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A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

ROTARY INTERNATIONAL GREENVILLE ROTARY CLUB

As Filed Data -

DLN: 93492312004121

D Employer identification number

56-6088477

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

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

and ending 06-30-2011

Open to Public Inspection

Na Na	ame ch	ange	Number and street (or P O box, if mail is not delivered to street address) Roo	om/suite	E Telephone num	ıber	
_	ıtıal ret		PO BOX 1565		(252)	756-7534	
_	ermınat		City or town, state or country, and 7ID 4		, ,		
_		d return	City or town, state or country, and ZIP + 4 WINTERVILLE, NC 285901565		F Group Exempte Number ►	on	
I Ap	oplicatio	on pending					
GAC	count	ing method	Cash Accrual Other (specify) ►				
		: N/A	- Cash P //Colladi Caller (Specify) P	_ н	I Check ► 🔽	ıf the ora	anization is not
J Tax	-Exemp	pt status (check	only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527		required to at (Form 990, 99	tach Sche	edule B
\$5	0,000) A Form 990	anization is not a section 509(a)(3) supporting organization and its -EZ or Form 990 return is not required though Form 990-N (e-pos to file a return, be sure to file a complete return				
L Add more,			line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if t d of Form 990-EZ	otal assets	(Part II, line 25, co	lumn (B) b	elow) are \$500,000 oi 84,959
	rt I		e, Expenses, and Changes in Net Assets or Fund Bal	ances	(See the instruct	tions for l	<u> </u>
			e organization used Schedule O to respond to any question in this		· · · ·		।⊽
	1	Contribution	s, gifts, grants, and similar amounts received			1	10,165
	2	Program ser	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	52,075
	4	Investment	income			4	
	5a	Gross amou	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue		Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from lii	ne 5a)		- 5c	
Žev.	6		fundraising events	,			
ш.	a	-	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	b		ne from fundraising events (not including \$ <u>22,699</u> of contributions line 1) (attach Schedule G if the sum of such gross income and con	from fun	-		
	c	Less direct	expenses from gaming and fundraising events	6c	5,368	3	
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	ract line 6c)	6d	17,331
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b		1	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other reven	ue (describe in Schedule O)	•		8	20
	9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	79,591
	10	Grants and s	similar amounts paid (list in Schedule O)			10	28,125
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
io de	13	Professional	fees and other payments to independent contractors			13	640
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	10,747
충	15	Printing, pub	olications, postage, and shipping			15	
ш	16	Otherexpen	ses (describe in Schedule O)			16	41,941
	17	Total expens	ses. Add lines 10 through 16			17	81,453
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	-1,862
50 t	19		or fund balances at beginning of year (from line 27, column (A)) (mu	Ist aaree	· with		
etAssets			figure reported on prior year's return)			19	83,598
Net	20	•	es in net assets or fund balances (explain in Schedule O)			20	0 0 0 0
	21	-	or fund balances at end of year Combine lines 18 through 20 .		▶	21	81,736

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any duestion in t	hic Par	+ 11		
Check if the organization used	Schedule o to respond to	any question in t	.1113 1 41		•	,
(See the instruct	tions for Part II)		(A) E	Beginning of year		(B) End of year
22 Cash, savings, and investments .				15,444	22	15,798
23 Land and buildings				67,000	23	65,114
24 Other assets (describe in Schedule O)			1,154	24	824
25 Total assets				83,598	25	81,736
26 Total liabilities (describe in Schedule	0)			0	26	C
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .		83,598	27	81,736
Check if the organization used What is the organization's primary exempt TO PROMOTE COMMUNITY SERVICE TH Describe what was achieved in carrying our describe the services provided, the number	Schedule O to respond to purpose? ROUGH FUND RAISING / t the organization's exempt	AND OTHER AC	TIVITI clear an	ES d concise manner,	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, cional for others)
28 MISCELLANEOUS CHARITABLE DON. (Grants \$ 0) If thi	ATIONS TO OTHER NON s amount includes foreign (28a	28,125
30 (Grants \$) If thi	s amount includes foreign (,		•	29a 30a	
31 O ther program services (describe in Sc (Grants \$) If thi	s amount includes foreign (• • • grants, check hei	re	►F	31a	
32 Total program service expenses (add lin					32	28,12!
Part IV List of Officers, Directors, Tru	stees, and Key Employees.	List each one even i	ıf not com	pensated (See the ins	tructio	ns for Part IV)
Check if the organization used	1	T				<u>l</u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d,	(d) Contribution: employee benefit p deferred compens	lans 8	(e) Expense account and other allowances
See Additional Data Table						

Ра	Check if the organization used Schedule O to respond to any question in this 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		No
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		No
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			
а	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		No
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		No
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		
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		Νο
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
	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 , section 4912 , section 4955			
Ь	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		No
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 \blacktriangleright 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ WILLIAM C GLIDEWELL JR Telephone no	(25	2)756	-7534
	PO BOX 1565 Located at WINTERVILLE, NC ZIP + 4	<u>2</u>	8590	
Ь	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 account)?	42b	Yes	No No
	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 $?$	42c		Νο
	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? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νο
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	Instead of Form990-EZ	44b		Νο
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		Νο
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			

