

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



efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492212003132

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(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 06-30-2012

Open to Public **Inspection**

_		change ROTARY CLUB OF WOOSTER				34-66082	01
_	me ch	Manufer and Street (or 1 '0' Bo	x, if mail is not delivered to street address)	Room/sur	te	E Telephone	
	tıal ret					(3	30) 262-7111
_	mınat	City or town, state or country,	and ZIP + 4		- H	F Group Exe	mption
_		WOOSTER, OH 44691				Number	► 0573
I We	bsite	eing method Cash Accrual Other		-	require	d to attach s	organization is not Schedule B Z, or 990-PF)
J Tax-	Exem	pt status(check only one)— $\int 501(c)(3)$ \checkmark 501((c)(4) 4 (insert no) 4947(a)(1) or	527			
norm <u>Instru</u> L Add	ally n uction lines 5	If the organization is not a section 509 Not more than \$50,000 A Form 990-EZ IN But if the organization chooses to file So, 6c, and 7b, to line 9 to determine gross receipts Form 990 instead of Form 990-EZ	or Form 990 return is not required e a return, be sure to file a complete	though F e return	orm 990-N (6	e-postcard)	may be required (see
Pa	rt I		_			nstructions	
		Check if the organization used Schedul		hıs Part I		<u> </u>	<u></u>
	1	Contributions, gifts, grants, and similar a				1	
	2	Program service revenue including gover	rnment fees and contracts			2	57,298
	3	Membership dues and assessments				. 3	58,176
	4	Investment income	. 4	9			
_	5a	Gross amount from sale of assets other t		5a 5b			
Revenue	b	Less cost or other basis and sales expe					
象	C	Gain or (loss) from sale of assets other t	han inventory (Subtract line 5b fron	n line 5a))	5c	
ě	6	Gaming and fundraising events		1	1		
	а	Gross income from gaming (attach Schedule G if g	greater than \$15,000)	6a			
	b	Gross income from fundraising events (n reported on line 1) (attach Schedule G if \$15,000)		contribut '		;	
				6b	<u> </u>		
	C	Less direct expenses from gaming and f	-	6c	1	,	
	d	Net income or (loss) from gaming and fur		1	ubtract line 6 - I	c) 6d	
	7a	Gross sales of inventory, less returns an	dallowances	7a			
	Ь	Less cost of goods sold		7b			
	C	Gross profit or (loss) from sales of invent	tory (Subtract line /b from line /a)			7c	
	8	Other revenue (describe in Schedule O)		•		8	8,492
\rightarrow	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6				9	123,975
	10	Grants and similar amounts paid (list in S	Schedule O)		•	10	20,241
	11	Benefits paid to or for members				11	
ا م	12	Salaries, other compensation, and emplo				12	15,367
Expenses	13	Professional fees and other payments to				. 13	11,000
<u> </u>	14	Occupancy, rent, utilities, and maintenar				. 14	6,646
<u> </u>	15	Printing, publications, postage, and shipp	_			15	
	16	Other expenses (describe in Schedule O			•	16	72,854
\rightarrow	17	Total expenses. Add lines 10 through 16				17	126,108
ا <u>ھ</u>	18	Excess or (deficit) for the year (Subtract	•			. 18	-2,133
NetAssets	19	Net assets or fund balances at beginning		(must ag	ree with		
<u>7</u>		end-of-year figure reported on prior year	•			. 19	-15,402
z	20	Other changes in net assets or fund bala				. 20	
	21	Net assets or fund balances at end of year	ar Combine lines 18 through 20		<u></u> Þ	21	-17,535

