contre	ol ove	er ma emplo	anage	emer	nt dut a ma	ities ci	uston	narily comp	perform	ned by	or ur	nder t	he dir	ect sup	pervision	3		Х
		rganization m			-		-			_			-							4		X
		prior Form 9								<b>5</b>												
		rganization be				na the	e vea	ar of	a ma	aterial	l dive	ersion	of the	organiz	zation	's ass	sets?			5		Х
		organization								SEE										6	X	
<b>7a</b> Do	oes the overning	organization body?	have n SEI	nembe SC	ers, sto HEDL	ockh JLE	older Ø	rs, or	r othe	er per	rsons	who r	may ele	ect one	or m	ore n	nembe	ers of t	he	7a	X	i
<b>b</b> Ar	e any o	decisions of th	he gove	rning	body	subje	ect to	o apr	prova	al by r	memt	bers, s	stockho	olders,	or oth	er pe	ersons	7		7Ь		<u>X</u>
	d the o	rganization co	ontemp	orane	ously	docu	men	nt the	e mee	etings	held	l or wr	itten a	ctions	under	taker	durin	g the y	ear by			
a Th	ne gove	rning body?																		8a	X	
<b>b</b> Ea	ach con	nmittee with a	authorit	y to ac	ct on i	beha	alf of	the ç	gove	rning	body	7								8 b	Х	
9 Is	there a	any officer, di	rector c	r trust	tee, or	r key	y emp	ploye	ee lis	sted in	n Part	t VII, S	Section	A, wh	o can	not b	e reac	hed at	the	9		Х
_		Policies								~						eauii	red b	v the	Interna			<del></del>
	e Code		(													,		,				
		·														-					Yes	No
<b>10 a</b> Do	es the	organization	have lo	ocal ch	hapter	s, br	ranch	nes, c	or aff	filiates	s?									10a		X
<b>b</b> If	'Yes.' c	loes the organ	nızatıor	n have	· e writte	en po	olicie	es an	nd pro	ocedui	ires a	overni	ing the	activit	ies of	such	chap	ters, a	ffiliates,	10b		
		organization p											-		odv b	efore	filina	the for	m?	11	Х	
		ın Schedule (		•									_	-	-		-		ULE O	<u> </u>		<u> </u>
		organization													. 550	-				12a	Х	
<b>b</b> Ar		ers, directors							•	-		-			ests t	hat c	ould g	ive rise	•	12b		x
<b>c</b> Do	oes the	organization	regular s done	ly and	d cons	sister	ntly n	monit	tor ar	nd enf	force	comp	liance	with th	ie poli	cy? /	If 'Yes	,' desc	rıbe ın	12c		Х
		organization		writte	en whi	ıstleb	olowe	er po	olicy?	, .									,	13		Х
		organization						•	•		struc	tion p	olicy?							14		X
<b>15</b> Di	id the p	rocess for de comparability	termini	na cor	mpens	satioi	n of t	the fo	follow	vina p	ersor	ns incl	ude a	review	and a	ppro	val by	ındep	endent			
		nization's CE				•							SIIDEIA	1011 211	u ucc	1310111	•			15a		X
		icers of key e					•	•	inage	CITICIN	Conic	,iai								15b	_	X
		line 15a or 1				-			 Juhan	le () (	(See	ınstru	ctions '	١						135		
		rganization in	•		,						•				milar :	arran	nemer	nt with	a taxable			
er	ntity du	ring the year?	? .		•	•			•	·		•					•			16a		X
ın	joint v	nas the organ enture arrang th respect to	ements	s unde	er appl	licabl	en po ele fed	olicy deral	l tax	law, a	and ta	aken s	steps to	organiz o safeg 	juard	the o	rganız	its pa ation's	rticipation exempt	16b		
		Disclosur																				
<b>17</b> Le	st the s	tates with wh	nich a c	opy of	f this F	Form	1 990	) is re	equir	ed to	be fil	led 🟲	_ <u>CA</u> .									
18 Se	ection 6 spectio	5104 requires n. Indicate ho	an org	anızatı make	tion to these	mak ava	ke its ilable	s Fori e Ch	ms 1 heck	023 (d all tha	or 10 at app	24 if a ply.	pplical	ble), 99	90, an	d 990	D-T (50	)1(c)(3	)s only) a	vailab	le for	public
	<b>⊣</b>	website		,	ther's						•	reque										
19 De st	escribe atemer	in Schedule ( its available t	O whet o the p	her (aı ublıc	ind if s	so, h	iow) t	the o	organ	nizatio	n ma	kes it	s gove	rning d	ocum	ents,	confli	ct of ir	iterest po	licy, ar	nd fina	ancial
		name, physi CPAS 793													the bo	ooks	and re	cords	of the org	anızat	ion:	
		_ 222 - 23			. <u></u> .	_ ==		2	<i>=</i>													