	90-EZ (2010)							Page 4
							Yes	No
	any related organization a controlle es,' Form 990 and Schedule R must be			f section 512(b)	(13)? If	45		Νo
	id the organization receive any payn eaning of section 512(b)(13)? <i>If 'Ye</i>		•	·		45a		No
46 D	id the organization engage, directly andidates for public office? If "Yes,"	or indirectly, in political	campaign activities on b		-			N o
Part \	· · · · · · · · · · · · · · · · · · ·			evemnt char	itable tru	46	nly	No
Part	All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	Schedule O to respond	to any question in this P	art V I				<u> </u>
					Г		Yes	No
47 D	ıd the organızatıon engage ın lobbyır	ng activities? If "Yes," c	omplete Schedule C, Par	t II		47		
48 Is	the organization a school described	d ın section 170(b)(1)(A	()(II)? If "Yes," complete S	chedule E		48		
49a D	ıd the organızatıon make any transfe	ers to an exempt non-ch	arıtable related organızat	ion?		49a		
b If	"Yes," was the related organization	a section 527 organizat	tion?			49b		
	omplete this table for the organization				•			
<u>e</u> 1	mployees) who each received more t	than \$100,000 of compe (b) Title and average		ation If there is (d) Contribu	· ·			
(a) Na	me and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee bene deferred comp	fit plans &	ac) Exper count a rallowa	and
50(f)	Total number of other employees pa	ıd over \$100,000 .				•		
50(f)	Total number of other employees pa	ıd over \$100,000 .						
51 C	omplete this table for the organization	on's five highest comper		· · · · · · · · · · · · · · · · · · ·	received m	ore tha	an \$100	0,000
51 C of		on's five highest comper n If there is none, enter	"None"	ractors who each			an \$100 ompen:	
51 C of	omplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 C of	omplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 C of	omplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 C of	omplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 C of	omplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 C of	omplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 C of	omplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
51 C of (a	omplete this table for the organization	on's five highest comper n If there is none, enter ndent contractor paid mo	"None " ore than \$100,000					
51 C of (a	omplete this table for the organization compensation from the organization of the organization of the organization of the organization complete Schember o	on's five highest comper If there is none, enter Indent contractor paid mo contractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type of s	service	(c) C	ompen	trusts
51 C of (a	omplete this table for the organization compensation from the organization) Name and address of each independent of other independent	on's five highest comper If there is none, enter Indent contractor paid mo contractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type of s	service	(c) C	ompen	trusts
51 C of (a	omplete this table for the organization compensation from the organization in Name and address of each independent of the organization complete Schemust attach a completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief.	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type of s	(1) nonexem	pt cha	ritable 'es f	trusts No
51 C of (a	omplete this table for the organization compensation from the organization in Name and address of each independent of the organization complete Schemust attach a completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and contains the organization compensation of the organization compensation of the organization completed Schedule enalties of perjury, I declare that I have ge and belief.	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type of s	(1) nonexem	pt cha	ritable 'es f	trusts No
51 C of (a	Total number of other independent of Did the organization complete Schemust attach a completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and conge.	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio		1) nonexem	pt cha	ritable 'es f	trusts No
51 C of (a (a Sign)	Total number of other independent of Did the organization complete Schemust attach a completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and conge.	on's five highest comper of If there is none, enter ndent contractor paid more ontractors each receiving the second of the secon	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type of s	1) nonexem	pt cha	ritable 'es f	trusts No
51 C of (a	Total number of other independent of Did the organization complete Schemust attach a completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and conge.	on's five highest comperation of property of the second contractors each receiving the second contractors ea	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type of some constant of the constant of t	1) nonexem	pt cha	ritable /es st of my prepared	trusts No
51 C of (a	Total number of other independent of Did the organization complete Schemust attach a completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and conge. ****** Signature of officer WILLIAM C GLIDEWELL JR TREASULT Type or print name and title Preparer's signature RAYMOND W EDWARDS	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type of s ins and 4947 (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	intervice 1) nonexem 1) nonexem 10 none	pt cha	ritable /es st of my prepared	trusts No
51 C of (a	Total number of other independent of Did the organization complete Schemust attach a completed Schedule enalties of perjury, I declare that I have ge and belief, it is true, correct, and conge. ****** Signature of officer WILLIAM C GLIDEWELL JR TREASUR Type or print name and title Preparer's signature RAYMOND W EDWARDS Firm's name (or yours RSM MCGLA if self-employed),	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type of some constant of the constant of t	intervice 1) nonexem 1) nonexem 10 none	pt cha	ritable /es st of my prepared	trusts No

Software ID: Software Version:

