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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

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

**2**010

Open to Public

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

_ /	Check if Address Name ch		C Name of organization ROTARY INTERNATIONAL OTTUMWA ROTARY CLUB							dentification numb
	nıtıal ret Terminat		Number and street (or P.O box, if mail is not delivered to street address)  Room/suite  Room/suite							number 684-5881
	Amende	d return	City or town, state or country					F	Group Exe	mption of
	Applicati	on pending	OTTUMWA	<u>I</u>	A 52501				lumber	<u> </u>
G A	Accounti		-	Other (specify)			_ H Check ▶	X	If the organ	nization is not
1 1	Website	: ▶ <u>N/</u> I		<del>-</del>			required	to attac	h Schedule	В
<u>J -</u>	Tax-exe	mpt status (che	ck only one) — 501(c)	)(3) X 501(c) ( 4 ) ∢ (in:	sert no ) 4947	(a)(1) or 52	27 (Form 99	0, 990-	EZ, or 990-	PF)
K	Check 🕨	f the org	ganization is not a section 50	9(a)(3) supporting organizatio	n <b>and</b> its gross rece	ipts are normally	y not more than \$50	0,000 A	١	
F	Form 99	0-EZ or Form 990	return is not required though	h Form 990-N (e-postcard) ma	ay be required (see i	nstructions) But	t if the organization	choose	s	
t	to file a r	eturn, be sure to	file a complete return							
L	Add lines	s 5b, 6c, and 7b,	to line 9 to determine gross r	eceipts. If gross receipts are \$	200,000 or more, or	ıf total assets (F	Part II,			
	line 25, d	column (B) below)	are \$500,000 or more, file F	orm 990 instead of Form 990-	EZ				<b>▶</b> \$	99,3
Pa	art I	Revenu	ie, Expenses, and	Changes in Net As:	sets or Fund	Balances (	(see the instruc	tions	for Part I	)
		Check if	the organization used	Schedule O to respon-	d to any questic	n in this Par	t I			
	1	Contributions, g	ifts, grants, and similar amou	ints received					1	
	2	Program serv	ice revenue including gov	vernment fees and contrac	cts	•		Ī	2	50,4
	3		lues and assessments		•	EE STAT	TEMENT		3	43,6
	4	Investment in	come						4	8
	5a	Gross amoun	t from sale of assets othe	er than inventory		5a				
	b	Less. cost or	other basis and sales exp	penses		5b				
	С	Gain or (loss) fr	om sale of assets other than	inventory (Subtract line 5b fro	om line 5a)				5c	
i	6	Gaming and f	undraising events		·					
e	а	Gross income	from gaming (attach Sci	hedule G if greater than						
ent		\$15,000)		·		6a		ŀ	- 1	
Revenue	b	•	from fundraising events	(not including \$		of contribu	itions			
_		from fundrais	ng events reported on lin	ne 1) (attach Schedule G i	f the	<del></del>				
				utions exceeds \$15,000)		6b				
1	С		xpenses from gaming an	•		6c				
•	d	Net income o	r (loss) from gaming and	fundraising events (add li	nes 6a and 6b an	d subtract				
		line 6c)		,					6d	
	7a	Gross sales of	of inventory, less returns :	and allowances		7a		Ī		
	ь	Less cost of	•			7b		$\neg \neg$		
	c	Gross profit of	or (loss) from sales of invi	entory (Subtract line 7b fro	om line 7a)	<u> </u>			7c	
	8	Other revenu	e (describe ın Schedule (	D)	•			ſ	8	4,4
	9		e. Add lines 1, 2, 3, 4, 5c	•			•	▶ [	9	99,3
	10		ımılar amounts paid (list ı		-				10	12,3
,	11		to or for members	, .	· -	RECE	IVED	Ì	11	
່ທ	12	· ·	er compensation, and em	ployee benefits	<b>1</b>	RECE		Ĺ	12	
ıse	13	· ·	•	to independent contracto	rs L		S	<u> </u>	13	4,5
per	14		ent, utilities, and mainter		780	NOV 0	8 2012		14	
Щ	15		ications, postage, and sh		أثنأ		18		15	
Expenses	16	= -	ses (describe in Schedule		1 "	OGDE	N. UT		16	74,3
5	17		ses Add lines 10 through	•	L	C. C. Inc	F 10 10 1	¹ ▶ Ì	17	91,8
Ď	18		eficit) for the year (Subtra						18	7,!
		-		ning of year (from line 27,	column (A)) (musi	agree with		Ì	<del>-:: </del>	
	1		igure reported on prior ye		. ( .,, (	J			19	55,:
		CHU-OI-YEAR I						1		
	20	-	•	•	iule O)			ŀ	20	
Net Assets	20	Other change	es in net assets or fund b	valances (explain in Sched	•			<b>•</b>	20	62,