### Form 990 (2009) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee		a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ROBERTA HUGHAN										
DIRECTOR	1	X						0.	0.	0.
LANNY BROWN PAST PRESIDENT	1	Х						0.	0.	0.
STEVE KINSELLA PRES. ELECT/DIR	2	х	}					0.	0.	0.
MARINA THOMAS PRES-ASSISTANT	1	х						0.	0.	0.
P. JAIME ROSSO DIRECTOR	1	х						0.	0.	0.
TRACI DALKE										
DIRECTOR	] 1	X						0.	0.	0.
BILL WAGNER DIRECTOR	1	x				}		0.	0.	0.
KAI LAI DIRECTOR	1	х						0.	0.	0.
STEVEN COSTA ASST. TREASURER	1	X	-					0.	0.	
DEBBIE HOEY									11	0.
DIRECTOR BRIGITTE NICHOLLS	1	X			-		-	0.	0.	0.
DIRECTOR RUI TOSTE	1	X					_	0.	0.	0.
ASST SECRETARY	1	x					<u> </u>	0.	0.	0.
LLOYD LOWREY PRESIDENT	10			х				0.	0.	0.
DEANNA FRANKLIN VP/DIRECTOR	2			Х				0.	0.	0.
BRAD NYE SECR/TREASURER	5			Х				8,400.	0.	0.

Part VII   Section A. Officers, Directors, Trus (A)	(B)			(6	c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer	al Key employee	a Highest compensate	p Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ame co	stimated ount of ott mpensation the ganization and relate ganization ganization	her on n d
		ustee	trustee		8	pensated				_		
										<u></u>		
											_	
	<u> </u>											
	ļ	-			-						···	
	<del>                                     </del>											
										-		
									-			-
	<u> </u>	-	-		-							
					<u> </u>						· <del></del>	
				_							<del></del>	_
1 b Total	L	<u> </u>	l	<u> </u>		<u> </u>	Ļ	8,400.	0.	<del>  -</del>		0
2 Total number of individuals (including but not limite from the organization • 0	d to tho	se li	stec	ab	ove)	) wh	o re			able co	mpens	
		_				_	•	<del> </del>			Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndıvıdua	9/							•	3	-	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater individual.	portable han \$15	0,00	mpe )0?	nsa If 'Y	tion 'es'	and con	i oth iplet	er compensation e Schedule J for	trom such	4	<del> </del>	X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	atio <i>I for</i>	n fre	om a	any erso	unre	elate	ed organization fo	r services	5		X
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	ted inde 	pen ——	dent	cor	ntrac	ctors	tha	it received more t	han \$100,000 of			
(A) Name and business address	s							Description	of Services	Comp	(C) ensatio	n
		-				_						
									<del></del>			—
2 Total number of independent contractors (including		lımı	ted	to ti	hose	e list	ed a	above) who receiv	red more than			

