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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Form 990-EZ

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: X Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: PITT GREENVILLE CRIME STOPPERS. D Employer identification number: 56-1677858. E Telephone number: 252-531-3659. F Group Exemption Number. G Accounting Method: X Cash. H Check X if the organization is not required to attach Schedule B. I Website: WWW.CRIMESTOPPER.ORG. J Tax-exempt status: X 501(c)(3).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 31124.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I).

Check if the organization used Schedule O to respond to any question in this Part I X

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 31124. Expenses total: 40948. Net Assets total: 145563.

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Part II Balance Sheets. (see the instructions for Part II.) X

Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	149693.	22	144231.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	0.	24	1332.
25	Total assets	149693.	25	145563.
26	Total liabilities (describe in Schedule O)	0.	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	149693.	27	145563.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.) X

Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? **APPREHEND CRIMINALS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **SEE SCHEDULE O**

Line	Description	Grants \$	Foreign grants	Amount
28a	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		<input type="checkbox"/>	7150.
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		<input type="checkbox"/>	
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		<input type="checkbox"/>	
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		<input type="checkbox"/>	
32	Total program service expenses (add lines 28a through 31a)			7150.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED SCHEDULE	0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and rows 33, 34, 35, 35a, 35b, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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 organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. NONE

42a The organization's books are in care of BEVERLY ROBERSON Telephone no. 252-531-3659 Located at 602 E. JOHNSTON ST., TARBORO, NC ZIP + 4 27886

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 account)?

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and rows 42b, 42c

Table with columns Yes, No and rows 44a, 44b, 44c, 44d

Table with columns Yes, No and rows 44a, 44b, 44c, 44d

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Beverly F. Roberson Date: 15/11/11
 Type or print name and title: Beverly F. Roberson, Treasurer

Paid Preparer Use Only

Print/Type preparer's name WESLEY M. MEASAMER, CPA	Preparer's signature 	Date <u>5-11</u>	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ WESLEY M. MEASAMER, CPA, P.A.		Firm's EIN ▶		
Firm's address ▶ 115 REGENCY BLVD GREENVILLE, NC 27834		Phone no. 252-353-1355		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
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

2010

Open to Public
Inspection

Name of the organization

PITT GREENVILLE CRIME STOPPERS

Employer identification number

56-1677858

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 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).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45217.	44073.	42520.	28762.	27698.	188270.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	45217.	44073.	42520.	28762.	27698.	188270.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						188270.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	45217.	44073.	42520.	28762.	27698.	188270.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3252.	3313.	3738.	3423.	3426.	17152.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3252.	3313.	3738.	3423.	3426.	17152.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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)	48469.	47386.	46258.	32185.	31124.	205422.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	91.65 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	92.47 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	8.35 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	7.53 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **PITT GREENVILLE CRIME STOPPERS** Employer identification number **56-1677858**

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	755.
DIVIDEND INCOME	2671.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	3426.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	267.
OTHER EXPENSES	217.
TOTAL TO FORM 990-EZ, LINE 14	484.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	20443.
BANK CHARGES	284.
CONSULTING/MANAGEMENT FEES	549.
DUES	695.
MEMORIAL GIFTS	120.
INSURANCE	1530.
LICENSES AND PERMITS	50.
MEALS AND ENTERTAINMENT	2064.
OFFICE EXPENSE	58.
PROMOTIONAL EXPENSE	5168.
REWARDS	7150.
MISCELLANEOUS EXPENSES	289.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

PITT GREENVILLE CRIME STOPPERS

Employer identification number

56-1677858

SUPPLIES 751.

TELEPHONE 213.

TOTAL TO FORM 990-EZ, LINE 16 39364.

FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT:

UNREALIZED GAIN/LOSS ON INVESTMENTS 5694.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION **BEG. OF YEAR** **END OF YEAR**

OTHER DEPRECIABLE ASSETS 0. 1332.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

**AS A RESULT OF INFO RECEIVED FROM CALLERS, MANY ARRESTS
AND THOUSANDS OF DOLLARS OF NARCOTICS & STOLEN PROPERTY
ARE RECOVERED. IF THE INFO RESULTS IN THE RECOVERY OF
NARCOTICS OR STOLEN PROPERTY, INDIVIDUALS ARE PAID CASH FOR THEIR INFO.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Depreciation and Amortization 990-EZ
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No 67

Name(s) shown on return PITT GREENVILLE CRIME STOPPERS	Business or activity to which this form relates FORM 990-EZ PAGE 1	Identifying number 56-1677858
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2000000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		1599.	3 YRS.	HY	SL	267.
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	267.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**PITT-GREENVILLE CRIME STOPPERS
BOARD OF DIRECTORS
2010**

EXECUTIVE COMMITTEE

CHAIRMAN: Scott Shook
VICE CHAIRMAN: Larry T. Lloyd
COORDINATOR: Kip Gaskins

TREASURER: Steve Mullis
SECRETARY: Blake Honeycutt

BOARD OF DIRECTORS:

Term Expires in 2012

David Chester355-0384
898 Corbett Street
Winterville, NC 28590
dwchester1@embarqmail.com

Blake Honeycutt757-0003
Carolina Pregnancy Center (C) 531-0891
112 Williamsburg Drive
Greenville, NC 27858
blakepc@embarqmail.com

