See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

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

OMB No 1545-1150

2010

Open to Public Inspection

1012

A For the 2010 calendar year, or tax year beginning Jul 1 , 2010, and ending Jun 30 , 2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ROTARY INTERNATIONAL - WILMINGTON

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O BOX 1194

City or town, state or country, and ZIP + 4
WILMINGTON NC 28402

D Employer identification number
56-0383445

E Telephone number
(910) 792-5600

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► www.wilmingtonrotaryclub.org

J Tax-exempt status (ck only one) – ☐ 501(c)(3) ☒ 501(c) (4) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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 ► $ 180,927.

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 ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	13,900.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	139,385.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	27,642.	
	c	Less direct expenses from gaming and fundraising events	6c	9,706.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	17,936.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less. cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	171,221.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	See L-10 Stmt	10	33,400.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	3,000.
	14	Occupancy, rent, utilities, and maintenance		14	11,456.
	15	Printing, publications, postage, and shipping		15	5,552.
	16	Other expenses (describe in Schedule O)	See Form 990 EZ, Part I, Line 16 Other Expenses	16	115,954.
	17	**Total expenses.** Add lines 10 through 16	►	17	169,362.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,859.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	66,489.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	►	21	68,348.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

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Part II Balance Sheets. (see the instructions for Part II.)
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	71,654.	22	70,544.
23	Land and buildings	1,025.	23	1,025.
24	Other assets (describe in Schedule O) See L-24 Stmt	0.	24	322.
25	**Total assets**	72,679.	25	71,891.
26	**Total liabilities** (describe in Schedule O) See L-26 Stmt	6,190.	26	3,543.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	66,489.	27	68,348.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [ ]

What is the organization's primary exempt purpose? Promote Intl Peace,Understanding,Goodwill and Health

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	The Organization's primary purpose is to provide services to the community for the advancement of International understanding, goodwill and peace through a world of business and professional leaders (Grants $ 11,700.) If this amount includes foreign grants, check here ► [ ]	28a	14,688.
29	Civic Club-sponsors weekly educational meetings, bi-weekly bulletins, annual handbook and social functions for the approximately 200 members (Grants $ 0.) If this amount includes foreign grants, check here ► [ ]	29a	96,555.
30	Local and International Service-Provide Funds and Manpower for World Projects such as eradication of Polio and other Childhood diseases as well as provide clean water for third world countries (Grants $ 21,700.) If this amount includes foreign grants, check here ► [ ]	30a	53,942.
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ► [ ]	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	165,185.

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 and deferred compensation	(e) Expense account and other allowances
RB Richey 111 East Highbluff Dr Hampstead NC 28443	President 4.00	0.	0.	0.
Stacey Ankrum 419 point View Ct Wilmington NC 28411	Pres-Elect 2.00	0.	0.	0.
Elliott O'Neal 1918 Hallmark Lane Wilmignton NC 28405	Secretary 2.00	0.	0.	0.
John H Liverman III 1225 Arboretum Dr Wilmington NC 28405	Treasurer 3.00	3,000.	0.	0.
Erin Diener 625 N 6th Street Wilmington NC 28401	Director 1.00	0.	0.	0.
Sean Frelke 1419 Rankin Street Wilmington NC 28401	Director 1.00	0.	0.	0.
Jim Graham 2788 Trident Cir Southport NC 28461	Director 1.00	0.	0.	0.
Rick Lawson 2110 Gillette Dr Wilmington NC 28403	Director 1.00	0.	0.	0.
Alan Pacek 101 Island Mimosa Ln Carolina Beach NC 28428	Director 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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 ☐

			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	33		X
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)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, 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?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►			
b	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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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	40e		X
41	List the states with which a copy of this return is filed ►			

42a The organization's books are in care of ► John H Liverman III Telephone no ► (910) 792-5600
Located at ► 4020 Oleander Dr Wilmington NC ZIP + 4 ► 28403

			Yes	No
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. ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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: ►	42c		X

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 ► 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		X
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		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 (see inst)	45a		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	46		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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization a section 527 organization?	49b		

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 and deferred compensation	(e) Expense account and other allowances

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.'