Par	t VIII   Statement of Revenue					
		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1	a				
A	<b>b</b> Membership dues 1	b 14,356.				ŀ
윤힐	c Fundraising events 1	С				,
F A	d Related organizations 1	d				
ا ا	e Government grants (contributions)	e				
S S	2 determinent grants (contains addition)		ļ	J		ļ
툿띩	f All other contributions, gifts, grants, and similar amounts not included above	f				
풀이	g Noncash contribus included in lns 1a-1f	\$		1		
N N	h Total. Add lines 1a-1f	Ÿ <del></del>	14,356.			
끏	1 Total. Add lines 1a-11	Business Code	14,550.			
N.	2. ADMORDOUID DURC C ACCECUENT		105,792.	105,792.	<del></del>	<b></b>
<u> </u>	2a MEMBERSHIP DUES & ASSESSMENT		103, 192.	103, 192.	·	<del></del>
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b					<u></u>
ž	ć				<del></del>	
I SE	d	_			<del></del> -	<del></del>
Ž.	e					ļ
ő	f All other program service revenue					ļ <del>.</del> ,
-	g Total. Add lines 2a-2f	<b>&gt;</b>	105,792.		<del></del>	<u> </u>
	3 Investment income (including divide	nds, interest and	415	<b>!</b>		415
	other similar amounts).		415.			415.
	4 Income from investment of tax-exen	,				
	5 Royalties .	<u> </u>				
	(i) Real	(II) Personal				
	6a Gross Rents .					}
	<b>b</b> Less rental expenses					
J	c Rental income or (loss)	<u> </u>			<del></del>	
1	d Net rental income or (loss)	<b>&gt;</b>				
	7 a Gross amount from sales of (i) Securitie	s (II) Other				Ì
	assets other than inventory					
	b Less: cost or other basis					}
	and sales expenses.					1
	c Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>&gt;</b>				
Ä	8a Gross income from fundraising ever	nts				
OTHER REVENU	of contributions reported on line 1c)	-				
Æ	of contributions reported on line 1c)					
ER .	See Part IV, line 18	a 86,588. b 30,678.				
Ė	b Less direct expenses		EE 010			
	c Net income or (loss) from fundraising		55,910.			55,910.
	9a Gross income from gaming activities See Part IV, line 19	S				
	<b>b</b> Less: direct expenses	D				<del> </del>
	c Net income or (loss) from gaming a	ctivities .		<del></del>		<u> </u>
	10a Gross sales of inventory, less return	s _				
	and allowances	a				
	<b>b</b> Less: cost of goods sold	b				l
	c Net income or (loss) from sales of ii					
	Miscellaneous Revenue	Business Code	<b> </b>			l
	11a		·			<del> </del>
	b					ļ <u></u>
	C	_ [		·		<del></del>
	<b>d</b> All other revenue	· <u> </u>				
	e Total. Add lines 11a-11d .	•				
	12 Total revenue. See instructions		176,473.	105,792.	0.	56,325.

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	73,497.	73,497.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,125.	12,125.		
3	· · · · · · · · · · · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,400.	0.	8,400.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal				
•	Accounting	2,000.		2,000.	
•	Lobbying	<del> </del>			
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees			<u></u>	·—
ç	Other			<del></del>	
12	Advertising and promotion	·			<u> </u>
13	Office expenses		<u></u>		
14	Information technology		<del></del>		
15	Royalties				
16	Occupancy			<del></del> -	<u>-</u> -
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	1,993.	1,993.		
19	Conferences, conventions, and meetings		<del></del>		
20	Interest	<u> </u>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,071.	2,071.		<del></del>
23	, , , , ,				·
	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	MEETING COSTS	67,725.	67,725.		
	DUES & SUBSCRIPTIONS	12,786.	12,786.		
	SOCIAL EVENTS	3,754.	3,754.		
	ROTARY PROGRAM COSTS	1,875.	1,875.		
	GIFTS & SPEAKER RECOGNITION	1,468.	1,468.	ļ	
	f All other expenses	4,883.	2,398.	2,485.	
25	Total functional expenses. Add lines 1 through 24f	192,577.	179,692.	12,885.	0.
26	Joint costs. Check here  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA			<del>-</del>		Form <b>990</b> (2009)

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	86,123.	1	70,895.
2	Savings and temporary cash investments .	22,522.	2	22,910.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
8 7 8 8 7 9	Notes and loans receivable, net		7	
8	Inventories for sale or use	·	8	
5 9	Prepaid expenses and deferred charges	3,010.	9	3,852.
10	a Land, buildings, and equipment: cost or other basis. 10a 12,443.		l I.	
	Complete Part VI of Schedule D	· · · · · · · · · · · · · · · · · · ·		
	b Less: accumulated depreciation 10b 11,820.	2,694.	10 c	623.
11	Investments — publicly-traded securities		11	
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11 .		13	
14	Intangible assets .		14	
15	Other assets See Part IV, line 11.	-	15	<u> </u>
16	Total assets. Add lines 1 through 15 (must equal line 34)	114,349.	16	98,280.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
¦ 20	Tax-exempt bond liabilities		20	
À 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
AB 21 22 22 1	• • •			
<u> </u>	of Schedule L		22	
E 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	3,380.	25	3,415.
26	Total liabilities. Add lines 17 through 25	3,380.	26	3,415.
ŭ	Organizations that follow SFAS 117, check here ► and complete lines	<u> </u>		
N E T	27 through 29 and lines 33 and 34.			
§ 27	Unrestricted net assets		27	
	Temporarily restricted net assets	<del></del>	28	
s   29	·		29	
R	Organizations that do not follow SFAS 117, check here ► X and complete			
	lines 30 through 34.	-		
F 30	-		30	
	· · · · · · · · · · · · · · · · · · ·		31	<del></del>
Å   32	· · · · · · · · · · · · · · · · · · ·	110,969.	32	94,865.
BA 31 32 33 33 34		110,969.	33	94,865.
FI T	Total liabilities and net assets/fund balances	114,349.	34	98,280.

