## 2006 **Short Form Return of Organization Exempt From Income Tax**

2019

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

Department of the Treasury

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning July 1 , 2019, and ending	Jume 30	, 20			
	neck if ap		Employer identification number				
_	ddress ch		56-608847 🛨				
=	lame char	Treatily international discontinuous and an array	phone nu				
□ "	nitial return	PO Box 3007	2524122844				
=		viterminated Characteristics and the second	oup Exen	<del></del>			
=	mended s	eium 1	mber >	·			
				the organization is no			
	ebsite:			ch Schedule B			
				-EZ, or 990-PF).			
		organization: Corporation Trust Association Other					
		55, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	s				
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> s				
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions	for Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I					
	1	Contributions, gifts, grants, and similar amounts received	11				
	2	Program service revenue including government fees and contracts	2	······································			
	3	Membership dues and assessments	3	5765			
	4	Investment income	4				
	5a	Gross amount from sale of assets other than inventory	45-76.2 ×	<del></del>			
	b	Less: cost or other basis and sales expenses	-				
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events:	82	<del></del>			
	а	Gross income from gaming (attach Schedule G if greater than					
흵		\$15,000)					
Revenue	b	Gross income from fundraising events (not including \$ of contributions					
ě		from fundraising events reported on line 1) (attach Schedule G if the					
-		sum of such gross income and contributions exceeds \$15,000)   6b					
	С	Less: direct expenses from gaming and fundraising events 6c	[2]				
	đ	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
		line 6c)	6d				
}	7a	Gross sales of inventory, less returns and allowances	12.3				
1	b	Less: cost of goods sold					
>	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c				
•	8	Other revenue (describe in Schedule O)	8	1637			
4	. 9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	7402			
<u> </u>	10	Grants and similar amounts paid (list in Schedule O)	10	12			
-	11	Benefits paid to or for members	11				
S	12	Salaries, other compensation, and employee benefits	12				
Expenses	13	Professional fees and other payments to independent contractors 🗐	13				
ğ	14	Occupancy, rent, utilities, and maintenance	14	1597			
ű	15	Printing, publications, postage, and shipping	15				
)	16	Other expenses (describe in Schedule O)	16	3341			
	17	Total expenses. Add lines 10 through 16	17				
S	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	842			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
Net Assets		end-of-year figure reported on prior year's return)	19	7234			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20				
		Net assets or fund balances at end of year. Combine lines 18 through 20	21	8077			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2019)



	` .						
Foren 9	990-EZ (2019)						Page 2
Pai	rt II Balance Sheets (see the inst	ructions 1	for Part II)				
	Check if the organization used	Schedule	O to respond to ar	ny question in this	Part II		· · ·
				L	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			[	9592	$\rightarrow$	119
23	Land and buildings				31297	+	9936
24	Other assets (describe in Schedule O)			[	52112	+ +	1572
25	Total assets				<u>83409</u>	25	116283
26	Total liabilities (describe in Schedule	•				26	
27	Net assets or fund balances (line 27				83409	27	11628
Par			-		•	1	Expenses
	Check if the organization used			<del>* *</del>		(Rea	uired for section
	t is the organization's primary exempt pu	•			<del></del>	501(	c)(3) and 501(c)(4)
as m	cribe the organization's program service neasured by expenses. In a clear and cons benefited, and other relevant informations	concise m	anner, describe the	f its three largest pe services provided	rogram services, I, the number of	orgai	nizations, optional for rs.)
28							
	(Grants \$ ) If th	is amount	includes foreign gra	nts. check here	• П	28a	
29							
30	(Grants \$ ) If th	is amount	includes foreign gra	nts, check here .	▶ 📙	29a	
•			includes foreign gra		▶ □	30a	
31	Other program services (describe in Sch	-	includes foreign are			21.	
22	(Grants \$ ) If th  Total program service expenses (add		includes foreign gra			31a 32	<del>                                     </del>
Par							tions for Part IVA
r ai	Check if the organization used		• • •		•	nsuuc	Mons for Part IV)
	(a) Name and title	Corregue	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (ff not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	0	Estimated amount of their compensation
Ruch	nard Taft President		10		0)		
ВЈМ	lyers Treasurer		. 25		0		
Mıke	Obryant Director		. 10		-		<u>,</u>
Char	les Ward Director		10		0	1	
Steve	e Kouroupas Director					+-	
Jım E	Bryant Director		10		0	+	
			10		0	$\bot$	
Laure	en Piner Director		20				
				,		$\top$	

Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		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	100	
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		
35a	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		<u> </u>
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		
С	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	35c		<u> </u>
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		<b>/</b> [
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		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		<u>'</u>	_ لِــــــــــــــــــــــــــــــــــــ
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	]	'	
39	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on line 9	-		
b 40=	Gross receipts, included on line 9, for public use of club facilities	<b>∤</b> ∤		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			لــــ
	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	405		/ .
		40b	<del></del>	┸
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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 Z
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<b>7</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here	_		▶ 🔽
	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		
			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		
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		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		<u> </u>	<del>-</del>
-	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	45h		

	Yes Yes a b ees, and	No V V V V V V V V V V V V V V V V V V V							
Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  48 Is the organization a school as 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?  50 Complete this table for the organization a section 527 organization?  (b) Average hours per week devoted to position  (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation	Yes Yes A B B Cees, and 'None."	No V							
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	a b ees, and 'None."	/ / / key							
year? If "Yes," complete Schedule C, Part II	a b ees, and 'None."	/ / / key							
ls the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	a b ees, and 'None."	nt of							
b If "Yes," was the related organization a section 527 organization?	ees, and 'None."	nt of							
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustice employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "  (b) Average hours per week devoted to position  (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimatory (Forms W-2/1099-MISC)	ees, and 'None."	nt of							
(a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation	ated amour								
None									
	-								
Complete this table for the organization's five highest compensated independent contractors who each receiver \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation									
none									
d Total number of other independent contractors each receiving over \$100,000 >		<u> </u>							
52 Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A		<u> </u>							
nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge as use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	nd belief, i	t is							
Sign Signature of officer Date									
	Baxter J Myers Jr Treasurer Type or pnnt name and title								
Baxter J Myers Jr Treasurer									
Baxter J Myers Jr Treasurer Type or print name and title  Paid  Preparer's signature  Date  Check If salf-employed									
Baxter J Myers Jr Treasurer Type or print name and title  Preparer's signature  Date  Check If PTIN									

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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Name of the organization					Employer identification	n number	
Rotary International Greenville NC			<u>.</u>		1	08847	
Part I Reason for Public Cl	<del></del>	<del></del>		<u>_</u>	<del></del>	ons.	
<ul> <li>The organization is not a private four</li> <li>1</li></ul>	ırches, or associati on 170(b)(1)(A)(ii). hospital service org	ion of churches descr (Attach Schedule E (F ganization described i	ibed in se form 990 in section	ection 17 or 990-E n 170(b)(1	<b>0(b)(1)(A)(i).</b> Z).) I <b>)(A)(iii).</b>	12	
hospital's name, city, and s		onjunionom with a noo	pital Good		,000,011,049	(iii). Enter the	
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.)						
<ul> <li>6  A federal, state, or local gov</li> <li>7  An organization that norma described in section 170(b)</li> </ul>	lly receives a subs	stantial part of its sup				n the general public	
8 A community trust describe			•				
	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10 An organization that normal receipts from activities relat support from gross investm acquired by the organization	ed to its exempt fuent income and un after June 30, 19	nctions—subject to c related business taxa 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Coi	ceptions, ne (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its	
11  An organization organized a	•	-	-				
of one or more publicly sur Check the box in lines 12a to	ported organization	ons described in sect	ion 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).	
a Type I. A supporting org the supported organizat supporting organization.	ion(s) the power to	regularly appoint or e	elect a ma	jority of t			
control or management	<b>b</b> Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the support organization(s). You must complete Part IV, Sections A and C.						
that is not functionally in	<b>Type III non-functionally integrated.</b> A supporting organization operated in connection with its supported organization (that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). <b>You must complete Part IV, Sections A and D, and Part V.</b>						
e						e II, Type III	
<ul><li>f Enter the number of supporte</li><li>g Provide the following informat</li></ul>	•	orted organization(s)					
g Provide the following information  (i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the c	organization organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

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Name of the organization				Employer identification number
Rotary International Greenville NC				
		. ",	<del> ·                                   </del>	
Grants and Other Amounts Paid	120		~~~~~~~~~~~~	
Depreciation	3099			
Other Expenses				
				<del></del>
District Dues	2984			
International Dues	6935			
Meals	20240			
Other	38	***************************************		
Total to Line 16	33416			
<b></b>				
				,
	·····			
			••••••	
,				