Jeff Robinson493-7446
Pitt Community College (Cell) 714-4250
Hwy 11 South / PO Drawer 7007
Greenville, NC 27835
jrobinso@email.pittcc.edu

Scott Shook695-2253
Bank of America
201 W. 1st Street
Greenville, NC 27834
scottshook@suddenlink.net

Hank Hinton355-1037
Inner Banks Media cell 327-4265
408 Arlington Blvd, Suite 101-C
Greenville NC 27858
hank@ibxmedia.com

Term Expires 2011

Mike Bostic215-9184
M&K Record Researchers
3219 1B Landmark St.
Greenville NC 27858
PO Box 30153
Greenville NC 27833
mkresearchers@aol.com

Steve Mullis830-4774
206 Dalebrook Circle
Greenville, NC 27858
rmullissr@suddenlink.net

Danny Williams758-1277
Blount & Williams Heating and Air
1110 N. Memorial Drive
Greenville, NC 27834
BlountWilliams@yahoo.com

Term Expires 2010

Larry T. Lloyd531-3710
2164 Papas Place
Greenville, NC 27834
Ltlloyd1@yahoo.com

Mary Parsons.321-0429
Parsons and Robinson Insurance
614-B Country Club Drive / PO Box 31093
Greenville, NC 27833
mparsons@parsonsandrobinson.com

Lynnette Taylor754-2136
WITN-TV (Cell) 916-1014
206 B Emily Drive
Winterville NC 28590
Lynnette.Taylor@WITNtv.com

DIRECTORS-AT-LARGE

Officer Kip Gaskins329-4158
Greenville Police Department
500 S Greene Street / PO Box 7207
Greenville, NC 27835
kipgaskins@greenvillenc.gov

David Nichols752-4012
D G. Nichols Real Estate Agency
204 -B East Arlington Blvd.
Greenville, NC 27858
dgnrlty@msn.com

Randy Nichols756-8987
105 Kimberly Drive
Greenville, NC 27858
michols@greenvillenc.com

Bill Paramore757-2250
Suddenlink Communications
2120 W Arlington Blvd. / PO Box 446
Greenville, NC 27835
bill_paramore@suddenlink.com

Joe Simonowich756-6114
3010 Ballards Crossroads
Greenville, NC 27834

Turner Thompson355-2441
Wal-Mart(H) 321-7420
1605 Pelham Road
Winterville, NC 28590
thathompson@suddenlink.net

Curt Williford757-3200
401 W. Fifth Street / PO Box 1486
Greenville, NC 27835
cwilliford@crmi-online.com

EX OFFICIO DIRECTORS

Cameron Coburn 753-5138 ext. 230
SRO, Farmville Central High School
3308 E. Wilson St. Ext.
Farmville, NC 27828
coburnc fchs@pitt.k12 nc us

Ted Sauls..... 329-4320
Greenville Police Dept.cell 916-2784
500 S. Greene St /PO Box 7207
Greenville NC 27835
tsauls@greenvillenc.gov

Det Sgt. Amos Horne. 753-4111
Farmville Police Department
200 North Main Street
Farmville, NC 27828
ahorne@farmville-nc.com

Frank Knight..... 328-6964
ECU Dept of Police Safety
609 E. 10th Street
Greenville, NC 27858
knightw@ecu.edu

Tonya Leggett... .. 902-2727
Pitt County Sheriff's Dept.
100 W. 3rd St. / PO Box 528
Greenville, NC 27858
tkleggett@co pitt.nc.us

Det. Brad Melton 746-7084
Ayden Police Department
221 West Ave. / PO Box 219
Ayden, NC 28513
BrdMelton1@aol.com

LAW ENFORCEMENT LIAISON

Chief William Anderson..... 329-4338
Greenville Police Department
500 S. Greene St. / PO Box 7207
Greenville, NC 27835
wanderson@greenvillenc gov

Chief Tim Moseley 746-7015
Ayden Police Department
221 West Ave. / PO Box 219
Ayden, NC 28513
tmoseley@ayden.com

Chief Tim Nelson 847-5430
Pitt County Memorial Hospital (Cell) 916-3910
2100 Stantonsburg Rd. / PO Box 6028
Greenville, NC 27835
tnelson@PCMH.COM

Chief Alan Edwards..... 321-4210
Chief of Police
Pitt Community College
Hwy. 11 South / PO Drawer 7007
Greenville, NC 27835
aedwards@email.pittcc.edu

Chief Scott Shelton 328-6964
ECU Dept of Police Safety
609 E. 10th Street
Greenville, NC 27858
sheltonj@ecu.edu

Sheriff Mac Manning 902-2650
Pitt County Sheriff's Dept
100 W. 3rd Street / PO Box 528
Greenville, NC 27835
memanning@co.pitt nc.us

Chief Warren Morrisette, Jr ... 524-4161
Grifton Police Department
106 S. Highland Ave. / PO Box 579
Grifton, NC 28530

Chief Donnie Greene 753-4111
Farmville Police Department
200 North Main Street
Farmville, NC 27828
dgreene@farmville-nc.com

Chief Barry Stanley 825-5481
122 S. James Street
Bethel, NC 27812
chiefstanley@suddenlinkmail.com

Chief Billy Wilkes ... 756-1105
Winterville Police Department
2593 N Railroad St. / PO Box 1459
Winterville, NC 28590
policechief@wintervillenc.com