TEEA0111L 01/30/10

orn	rm 990 (2009) ROTARY CLUB OF GILROY	<u>94-6092436                                    </u>	Pa	ige 12
Pai	art XI Financial Statements and Reporting			
			Yes	No
1	1 Accounting method used to prepare the Form 990: X Cash Accrual Other		1.2	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		· 4/.	^_;"  
28	2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
1	<b>b</b> Were the organization's financial statements audited by an independent accountant?	2 b		Х
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,		
	If the organization changed either its oversight process or selection process during the tax year, explain			

Both consolidated and separate basis

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

ВАА

consolidated basis, separate basis, or both:

Separate basis

Consolidated basis

Form 990 (2009)

3a

3b

X

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public

Inspection Employer Identification number

ROTARY CLUB OF GILROY 94-6092436 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??. Nο Yes Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?. No Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. ▶\$ (i) Revenues included in Form 990, Part VIII, line 1 ►\$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	OV OT 115 C	e cribov		04 600	2426	<b>-</b>
Schedule D (Form 990) 2009 ROTAL  Part III Organizations Mainta			orical Transuras a	94-609		Page 2
Part III Organizations Mainta  3 Using the organization's acquisit						
items (check all that apply).	ion accession	and other records, che	eck any of the following	triat are a significant us	e or its cone	CHOH
a Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e Othe	r			
c Preservation for future gener	rations	_				
4 Provide a description of the organ Part XIV.	inization's colle	ections and explain ho	ow they further the organ	nization's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds in	ation solicit or i	receive donations of a se maintained as part	ort, historical treasures, or the organization's co	or other similar llection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangem	ents Complete if	organization answei	red 'Yes' to Form 9	90, Part I\	√, line
<del></del>				<del></del>	<del></del>	
1a Is the organization an agent, true included on Form 990, Part X?	stee, custodiar	i, or other intermediar	ry for contributions or oth	ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV ai	nd complete the follow	ving table			
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year .				1 e	<u></u>	
f Ending balance				11		
2a Did the organization include an a	amount on For	m 990, Part X, line 21	?	•	Yes	No
b If 'Yes,' explain the arrangement	<u>ın P</u> art XIV					
Part V Endowment Funds Co	mplete if or	ganizatıon answei	red 'Yes' to Form 99	90, Part IV, line 10.		
	(a) Current	rear (b) Prior ye	ar (c) Two years bac	k (d) Three years back	(e) Four y	ears back
1 a Beginning of year balance						
<b>b</b> Contributions			, , , , , , , , , , , , , , , , , , , ,			
c Net Investment earnings, gains, and losses						Į Į
d Grants or scholarships						i
e Other expenditures for facilities and programs						
f Administrative expenses			•			
g End of year balance.				1		
2 Provide the estimated percentage	e of the year e	end balance held as:				
a Board designated or quasi-endo	-	*				
<b>b</b> Permanent endowment ▶						
c Term endowment						
3a Are there endowment funds not organization by.	in the possess	ion of the organization	n that are held and adm	inistered for the	Ye	s No
(i) unrelated organizations					3a(i)	<del>3 ///0</del>
(ii) related organizations	•		•	•	3a(ii)	<del> </del>
` '	organizations l	isted as required on 9	Schodulo D?		3b	
<ul><li>b If 'Yes' to 3a(ii), are the related</li><li>4 Describe in Part XIV the intende</li></ul>	_			• • •	30	
Part VI Investments—Land, E				, line 10.		
Description of investmen		(a) Cost or other basis	1	(c) Accumulated	(d) Book	Value
<u> </u>		(investment)	basis (other)	Depreciation		
1a Land	Ļ					
<b>b</b> Buildings	Ļ	_ <del></del> _				<del></del>
c Leasehold improvements .	, [		<u> </u>			<del></del> -
<b>d</b> Equipment			12,443.	l 11.820.l	1	623.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) BAA

