



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
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

A For the 2010 calendar year, or tax year beginning 07-01-2010 , and ending 06-30-2011

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

C Name of organization
ROTARY CLUB OF HARBOR HEIGHTS - PEACE RIVER INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 512718
City or town, state or country, and ZIP + 4
PUNTA GORDA, FL 339512718

D Employer identification number
91-1890218
E Telephone number
(941) 637-8884
F Group Exemption Number ▶ 0573

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶
I Website:▶ HTTP://PEACERIVERROTARY.ORG/
J Tax-Exempt status(check 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 ▶ \$ 73,705

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 <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	317,458
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory5a	5c
	b	Less cost or other basis and sales expenses5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)5c	
	6	Gaming and fundraising events	6d
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)6a	
	b	Gross income from fundraising events (not including \$ 56,247 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	
	c	Less direct expenses from gaming and fundraising events6c43,140	
Expenses	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)6d13,107	7c
	7a	Gross sales of inventory, less returns and allowances7a	
	b	Less cost of goods sold7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)7c	8
	8	Other revenue (describe in Schedule O)8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8930,565	
	10	Grants and similar amounts paid (list in Schedule O)1019,992	
	11	Benefits paid to or for members11	12
	12	Salaries, other compensation, and employee benefits12	
	13	Professional fees and other payments to independent contractors13	
Net Assets	14	Occupancy, rent, utilities, and maintenance14	
	15	Printing, publications, postage, and shipping15	16
	16	Other expenses (describe in Schedule O)167,297	
	17	Total expenses. Add lines 10 through 161727,289	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)183,276	19
	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)1926,380	
	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▶2129,656	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Form 990-EZ (2010)

Part II **Balance Sheets**

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	13,914	22	19,825
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	12,466	24	11,739
25	Total assets	26,380	25	31,564
26	Total liabilities (describe in Schedule O)		26	1,908
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	26,380	27	29,656

Part III **Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? COMMUNITY SERVICE, CHARITY AND EDUCATIONAL ACTIVITIES		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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	THE CLUB ACTIVELY PARTICIPATES IN CHARITABLE, EDUCATIONAL AND COMMUNITY SERVICE PROJECTS. VARIOUS LOCAL SCHOOLS AND ORGANIZATIONS BENEFIT FROM CONTRIBUTIONS, VOLUNTEER WORK AND SUPPORT. NUMEROUS FUNCTIONS ARE HELD THROUGHOUT THE YEAR WHICH ASSIST IN DEVELOPING A GOOD RELATIONSHIP WITHIN THE COMMUNITY AND OTHER INDIVIDUALS, BUSINESSES, INSTITUTIONS AND ORGANIZATIONS. (Grants \$ 19,992) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,992
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	19,992

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 Additional Data Table				

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	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		
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	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	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
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	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>AARON OLSON</u> Telephone no ▶ <u>(941) 661-4650</u> 4279 HARBOR BLVD Located at ▶ <u>PORT CHARLOTTE, FL</u> ZIP + 4 ▶ <u>33952</u>		
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 .	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

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.

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	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	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

50(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

51(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

YesNo

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			
	AARON OLSON TREASURER					
Paid Preparer's Use Only	Preparer's signature	GEOFFREY L LORAH	Date	2011-09-29	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	WEBB LORAH & COMPANY PL CPAS 1107 WEST MARION AVE UNIT 115 PUNTA GORDA, FL 33950				EIN
						Phone no (941) 637-8884
May the IRS discuss this return with the preparer shown above? See instructions						YesNo

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ROTARY CLUB OF HARBOR HEIGHTS - PEACE RIVER INC	Employer identification number 91-1890218
---	---

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	ROTARY FOUNDATION FOUNDATION SUPPORT 1560 SHERMAN AVENUE EVANSTON, IL 60201 5,800 0 0

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 106 CONFERENCES/MEETINGS 157 INSURANCE 759 DUES PAID TO DISTRICT 1,856 DUES PAID TO RI 2,415 TAXES & LICENSES 123 FORMER MEMBER EXPENSE 679 BADGES, ENGRAVING & AWARD 594 MISCELLANEOUS 249 WEBSITE SERVICE 359 TOTAL 7,297

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 11,628 11,739 PREPAID EXPENSE BIG DROP 289 0 OTHER ACCOUNTS RECEIVABLE 549 0 TOTAL 12,466 11,739

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 1,908

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	THE CLUB ACTIVELY PARTICIPATES IN CHARITABLE, EDUCATIONAL AND COMMUNITY SERVICE PROJECTS. VARIOUS LOCAL SCHOOLS AND ORGANIZATIONS BENEFIT FROM CONTRIBUTIONS, VOLUNTEER WORK AND SUPPORT. NUMEROUS FUNCTIONS ARE HELD THROUGHOUT THE YEAR WHICH ASSIST IN DEVELOPING A GOOD RELATIONSHIP WITHIN THE COMMUNITY AND OTHER INDIVIDUALS, BUSINESSES, INSTITUTIONS AND ORGANIZATIONS.

TY 2010 Compensation Explanation

Name: ROTARY CLUB OF HARBOR HEIGHTS -
PEACE RIVER INC

EIN: 91-1890218

Person Name	Explanation
HAL WOTITZKY	
MATTHEW DEFILIPPIS	
FRANK LEONTITSIS	
AARON OLSON	
DAN BUSSEY	
DONALD KENNEDY	

Additional Data







Software ID:

Software Version:

EIN: 91-1890218

Name: ROTARY CLUB OF HARBOR HEIGHTS -
PEACE RIVER INC

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
HAL WOTITZKY  126 E OLYMPIA AVENUE SUITE 300 PUNTA GORDA, FL 33950	DIRECTOR 4 00	0		
MATTHEW DEFILIPPIS  18350 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	PRESIDENT 4 00	0		
FRANK LEONTITSIS  230 BAL HARBOR BLVD PUNTA GORDA, FL 33950	SECRETARY 4 00	0		
AARON OLSON  4279 HARBOR BLVD PORT CHARLOTTE, FL 33952	TREASURER 4 00	0		
DAN BUSSEY  408 CAICOS DRIVE PUNTA GORDA, FL 33950	VICE PRESIDE 4 00	0		
DONALD KENNEDY  249 HALLCREST TERRACE PORT CHARLOTTE, FL 33954	DIRECTOR 4 00	0		