Part II Balance Sheets						_
Check if the organization used	Schedule O to respond to	any question in t	:his Part :	<u> </u>		<u> </u>
(See the instruc	tions for Part II)		(A) Be	eginning of year		(B) End of year
22 Cash, savings, and investments .				4,399	22	15,575
23 Land and buildings					23	
24 Other assets (describe in Schedule O)			6,484	24	12,557
25 Total assets				10,883	25	28,132
26 Total liabilities (describe in Schedule	0)			26,285	-	45,667
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .		-15,402	+ +	-17,535
Part III Statement of Program Check if the organization used	Service Accomplishn	nents		_	1	Expenses quired for section 501
What is the organization's primary exempt THE CLUB PROVIDES THE MANPOWER IN PROVIDES GRANTS, SCHOLARSHIPS AND COMMUNITY PROJECTS ADDITIONAL FOR A NEW CITY PARK Describe the organization's program service measured by expenses In a clear and conbenefited, and other relevant information for	FOR THE WOOSTER ROTA ND CONTRIBUTES TO VA PROJECTS INCLUDE THE se accomplishments for eac cise manner, describe the s	RIOUS EDUCAT PROVIDING OF th of its three larg	TIONAL A FANEW gest prog	AND PAVILLION ram services, as	orga 494 opti	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 THE CLUB PROVIDES THE MANPOWE PROVIDES GRANTS, SCHOLARSHIPS AND COMMUNITY PROJECTS AND ALSO PROWEEKLY MEETINGS (Grants \$) If the PROVIDES THE MANPOWE PROVIDES GRANTS, SCHOLARSHIPS AND COMMUNITY PROJECTS	ND CONTRIBUTES TO VA OVIDES A FORUM FOR SP s amount includes foreign R FOR THE WOOSTER RC	RIOUS EDUCAT EAKERS ON VA grants, check her TARY FOUNDA	TIONAL / RIOUS T re TION WH	AND OPICS AT THE . F	28a	
	s amount includes foreign	grants, check her	re	. ▶ ┌	29a	114,680
(Grants \$) If the	s amount includes foreign (grants, check her	re	. ▶┌	30a	
31 Other program services (describe in Sc	hedule O)					
(Grants \$) If the	s amount includes foreign	grants, check her	re	. ▶ ┌	31a	
32 Total program service expenses (add lin				▶	32	114,680
Part IV List of Officers, Directors, Tru					struction	ns for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	ntion d, er	(d) Contribution mployee benefit p deferred compens	lans &	(e) Expense account and other allowances
See Additional Data Table						

Pa	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 significant 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 or Form 990-T	1					
а	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No			
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b					
C	c Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III						
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 \dots	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		Νo			
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						
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 4915						
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		Νo			
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						
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			
	List the states with which a copy of this return is filed 🕨						
42a	The organization's books are in care of ► GREGORY LONG CPA Telephone no	► (33	30)262	-7111			
	505 NORTH MARKET ST Located at WOOSTER, OH ZIP + 4	<u>4</u>	4691				
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)?	42b	Yes	No No			
	If "Yes," enter the name of the foreign country 🕨			110			
	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		No			
	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	• •		▶ Г			
			Yes	No			
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		1	1.10			
	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 Form990-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? <i>If 'No,' provide an explanation in Schedule O</i>						
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No			
45b	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 instructions)	45a 45b		140			

candida Part VI	organization engage, directly of ates for public office? If "Yes,"							
				ehalf of or ın	opposition to	46		No
	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond to	o any question in this P	art VI .				Г
							Yes	No
	organization engage in lobbyir ," complete Schedule C, Part I		tion 501(h) election in	effect during	g the tax year?	47		
18 Istheo	organization a school described	d in section 170(b)(1)(A)(ıı)? If "Yes," complete S	chedule E		48		
9a Did the	organization make any transfe	rs to an exempt non-char	itable related organizat	ion?		49a		
b If "Yes," was the related organization a section 527 organization?								
	·	<u>-</u>		66				
	ete this table for the organization ees) who each received more t							
` '	nd address of each employee more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee I	tributions to penefit plans & compensation	ac	e) Exper count a r allowa	ınd
of comp	ete this table for the organization pensation from the organization ne and address of each indepe	If there is none, enter "N	None "		each received m			•
	'	racine contractor para more	e than \$100,000	71	. 01 3011100	(c) C	ompens	sation
	•		e than \$100,000		. Of SCIVICE	(c) C	ompens	sation
Total 2 Did th	number of other independent c he organization complete Sche attach a completed Schedule	ontractors each receiving	over \$100,000 . n 501(c)(3) organizatio			npt cha		trusts
Total 2 Did the must or and a must on the control of the control	number of other independent c he organization complete Sche	ontractors each receiving dule A? NOTE: All Section A	over \$100,000 .n 501(c)(3) organizatio	ns and 4947		npt cha	aritable /es st of my	trusts No
Total 2 Did the must ander penaltie towledge and towledge.	number of other independent che organization complete Sche attach a completed Schedule of perjury, I declare that I have belief, it is true, correct, and complete schedule of officer of GREG LONG TREASURER	ontractors each receiving dule A? NOTE: All Section A	over \$100,000 .n 501(c)(3) organizatio	ns and 4947		npt cha	aritable /es st of my	trusts No
Total 2 Did the must ander penaltie lowledge and lowledge.	number of other independent che organization complete Sche attach a completed Schedule sof perjury, I declare that I have dibelief, it is true, correct, and complete sof perjury.	ontractors each receiving dule A? NOTE: All Section A	over \$100,000 . n 501(c)(3) organizatio uding accompanying schelarer (other than officer)	ns and 4947		npt cha the be which	ritable /es st of my preparei	trusts No has a
Total 2 Did the must ander penalties are seen and penalties are seen are seen and penalties are seen a	number of other independent of the organization complete Sche attach a completed Schedule of perjury, I declare that I have discovered, and complete, it is true, correct, and complete schedule of the second of th	ontractors each receiving dule A? NOTE: All Section A	over \$100,000 . n 501(c)(3) organizatio uding accompanying schelarer (other than officer)	ns and 4947 edules and st is based on a	r(a)(1) nonexental attements, and to all information of the terminal attempts.	npt cha the be which	ritable /es st of my preparei	trusts No