e Other

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See	<u>Form 990, Part X, line 1</u>	12N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	-	
		<del></del>
	- <del>-</del>	
	- <del>-   </del>	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		10)
Part VIII Investments-Program Related (Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		······································
<del></del>		
<del></del>	<del></del>	
	-	
	<del>-      </del>	· · · · · · · · · · · · · · · · · · ·
<del></del>		<del></del>
	<u> </u>	
Part IX Other Assets (See Form 990, Part		
(a)	Description	(b) Book value
	-	
Total. (Column (b) must equal Form 990, Part X, col (B	r), line 15)	. •
Part X Other Liabilities (See Form 990, Pa		
(a) Description of Liability	(b) Amount	
Federal Income Taxes		1
SALES TAX PAYABLE	3,415.	1
	3,125.	1
<del></del>		i
<del></del>		1
	<del></del>	4
<del></del>	<del></del>	1
<del></del>		4
<del></del>		4
		1
		]
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,415.	
	factoria to the examination's f	financial statements that reports the organization's liability

Schedule D (Form 990) 2009 ROTARY CLUB OF GILROY

94-6092436

Page 3

	dule D (Form 990) 2009 ROTARY CLUB OF GILROY	94-609	92436	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	- <del></del>		
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses .			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	t XII <sup>®</sup> Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
ā	Net unrealized gains on investments		i	
ŀ	Donated services and use of facilities		1	
•	Recoveries of prior year grants		ŀ	
c	Other (Describe in Part XIV)			
•	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,		
ā	Investments expenses not included on Form 990, Part VIII, line 7b			
t	Other (Describe in Part XIV)			
(	Add lines <b>4a</b> and <b>4b</b>	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	ırn N/A	
1	Total expenses and losses per audited financial statements .	1		<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
ā	Donated services and use of facilities 2a			
ŀ	Prior year adjustments			
•	Other losses . 2c			
•	Other (Describe in Part XIV)		į	
•	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV) .		j	
	Add lines 4a and 4b.	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5_	<u> </u>	
Par	t XIV   Supplemental Information		<del> </del>	
Com line infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b. Also complete this mation	: IV, lines s part to p	1b and 2b, P provide any ac	art V, Iditional
				_ <b></b> _
		- <b></b> -		

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Schedule **D** (Form 990) 2009

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Schedule <b>D</b>	(Form 990) 2009 ROTARY CLUB OF GILROI	34-0032430	raye 5
Parit XIV	Supplemental Information (continued)		
<u> </u>	<u> </u>		
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### 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.