EIN: 56-6088477

Name: ROTARY INTERNATIONAL GREENVILLE ROTARY CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
STAN ARMSTRONG 917 CHARLTON PLACE GREENVILLE,NC 27858	PRESIDENT 10 00	0	0	0
EARL CRISP 703 KENSINGTON DRIVE GREENVILLE,NC 27858	PRESIDENT ELECT 5 00	0	0	0
JOHN LYNCH 908 CHESAPEAKE PLACE GREENVILLE,NC 27858	SARGEANT AT ARMS 5 00	0	0	0
BILL GLIDEWELL PO BOX 1565 WINTERVILLE,NC 28590	TREASURER 5 00	0	0	0
BILL PRYOR 100 WESLEY ROAD GREENVILLE,NC 27858	SECRETARY 5 00	0	0	0
STEVE LAWLER 3905 CANTATA DRIVE GREENVILLE,NC 27858	DIRECTOR 1 00	0	0	0
MIKE O'BRYANT 1809 PLANTERS WALK GREENVILLE,NC 27858	DIRECTOR 1 00	0	0	0
RICHARD TAFT 303 KENILWORTH DRIVE GREENVILLE,NC 27858	DIRECTOR 1 00	0	0	0
ED ADAMS 4102 HARDWICK COURT GREENVILLE,NC 27858	DIRECTOR 1 00	0	0	0
RAY EDWARDS 2507 SURREY LANE GREENVILLE,NC 27858	DIRECTOR 1 00	0	0	0
ROB POWELL 511 BREMERTON DRIVE GREENVILLE, NC 27858	DIRECTOR 1 00	0	0	0

DLN: 93492312004121

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

> Phone solicitations In-person solicitations

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.

Inspection

Name of the organization **Employer identification number** ROTARY INTERNATIONAL GREENVILLE ROTARY CLUB 56-6088477 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations

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?

Special fundraising events

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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	vidual fundraiser have		ser have ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
		+				
		1				
tal		•	>			

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

Pa	rt II	Fundraising Events. Components than \$15,000 on Form				
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 WHITE ELEPHANT AUCTION (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable contributions	22,549	150		22,699
<u>~</u>	3	Gross income (line 1 minus line 2)	22,549	150		22,699
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
_ ⊡reg	8	Entertainment				
Δ	9	Other direct expenses .	5,243	125	;	5,368
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	$\ldots \ldots \ldots \blacktriangleright :$	5,368
	11	Net income summary Combine lin				17,331
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
ш g	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	∀es % No	┌ Yes % ┌ No	_
	7	Direct expense summary Add lines	2 through 5 in column (d)	🕨	
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (d)	<u> ►</u>	
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to operate No," Explain	gamıng actıvıtıes ın each	n of these states?		· Fyes FNo
10a b		re any of the organization's gaming li Yes," Explain			the tax year?	· · Fyes FNo

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492312004121

OMB No 1545-0047

2010

Open to Public Inspection

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization ROTARY INTERNATIONAL GREENVILLE ROTARY CLUB Employer identification number

56-6088477

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION GUEST MEALS AMOUNT 20

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART I,	ACTIVITY CLASSIFICATION GRANTEE NAME FAMILY VIOLENCE CENTER
AMOUNTS PAID	LINE 10	AMOUNT GIVEN 100

ldentifier	Return Reference		Explanation
GRANTS AND SIMILAR AMOUNTS	FORM 990-EZ, PART I, LINE	ACTIVITY CLASSIFICATION	GRANTEE NAME ST JAMES UMC AMOUNT
PAID	10	GIVEN 100	

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART I,	ACTIVITY CLASSIFICATION GRANTEE NAME ROTARY YOUTH LEADERSHIP
AMOUNTS PAID	LINE 10	AWARDS AMOUNT GIVEN 400

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART I,	ACTIVITY CLASSIFICATION GRANTEE NAME ROTARY FOUNDATION
AMOUNTS PAID	LINE 10	AMOUNT GIVEN 26,525

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR	FORM 990-EZ, PART	ACTIVITY CLASSIFICATION GRANTEE NAME ROTARACT SCHOLARSHIPS AMOUNT
AMOUNTS PAID	I, LINE 10	GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 28,125

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES	FORM 990-EZ, PART	DESCRIPTION DEPRECIATION AMOUNT 2,216 DESCRIPTION OTHER EXPENSES
AND MAINTENENCE	I, LINE 14	AMOUNT 8,531 TOTAL TO FORM 990-EZ, LINE 14 10,747

ldentifier	Return Reference	Explanation
OTHER EXPENSES		DESCRIPTION MEALS AMOUNT 26,557 DESCRIPTION INTERNATIONAL AND DISTRICT DUES AMOUNT 8,216 DESCRIPTION DISTRICT CONFERENCE EXPENSES AMOUNT 571 DESCRIPTION BANK CHARGES AMOUNT 12 DESCRIPTION SUPPLIES AMOUNT 1,244 DESCRIPTION CLUB SOCIAL EXPENSES AMOUNT 4,191 DESCRIPTION PRESIDENT ELECT TRAINING SEMINAR AMOUNT 1,150 TOTAL TO FORM 990-EZ, LINE 16 41,941

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,154 END OF YEAR AMOUNT 824

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL GREENVILLE ROTARY CLUB

EIN: 56-6088477

Declaration: 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.