Part II Balance Sheets. (see the instructions for Part II )					
Check if the organization used Schedule O to respond to an	ny question in this Pa	ort 11			
		(A) Beginning of year		(B) E	nd of year
2 Cash, savings, and investments		52,3			62,59
3 Land and buildings	ļ		0 23		
4 Other assets (describe in Schedule O)		2,7			82
5 Total assets		55,13			63,4:
6 Total liabilities (describe in Schedule O)			0 26	_	78
7 Net assets or fund balances (line 27 of column (B) must agree with line 21)		55,1	30 27		62,6
Part III Statement of Program Service Accomplishments	•	, , , , , , , , , , , , , , , , , , ,	_	Exp	enses
Check if the organization used Schedule O to respond to a	ny question in this Pa	art III	<u> </u>	equired fo	or section
Vhat is the organization's primary exempt purpose?			50	11(c)(3) an	nd 501(c)(4)
COMMUNITY SERVICE			or	ganızatıon	is and section
Describe what was achieved in carrying out the organization's exempt purposes. In			49	947(a)(1) t	rusts; optiona
ne services provided, the number of persons benefited, or other relevant information	on for each program title	).	for	r others.)	
8 ALL EXPENSES ARE USED TO ACHIEVE EXEMPT PURPOSE					
				1	
• • • • • • • • • • • • • • • • • • • •					
(Grants \$ 12,348) If this amount includes foreign grants, or	check here ,	<b>&gt;</b>	28a		91,8
9			.		
			_		
(Grants \$ ) If this amount includes foreign grants,	check here	<b>&gt;</b> _	29a		_
				ļ	
(Grants \$ ) If this amount includes foreign grants,	check here	▶	30a		
Other program services (describe in Schedule O)					
		ı		1	
(Grants \$ ) If this amount includes foreign grants,	check here	▶	31a	1	
(Grants \$ ) If this amount includes foreign grants,  Total program service expenses (add lines 28a through 31a)	check here	<u> </u>	31a ▶ 32		91,8
Total program service expenses (add lines 28a through 31a)		t compensated. (s	▶ 32	nstruction	
Total program service expenses (add lines 28a through 31a)	each one even if no		▶ 32	nstruction	
Part IV List of Officers, Directors, Trustees, and Key Employees. List Check if the organization used Schedule O to respond to a	each one even if no	art IV (c) Compensation	▶ 32 see the in	butions to	ns for Part IV
Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employees. List	each one even if no	art IV	▶ 32 see the in	butions to nefit plans &	(e) Expense
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	990-EZ (2010) ROTARY INTERNATIONAL OTTUMWA ROTARY 42-0453102		P	age 3
Pa	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			
22	Did the exception appears to appropriately not provide the respected to the IDC2 IS West Towards and detailed		Yes	No_
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	,,		٧,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed	33_		<u>X</u>
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	24		v
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported	34		<u>X</u>
33	on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			i
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			1
a	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	250		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35a 35b	<del>                                     </del>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330	-	
30	during the year? If "Yes," complete applicable parts of Schedule N	26		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a	36	-	
b b	Did the organization file Form 1120-POL for this year?	٦-,		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		<u>^</u>
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	200	1	v
h		38a	<u> </u>	X
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations Enter:	$\dashv$		ĺ
				ĺ
a		-		ĺ
40a	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	$\dashv$		ĺ
40a				
1	section 4911 ▶			
b		1		ĺ
	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	40b	ļ	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
		-		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization   All exceptions. At any time during the tay year, was the exceptions a party to a problem of the latest of the	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			7.7
	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed.   NONE	40e	Ш.	<u> </u>
41		11-68	24 5	001
42a	· · ·	11-00	34-5	BBT
	2620 MARILYN ROAD	2501		
	·	2501		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<u> </u>	Yes	-
	account)?	42b	-	X
	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.		1	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			<b>▶</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year  43			
			<u> </u>	<del></del>
	Dulle and a standard and the standard to the s		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1
_	completed instead of Form 990-EZ	448	1	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	441		$+\frac{x}{x}$
C	Did the organization receive any payments for indoor tanning services during the year?	440	-	X
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	440		ᆜ—
		Form 9	90-E	Z (201