OMB No 1545-0047

2009

Open to Public Inspection

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CLUB OF GILROY	ete if the organ	nzation ar	swered 'V	es' to Form 990 Part IV		94-609243 7		
Form 990EZ filers are not requ	ured to comple	te this pa	rt	03 to Form 330, Fall IV	, 11116 1	<u> </u>	<u> </u>	
cate whether the organization in Mail solicitations. Internet and email solicitations. Phone solicitations. In-person solicitations the organization have written colonyees listed in Form 990, Par (see highest paid in Form 1990).	or oral agreement VII) or entity in	rough any ent with ar in connect	of the foll by individu ion with p	Solicitation of non-g Solicitation of gover Special fundraising of al (including officers, dirrofessional fundraising s	povernm nment g events ectors, services under wh	ent grants grants trustees or key? nich the fundra		No
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	ly or control	er (iv) Gross receipts (or retainted from activity fundraisei		etained by) iser listed in	(vi) Amount paid (or retained by organization	
		Yes	No					
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al		•_	<b>•</b>					0.
all states in which the organiz	ation is register	red or lice	nsed to so	olicit funds or has been r	notified	t is exempt fro	m registration	
icensing								
					. – –		<b></b>	
•								
				- <b></b>				
					. <b>_</b>			
	Form 990EZ filers are not required whether the organization of Mail solicitations.  Internet and email solicitations. Phone solicitations.  In-person solicitations the organization have written organization have written organization have solicitations. The organization have written organization have solicitations. The organization have written organizated at least \$5,000 by the organization or entity (fundraiser).	Form 990EZ filers are not required to completate whether the organization raised funds the Mail solicitations   Internet and email solicitations   Phone solicitations   In-person solicitations   In-	Form 990EZ filers are not required to complete this paicate whether the organization raised funds through any Mail solicitations	Form 990EZ filers are not required to complete this part cate whether the organization raised funds through any of the foll Mail solicitations	Form 990EZ filers are not required to complete this part cate whether the organization raised funds through any of the following activities. Check is Mail solicitations   Solicitation of non-content and email solicitations   Solicitation of non-content and email solicitations   Solicitation of gover Special fundraising In-person solicitations   The organization have written or oral agreement with any individual (including officers, directly included in Form 990, Part Vii) or entity in connection with professional fundraising sequences listed in Form 990, Part Vii) or entity in connection with professional fundraising sequences listed in Form 990, Part Vii) or entity in connection with professional fundraising sequences listed in Form 990, Part Vii) or entity in connection with professional fundraising sequences listed in Form 990, Part Vii) or entity or entities (fundraisers) pursuant to agreements under the professional fundraising sequences (iii) Activity   (iii) Did fundraiser have custody or control or contributions?    Yes   No   No	Form 990EZ filers are not required to complete this part cate whether the organization raised funds through any of the following activities. Check all that a Mail solicitations   Solicitation of non-government organization solicitations   Solicitation of government organization have written or oral agreement with any individual (including officers, directors, plotyees listed in Form 990, Part VII) or entity in connection with professional fundraising services (es, list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under whith professional fundraising services (es, list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under whith professional fundraising services (es, list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under whith professional fundraising or entity (fundraiser) (ii) Activity (iii) Did fundraiser (iii) Did fundraiser (iv) Gross receipts from activity or entity (fundraiser) (iv) Arm (or refundraiser) (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts from activity (iv) Arm (or refundraiser) (iv) Gross receipts (iv) Arm (or refundraiser) (iv) Gross receipt	cate whether the organization raised funds through any of the following activities: Check all that apply Mail solicitations   Solicitation of non-government grants   Solicitation of government grants   Solicitation of government grants   Solicitation of government grants   Solicitation of government grants   Solicitations   Solicitation of government grants   Special fundraising events   In-person solicitations   In-person solicitations   Special fundraising events   In-person solicitations   Form 990, Part VII) or entity in connection with professional fundraising services? (res.; list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundra repensated at least \$5,000 by the organization.  (ii) Name of individual or entity (fundraiser)   Wi Amount paid to contributions?   Yes   No   Yes   Yes   No   Yes   Y	Form 990EZ filers are not required to complete this part cate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations   Solicitation of non-government grants   Solicitation of government grants   Solicitation of government grants   Solicitations   In-person solicitations   Special fundraising events   In-person solicitations   Special fundraising events   In-person solicitations   In-person solicitation   In-person solicitations   In-person solicitation of government grants   Solicitation of government grants   In-person solicitation   In-person sol

		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts grea	ater than	\$5,00	10
			(a) Event #1 GARLIC FESTIVA	(b) Event #2 FLOWER SALE	(c) Other Events	(d) Tota (Add col col	l Even (a) thro	ts ough
R			(event type)	(event type)	(total number)			
RE>EZUE	1	Gross receipts	42,457.	40,331.			82,7	88.
-	2	Less: Charitable contributions						
	3_	Gross income (line 1 minus line 2)	42,457.	40,331.	<del></del>		82,7	88.
	4	Cash prizes						
	5	Noncash prizes						
DIRECT	6	Rent/facility costs	4,778.				4,7	78.
	7	Food and beverages						
EXPENSES	8	Entertainment						
N S E	9	Other direct expenses	18,658.	7,242.			25,9	00.
S	10	Direct expense summary Add lines 4- th	•		•		30,6	
Dat	11 4 III	Net income summary. Combine lines 3, o		al to Form 000. Do	+ IV June 10 ex re-		52,1	
Fai	Ç III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered i re	s to Form 990, Par	tiv, line 19, or rep	portea mo	ore th	an
REVENUE	(a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) The bingo/progressive (Add of					I (Add col	d) Total gaming dd col (a) through col (c))	
E N	Ì			bingo				
Ě	1	Gross revenue				_	_	
D X	2	Cash prizes						
D I P E N S E S	3	Non-cash prizes						
' š	4	Rent/facility costs				!		
	5	Other direct expenses						
	6	Volunteer labor .	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d).			į		
		Net gaming income summary Combine I	ines i, column (a) and				YES	NO
9		er the state(s) in which the organization op	=					
	a Is the organization licensed to operate gaming activities in each of these states?  9a							
	b if 'No,' explain.							
10:	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a						ئـــــا	
	b If 'Yes,' explain:							
11	Doe	es the organization operate gaming activities	es with nonmembers?					
				ember of a partnership of	or other entity formed to			
	12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?							