(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 Date 5-01-2012

► Elliott O'Neal Jr
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
John H Liverman, III		4/30/12		P01228405

Firm's name ► John H. Liverman III, CPA, PA
Firm's EIN ► 20-2085022
Firm's address ► PO Box 7381
Wilmington NC 28406
Phone no (910) 792-5600

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

BAA

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

2010

Open to Public Inspection

Name of the organization
ROTARY INTERNATIONAL - WILMINGTON

Employer identification number
56-0383445

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	►						

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

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Wine Tasting (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	19,500.			19,500.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	19,500.			19,500.
DIRECT EXPENSES	4 Cash prizes	5,000.			5,000.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,545.			1,545.
	8 Entertainment				
	9 Other direct expenses	98.			98.
	10 Direct expense summary Add lines 4- through 9 in column (d)			►	6,643.
	11 Net income summary. Combine line 3, column (d), and line 10			►	12,857.

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary. Combine lines 1, column (d) and line 7			►	

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $_____ and the amount of gaming revenue retained by the third party ► $_____.

c If 'Yes,' enter name and address of the third party

Name ►

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 charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (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	Employer identification number
ROTARY INTERNATIONAL - WILMINGTON	56-0383445

Form **8868**
(Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . ► X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
	ROTARY INTERNATIONAL - WILMINGTON	56-0383445
File by the due date for filing your return See instructions	Number, street, and room or suite number. If a P O box, see instructions P O BOX 1194	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WILMINGTON NC 28402	

Enter the Return code for the return that this application is for (file a separate application for each return) . 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► John H Liverman III

  Telephone No. ► (910) 792-5600 FAX No. ► (910) 792-0661
- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year 20 ____ or

► X tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Dues - Rotary International	12,500.
Dues - Rotary District - USA	8,855.
Conference/Conventions/Social	12,530.
Weekly Meeting Expenses	70,727.
Rotary Information	1,686.
Community Service	3,128.
International Service	4,134.
Bank Fees	37.
Honors	330.
General Expenses	2,027.
Total	115,954.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Tom McMillan 1710 Verrazzano Pl Wilmington NC 28405 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Bill Norris 2313 Parham Wilmington NC 28409 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Robert Lewis 6513 Old fort Rd Wilmington NC 28405 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Jerry Brett 3305 Raynor Ct Wilmington NC 28409 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [X] Dick McGraw 2016 Graywalsh Dr Wilmington NC 28405 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Linda Pearce 602 Wright St Wilmington NC 28401 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.
Business [ ] Person [ ] Chris Riley 6240 Towls Rd Wilmington NC 28409 Foreign city Foreign country	Title Director Hours/Week 1.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Education of need Based Students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] UNC-Wilmington 601 S College Road Wilmington NC 28403	NONE	3,600.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment: Education of Need Based Students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] Cape Fear Community College 411 N Front Street Wilmington NC 28401	NONE	3,600.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Foster Childrens Educational Program at Museum

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Grant	Business [X] Person [ ] Wilmington Childrens Museum Market Street Wilmington NC 28401	NONE	3,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Water Purification Systems for India

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Grant to 501(C)(3)	Business [X] Person [ ] Aqua Sun International P O Box 2919 Minden NV 89423	NONE	21,700.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment: Historical and Performing Arts Grant

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Grant 501(C)(3)	Business [X] Person [ ] Thalian Hall Center 3rd Street Wilmington NC 28401	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Mentoring Program for orphaned Children

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Grant 501(C)(3)	Business [X] Person [ ] Boys & Girls Home of Lake Waccamaw 400 Flemington Drive Lake Waccamaw NC 28450	NONE	500.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	**Beginning of Year**	**End of Year**
PHF Contributions	0.	322.
Total	0.	322.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	**Beginning of Year**	**End of Year**
Rotary Foundation Contributions	3,675.	3,543.
Restricted Revenues - Project	2,500.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued

Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	**Beginning of Year**	**End of Year**
Prepaid Dues	15.	0.
Total	6,190.	3,543.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Bulletins/Badges	1,232.
Membership Handbook	3,782.
Office Supplies	186.
Postage	352.
Total	5,552.