DAA

orm 990-E	Z (2010) ROTARY INTERNAT				-0453102				P2	ige 4
	•	<u>.                                  </u>							Yes	No
15 Is an	y related organization a controlled entity of the	e organization within th	e meaning	of section 512(b	)(13)?		[	45		X
a Didt	he organization receive any payment from or	engage in any transact	ion with a	controlled entity v	vithin the					
mea	ning of section 512(b)(13)? If "Yes," Form 990	and Schedule R may	need to be	completed inste	ad of					
	n 990-EZ (see instructions)							45a		<u>X</u>
	he organization engage, directly or indirectly,		ctivities on	behalf of or in op	position			1	İ	
	ndidates for public office? If "Yes," complete Section 501(c)(3) organization		0.47/0\/4	\	aharitable t	ruoto on	lse All and	46		<u>X</u>
Part VI	501(c)(3) organizations and section		. , .				-	tion		
	and 52, and complete the tables fo		приспан	lable trusts mus	st ariswer que	5110115 47=-	190			
	Check if the organization used Sch		to any qu	estion in this P	art VI					
	Official in a figural action, as on Con-	ioddio o to respond	to arry qu	<u> </u>	uit VI			<u> </u>	Yes	No
47 Did 1	the organization engage in lobbying activities?	If "Yes," complete Sch	nedule C. F	Part II			Í	47	100	
	e organization a school as described in sectio			•		•		48		
	the organization make any transfers to an exe							49a		
	es," was the related organization a section 52	•			•			49b		
50 Com	plete this table for the organization's five high	est compensated emp	loyees (oth	er than officers,	dırectors, truste	es and key	•			
emp	loyees) who each received more than \$100,0	00 of compensation fro	m the org	anization If there	ıs none, enter "	None "				
	(a) Name and address of each employee	e paid more		(b) Title and average hours per week	(c) Compensation		ntributions to benefit plans &		Expens	
	than \$100,000			devoted to position			compensation		ailowan	
			. \		1	Ì				
		<del></del>	_	<del></del>		_				
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			1		1					
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				<u>.                                    </u>			· · ·		<u> </u>	
\$ Total	al number of other employees paid over \$100	000		<u> </u>						
	al number of other employees paid over \$100,	•		ontractors who e	ach received mo	ore than				
<b>51</b> Con	nplete this table for the organization's five high	nest compensated inde	-	· —	ach received mo	ore than				
51 Con \$10		nest compensated inde	"None "	ontractors who e	ach received mo	ore than	(c) C	Compen	sation	
51 Con \$10	nplete this table for the organization's five high 0,000 of compensation from the organization	nest compensated inde	"None "	ontractors who e		ore than	(c) (	Compen	sation	
51 Con \$10	nplete this table for the organization's five high 0,000 of compensation from the organization	nest compensated inde	"None "	ontractors who e		ore than	(c) C	Compen	sation	
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51 Con \$10	nplete this table for the organization's five high 0,000 of compensation from the organization	nest compensated inde	"None "	ontractors who e		ore than	(c) C	Compen	sation	
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51 Con \$10	nplete this table for the organization's five high 0,000 of compensation from the organization	nest compensated inde	"None "	ontractors who e		ore than	(c) C	Compen	sation	
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51 Con \$10 	nplete this table for the organization's five high 0,000 of compensation from the organization (a) Name and address of each independent contract  al number of other independent contractors each the organization complete Schedule A? Note	nest compensated inde  If there is none, enter ctor paid more than \$100,0  ach receiving over \$10  ach receiving 501(c)(3)	"None " 00 0,000	ontractors who e	Type of service	ore than	(c) C			
51 Con \$10 	nplete this table for the organization's five high 0,000 of compensation from the organization (a) Name and address of each independent contract all number of other independent contractors each the organization complete Schedule A? Note nexempt charitable trusts must attach a complete schedule in the organization complete.	nest compensated inde  If there is none, enter ctor paid more than \$100,0  ach receiving over \$10  All section 501(c)(3) oleted Schedule A	"None " "00 0,000 prganizatio	ontractors who each	) Type of service		<b>&gt;</b>	Ye		No
d Tot 52 Did nor Under pena	al number of other independent contractors ea the organization complete Schedule A? Note nexempt charitable trusts must attach a completes of perjury, I declare that I have examined this re-	nest compensated inde  If there is none, enter ctor paid more than \$100,0  ach receiving over \$10  All section 501(c)(3) leted Schedule A eturn, including accompan	"None " 00  0,000  organizatio	ontractors who expenses and 4947(a)(	Type of service		<b>&gt;</b>	Ye		No