Form 990-EZ (2011)

Page **4**

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492212003132

2011

OMB No 1545-0047

SCHEDULE 0 (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.

Open to Public Inspection

Name of the organization ROTARY CLUB OF WOOSTER

Employer identification number

34-6608201

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	ROTARY FOUNDATION REIMBURSEME 8,500 MISCELLANEOUS -8 TOTAL 8,492
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	ROTARY DISTRICT ASSESSMENT MEMBERSHIP ASSESS 6,210 139 N MARKET ST EAST PALESTINE OH 44413 ROTARY INTERNATIONAL ASSESSMENT MEMBERSHIP ASSESS 14,031 1560 SHERMAN AVE EVANSTON IL 60201
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCES AND CONVENITONS 2,540 RY LA INTERACT CONFERENCE 967 MEALS & FOOD 52,104 PROGAM & SPEAKER EXPENSE 2,457 EXCHANGE STUDENTS 5,616 INSURANCE 2,003 PRESIDENT'S MEALS 346 POSTAGE, SUPPLIES & EXP 4,428 OHIO AG REGISTRATION 100 ADVERTISING CLUB 1,344 MISCELLANEOUS 321 BENEVOLENCES, MEMORIALS 200 NON-INVESTMENT DEPRECIATION 428 TOTAL 72,854
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	BOOK / TAX DEPRECIATION DIFFERENCE -1
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 5,877 12,378 3,000 3,000 LESS ACCUMULATED DEPRECIATION 2,393 2,821 TOTAL 6,484 12,557
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 26,285 45,667
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE CLUB PROVIDES THE MANPOWER FOR THE WOOSTER ROTARY FOUNDATION WHICH IN TURN PROVIDES GRANTS, SCHOLARSHIPS AND CONTRIBUTES TO VARIOUS EDUCATIONAL AND COMMUNITY PROJECTS ADDITIONAL PROJECTS INCLUDE THE PROVIDING OF A NEW PAVILLION FOR A NEW CITY PARK
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	THE CLUB PROVIDES THE MANPOWER FOR THE WOOSTER ROTARY FOUNDATION WHICH IN TURN PROVIDES GRANTS, SCHOLARSHIPS AND CONTRIBUTES TO VARIOUS EDUCATIONAL AND COMMUNITY PROJECTS AND ALSO PROVIDES A FORUM FOR SPEAKERS ON VARIOUS TOPICS AT THE WEEKLY MEETINGS
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	THE CLUB PROVIDES THE MANPOWER FOR THE WOOSTER ROTARY FOUNDATION WHICH IN TURN PROVIDES GRANTS, SCHOLARSHIPS AND CONTRIBUTES TO VARIOUS EDUCATIONAL AND COMMUNITY PROJECTS

Software ID: Software Version:

EIN: 34-6608201

Name: ROTARY CLUB OF WOOSTER

Form 990-EZ, Special Condition Description:

Special Condition Description

	Special Conditi	ion Description						
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				
LYNN MOOMAW 505 N MARKET ST PO BOX 58 WOOSTER,OH 44691	PRESIDENT 2 00	0						
DON NOBLE 505 N MARKET ST PO BOX 58 WOOSTER, OH 44691	PRESIDENT-EL 000 00	0						
TIM SWIFT 505 N MARKET ST PO BOX 58 WOOSTER,OH 44691	SEC/IMMED PA 000 00	0						
GREG LONG 505 N MARKET ST PO BOX 58 WOOSTER, OH 44691	TREASURER 000 00	0						
W LEE CULP 505 N MARKET ST PO BOX 58 WOOSTER, OH 44691	SEC EMERITU 000 00	0						
CHAD BOREMAN S 505 N MARKET ST PO BOX 58 WOOSTER,OH 44691	DIRECTOR 000 00	0						
LAURA NEILL® 505 N MARKET ST PO BOX 58 WOOSTER,OH 44691	DIRECTOR 000 00	0						
ROBBIE ROSS 505 N MARKET ST PO BOX 58 WOOSTER,OH 44691	DIRECTOR 000 00	0						
JEFF GRIFFIN® 505 NMARKET ST PO BOX 58 WOOSTER,OH 44691	DIRECTOR 000 00	0						
JOHN HALL 505 N MARKET ST PO BOX 58 WOOSTE,OH 44691	DIRECTOR 000 00	0						
MICHAEL TEFTS 505 N MARKET ST PO BOX 58 WOOSTER, OH 44691	DIRECTOR 000 00	0						
STEVE GLICK 505 N MARKET ST PO BOX 58 WOOSTER, OH 44691	DIRECTOR 000 00	0						
LEE PEART 505 N MARKET ST PO BOX 58 WOOSTER, OH 44691	DIRECTOR 000 00	0						
KEVIN PHIPPS 505 N MARKET ST PO BOX 58 WOOSTER, OH 44691	DIRECTOR 000 00	0						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492212003132

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** ROTARY CLUB OF WOOSTER INDIRECT DEPRECIATION 34-6608201 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500.000 1 Maximum amount (see instructions) 1 **2** Total cost of section 179 property placed in service (see instructions) . . . 2 **3** Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 16** Other depreciation (including ACRS) 428 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (g)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property **e** 15-year property **f** 20-year property g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L 39 yrs MM i Nonresidential real property ММ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs MMS/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 428 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2011) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? (c) (e) (i) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -S/L -S/I -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 4 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your

5% owners or related persons (see instructions)

57 Do you manicam a written po	•	·	•	_		Yes	NO
employees?							
38 Do you maintain a written po employees? See the instruct	•		•		•		
39 Do you treat all use of vehic	les by employees a	s personal use?					
40 Do you provide more than five vehicles, and retain the information.							
41 Do you meet the requiremen	ts concerning qual	ified automobile demonstra	tion use? (See ins	tructions)			
Note: If your answer to 37, 3	38, 39, 40, or 41 is	s "Yes," do not complete Se	ction B for the co	vered vehicle	s		
Part VI Amortization	1						
	(b)			(e)			

Amortizatio	•					
(a) Description of costs	(b) Date amortization begins	(c) A mortizable amount	(d) Code section	(e) A mortiz period percen	ation for	(f) Amortization for this year
42 A mortization of costs that b	egins during your 2	2011 tax year (see ınstruct	ıons)			
43 A mortization of costs that b	egan before your 2	011 tax year			43	
44 Total. Add amounts in colur	nn (f) See the instr	ructions for where to report		Ι	44	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492212003132

TY 2011 Compensation Explanation

Name: ROTARY CLUB OF WOOSTER

EIN: 34-6608201

Person Name	Explanation
LYNN MOOMAW	
DON NOBLE	
TIM SWIFT	
GREG LONG	
W LEE CULP	
CHAD BOREMAN	
LAURA NEILL	
ROBBIE ROSS	
JEFF GRIFFIN	
JOHN HALL	
MICHAEL TEFTS	
STEVE GLICK	
LEE PEART	
KEVIN PHIPPS	