Schedule G (Form 990 or 990-EZ) 2009 ROTARY CLUB C	OF GILROY	94-609243	6	Pag	ge <b>3</b>
		1 1	\	ES 1	NO
<ul> <li>13 Indicate the percentage of gaming activity operated in:</li> <li>a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepare</li> </ul>		13a % 13b % nts books and records		,	-
Name: •					
Address •			ŀ		
<ul> <li>15a Does the organization have a contact with a third party</li> <li>b If 'Yes,' enter the amount of gaming revenue received be of gaming revenue retained by the third party \$</li> <li>c If 'Yes,' enter name and address of the third party:</li> </ul>	by the organization \$	-	15a		
Name <sup>.</sup> •	·				
Address					
16 Gaming manager information					
Name: •					
Gaming manager compensation ► \$					
Description of services provided.					
Director/officer Employee	Independent contractor				
17 Mandatory distributions					
a Is the organization required under state law to make ch state gaming license?			17a		 
<b>b</b> Enter the amount of distributions required under state la organization's own exempt activities during the tax year		anizations or spent in the			
ВАА	TEEA3703L 02/05/10	Schedule G (Form 99)	0 or 990	-EZ) 2	2009

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

Openito Public Inspection Employer identification number 94-6092436 **≗** □

Part.II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part I General Information on Grants and Assistance ROTARY CLUB OF GILROY

III, LINES 4A & AND EDUCATIONAL YOUTH-ORIENTED FORM 990, PART (h) Purpose of grant or assistance VARIOUS - SEE CHARITABLE, SUPPORT ACTIV. (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 ö (e) Amount of non-cash assistance 40,819 32,097 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 77-0328629 (b) EIN GILROY ROTARY CLUB ENDOWMENT, IN ALL OTHER ORGANIZATIONS LESS THA 1 (a) Name and address of organization or government GILROY, CA 95021 PO BOX 1912

2 Enter total number of section 501(c)(3) and government organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Part III. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 94-6092436 ROTARY CLUB OF GILROY Schedule 1 (Form 990) 2009

Page 2

(f) Description of non-cash assistance Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 12,125 (c) Amount of cash grant 15 (b) Number of recipients ALL INDIVIDUALS LESS THAN \$5,000 (a) Type of grant or assistance

Schedule I (Form 990) 2009

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### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

ROTARY CLUB OF GILROY [94-6092436	_
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	-
PROJECT TO REGISTER POTENTIAL BONE MARROW DONORS THROUGH PROVIDING OPPORTUNITIES FOR	-
INDIVIDUALS TO BE TESTED, INCREASING PUBLIC AWARENESS, AND PROVIDING TESTING	-
FUNDING.	-
	_
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE	_
MEMBERSHIP_INCLUDES_LOCAL_BUSINESS/MUNICIPAL_OWNERS/MANAGERS, COMMUNITY_VOLUNTEERS	_
& RETIREES.	_
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY	-
MEMBERSHIP ELECTS DIRECTORS AND OFFICERS BY MAJORITY VOTE.	_
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	_
REVIEW BY SECRETARY/TREASURER. INQUIRIES MADE TO BOARD OF DIRECTORS, IF APPLICABLE.	_
	_
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Schedule O	(Form 990) 2009	Page 2
Name of the or	panization	Employer identification number
ROTARY	CLUB OF GILROY	94-6092436
	·	
· <del>-</del>		