d Tot 52 Did nor Under pena	al number of other independent contractors eat the organization complete Schedule A? Note nexempt charitable trusts must attach a complete, and complete Declaration of preparer (other than	nest compensated inde  If there is none, enter ctor paid more than \$100,0  ach receiving over \$10  All section 501(c)(3) leted Schedule A eturn, including accompan	"None " 00  0,000  organizatio	ontractors who expenses and 4947(a)(	Type of service		<b>&gt;</b>	Ye		No
d Tot 52 Did nor Under pent	al number of other independent contractors eathe organization complete Schedule A? Note nexempt charitable trusts must attach a complete, and complete Declaration of preparer (other than	nest compensated inde  If there is none, enter ctor paid more than \$100,0  ach receiving over \$10  All section 501(c)(3) leted Schedule A eturn, including accompan	"None " 00  0,000  organizatio	ontractors who expenses and 4947(a)(	Type of service  Type of service		<b>&gt;</b>	Ye		No
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d Tot 52 Did nor Under penetrue, correct Sign Here	al number of other independent contractors each the organization complete Schedule A? Note nexempt charitable trusts must attach a complete, and complete Declaration of preparer (other than Signature of officer  GLEN MCCALL  Type or print name and title  Print/Type preparer's name	ach receiving over \$10  All section 501(c)(3)  Leted Schedule A  eturn, including accompaniofficer) is based on all info	0,000 organization ying schedurmation of v	ontractors who expenses and 4947(a)(the preparer has a TREA	and to the best of any knowledge Date SURER	my knowledg	ge and belief,	Ye it is	s \	
d Tot 52 Did nor Under pent true, correct Sign Here	al number of other independent contractors each the organization complete Schedule A? Note the organization of preparer (other than the organization of preparer (other than signature of officer than officer of the organization of preparer (other than organization). Type or print name and title  Print/Type preparer's name  KENNETH E CROSSER	ach receiving over \$10  All section 501(c)(3)  eleted Schedule A  eturn, including accompaniofficer) is based on all info	"None "  0,000  organizatio  ying schedurmation of v	ontractors who expenses and 4947(a)(to the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of tr	and to the best of any knowledge Date SURER	my knowledg	pe and belief,  Check	Ye it is	s IN 005871	37
d Total Sign Here  Paid Prepare	al number of other independent contractors each the organization complete Schedule A? Note nexempt charitable trusts must attach a completic, and complete Declaration of preparer (other than Signature of officer GLEN MCCALL Type or print name and title  Print/Type preparer's name  KENNETH E CROSSER  Firm's name ANDERSON,	ach receiving over \$10  All section 501(c)(3)  Leted Schedule A  eturn, including accompaniofficer) is based on all info	0,000 organization ying schedu irmation of v	ontractors who expenses and 4947(a)(to the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of tr	and to the best of any knowledge Date SURER	my knowledg	pe and belief,  Check	Ye it is	s \	37
d Tot 52 Did nor Under pent true, correct Sign Here	al number of other independent contractors each independent contractors at the organization complete. Schedule A? Note nexempt charitable trusts must attach a completius of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other than Signature of officer  GLEN MCCALL  Type or print name and title  Print/Type preparer's name  KENNETH E CROSSER  Firm's name ANDERSON,  Ity Firm's address ANDERSON,  Firm's address ANDERSON,	ach receiving over \$10  All section 501(c)(3)  Leted Schedule A  Laring is based on all info  Preparer's sig  KENNETH E  LARKIN & CO  OURTH STREE	0,000 organization ying schedu irmation of v	ontractors who expenses and 4947(a)(to the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of tr	and to the best of any knowledge Date SURER	my knowledg	De and belief,  Check self-employ	Ye it is	s IN 005878	B7 570
d Tot 52 Did nor Under pentrue, correct Sign Here Paid Prepare Use On	al number of other independent contractors each the organization complete Schedule A? Note nexempt charitable trusts must attach a completic, and complete Declaration of preparer (other than Signature of officer GLEN MCCALL Type or print name and title  Print/Type preparer's name  KENNETH E CROSSER  Firm's name ANDERSON,	rest compensated inder If there is none, enter stor paid more than \$100,0  ach receiving over \$10 ach receiving ov	O,000 Organization Oignature CROSSEI O. P. C	ontractors who expenses and 4947(a)(to the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of the preparer has a tractor of tractor of the preparer has a tractor of the preparer has a tractor of tr	and to the best of any knowledge Date SURER	my knowledg	De and belief,  Check self-employ	Ye it is	s IIN 005878 1255	B7 570

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 **2010** 

Department of the Treasury Internal Revenue Service

DESCRIPTION

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.

AMOUNT

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL OTTUMWA ROTARY CLUB

Employer identification number 42-0453102

FORM	990-EZ,	PART	I,	LINE	8	-	OTHER	REVI	ENUE	
DESC	RIPTION	••							OMA	INT
MISC	ELLANOUS							\$		2,499
GUES	r meals							\$		1,976
							тотат.	Ś		4 475

TODA	000.77	שמעת	т	TTNE	16		Omitien	PADEMORG
FORM	99U-EZ,	PART	т.	LINE	ΤĐ	_	OTHER	EXPENSES

EXPENSES			
FOOD		\$	15,082
OTHER FUNDRAISING EXPENSE		\$	7,716
CONTINGENCY		\$	173
CLUB PUBLICATIONS		\$ .	214
DELEGATES TO CONVENTION		\$	5,030
FLOWERS AND GIFTS	••	\$.	232
INT'L DUES AND SUBSCRIPTI		\$	6,509
MEALS		\$	19,863
MISCELLANOUS		\$	5,098
MUSIC		\$	600
PRINTING, POSTAGE		\$	876
ROTARY INTERNATIONAL		\$	10,350
TRAINING		\$	655
INTERNATIONAL PROJECTS		<b>.</b> \$	2,000
	TOTAL	\$	74,398

Schedule O (Form 990 or 990-EZ) (2010)			Page 2
Name of the organization  ROTARY INTERNATIONAL OTTUMWA ROTARY		Employer identification 42-045310	
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS			
DESCRIPTION	BEG. OF	YEAR END	OF YEAR
ACCOUNTS RECEIVABLE	\$	1,401 \$	0
EQUIPMENT	\$	9,596 \$	9,596
LESS ACCUMULATED DEPRECIATION	\$	8,227 \$	8,775
TOTAL	\$	2,770 \$	821
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIE	ES .	•	•
DESCRIPTION	BEG. OF	YEAR END	OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	0 \$	33
ACCRUED DUES	\$	0 \$	747 .

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return

OMB No 1545-0172

Attachment Sequence No

▶ See separate instructions. ROTARY INTERNATIONAL OTTUMWA ROTARY Name(s) shown on return

Identifying number

	CLUB							1 42-0	<u>) 45</u> 3	3102
	ss or activity to which this form relates  RVICE CLUB									
Par	···	se Certain Prope	erty Under Se	ction 1	70					<del></del>
rai	Note: If you have an	-	•			nmn	lete Par	<del>!</del>		
1	Maximum amount (see instructions)		y, complete i	ait v pi	ciore you c	Joinp	icic i di	<u> </u>	1	500,000
	Total cost of section 179 property pla	•	Instructions)					}	2	300,000
	Threshold cost of section 179 proper	•	•	 structions	 s)	•		-	3	2,000,000
	Reduction in limitation Subtract line	-	· · · · · · · · · · · · · · · · · · ·		-,			f	4	
	Dollar limitation for tax year Subtract line		-	ned filing	senarately see	instruc	ions .	ŀ	5	
6	(a) Description		1000  011101 0 11 11101	1	(business use of			ected cost	-	······································
<u> </u>				<u> </u>	•					
					<u>-</u> .				$\neg \neg$	
7	Listed property. Enter the amount fro	om line 29				7			$\neg \uparrow$	
	Total elected cost of section 179 pro		ın column (c), line	 s 6 and 7		L			8	
9	Tentative deduction Enter the small	•	(-),		• •	•	•• ••• •	Ī	9	··· ··· · · · · · · · · · · · · · ·
	Carryover of disallowed deduction fr		009 Form 4562				• •	İ	10	
	Business income limitation Enter th	•	•	than zero	o) or line 5 (se	 ee inst	ructions)	Ì	11	
	Section 179 expense deduction Ad-		-				,		12	<del></del>
	Carryover of disallowed deduction to				• ▶ [	13	• •			
	Do not use Part II or Part III below for								'	·
Pa	rt II Special Depreciation	on Allowance a	nd Other Dep	reciation	on (Do not	inclu	ude liste	d prope	rtv.) (	See instructions)
14	Special depreciation allowance for o							· · ·		
	during the tax year (see instructions	;)		• • •					14	
15	Property subject to section 168(f)(1)	) election							15	
16	Other depreciation (including ACRS		·						16	
Pa	rt III MACRS Depreciati	on (Do not inclu	de listed prop	erty.) (	See instru	ction	s.)			
			Sect	tion A						
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning bef	ore 2010					17	548
18	If you are electing to group any assets pla	aced in service during th	e tax year into one o	r more ger	neral asset acco	unts, c	neck here 🕨			
	Section B—	Assets Placed in Se	rvice During 201	0 Tax Ye	ar Using the	Gene	ral Depre	iation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depe (business/investra only–see instru-	nent use	(d) Recovery period	(e) C	onvention	(f) Meti	nod	(g) Depreciation deduction
19a	3-year property									
b	5-year property						-	i		
С	7-year property									
d	10-year property									
е	15-year property	]								
f	20-year property									
g	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs		мм	S/L		
	property				27 5 yrs		MM	S/L	<u>.                                    </u>	
i	Nonresidential real				39 yrs		MM	S/L		
	property						MM	S/L		
	Section C—A	ssets Placed in Ser	vice During 2010	Tax Yea	r Using the A	Alterna	ative Depr	eciation S	Systen	1
20a	Class life	]						S/l		
b	12-year				12 yrs			S/L		
С	40-year	<u> </u>	<u> </u>		40 yrs		ММ	S/L		
Pá	art IV Summary (See ins	structions.)								
21	Listed property Enter amount from	line 28							21	
22	Total. Add amounts from line 12, li	nes 14 through 17, lir	nes 19 and 20 in c	olumn (g	), and line 21	. Ente	here			
	and on the appropriate lines of you	r return Partnerships	and S corporatio	ns—see	instructions				22	548
23	For assets shown above and place	ed in service during th	ne current year, er	iter the						
	portion of the basis attributable to s	section 263A costs				23				