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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

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

C ROTARY CLUB OF FRANKLIN CHARITIES INC
1650 MURFREESBORO RD #100
FRANKLIN, TN 37067

D Employer identification number 20-5761612

E Telephone number _____

F Group Exemption Number _____

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) _____

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

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 158,249.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	79,246.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	20.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ <u>11,045.</u> of contributions reported on line 1)	6a	78,983.
	6b	Less: direct expenses other than fundraising expenses	6b	17,897.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	61,086.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe) _____	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	140,352.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	45,523.
	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	1,350.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	373.
	16	Other expenses (describe) <u>See Statement 2</u>	16	68,575.
	17	Total expenses. Add lines 10 through 16	17	115,821.
NET ASSETS OR FUND BALANCES	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,531.
	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	76,342.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	100,873.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	81,631.	100,744.
23 Land and buildings		
24 Other assets (describe) <u>See Statement 3</u>	661.	479.
25 Total assets	82,292.	101,223.
26 Total liabilities (describe) <u>See Statement 4</u>	5,950.	350.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,342.	100,873.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? See Statement 5

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, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)28 See Statement 6(Grants \$) If this amount includes foreign grants, check here ☐

28a 115,821.

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32 115,821.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(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
JEROME BANNISTER 1133 WARRIOR DR FRANKLIN, TN 37064	PAST PRESIDENT 0	0.	0.	0.
RUTH FORD 111 CORNERSTONE CIRCLE FRANKLIN, TN 37067	Secretary 0	0.	0.	0.
JEFF SMITH 4860 ASH HILL ROAD SPRING HILL, TN 37174	PAST PRES 0	0.	0.	0.
FRED REYNOLDS 224 THIRD AVE S. FRANKLIN, TN 37064	President 0	0.	0.	0.
SHAUNA BILLINGSLEY	Vice President 0	0.	0.	0.
DAN RYAN 309 JULIANNA CIR FRANKLIN, TN 37064	Treasurer 0	0.	0.	0.
LEE BARROLL	SERG - AT ARMS 0	0.	0.	0.
STEVE FORD	Director 0	0.	0.	0.
JOHN MINETOS	Director 0	0.	0.	0.
SHARON STEWART	Director 0	0.	0.	0.
MIKE ALEXANDER	Director 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 7

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		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?		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 period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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 ▶ None		

42a The organization's books are in care of **▶** DAN RYAN Telephone no **▶** _____
 Located at **▶** 309 JULIANNA CIR FRANKLIN TN ZIP + 4 **▶** 37064

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** X
 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 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 ? **42c** X
 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 **▶** ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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 46-49b and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X
47		X
48		X
49 a		X
49 b		

47 Did the organization engage in lobbying activities? 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**49 a** Did the organization make any transfers to an exempt non-charitable related organization?**b** 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 and deferred compensation	(e) Expense account and other allowances
None				

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
None		

d Total number of other independent contractors each receiving over \$100,000**Sign Here**

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.



Signature of officer

11-15-10

Date

Dan Ryan - Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4



MELODY J. SMILEY, CPA

Date

11/15/10

Check if self-employed

Preparer's Identifying Number (See instructions)

P00827895

EIN

62-1295723

Phone no

(615) 794-8881

May the IRS discuss this return with the preparer shown above? See instructions.

X Yes No

BAA

Form 990-EZ (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)			40,423.	59,873.	79,245.	179,541.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3	0.	0.	40,423.	59,873.	79,245.	179,541.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						179,541.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0.	0.	40,423.	59,873.	79,245.	179,541.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			22.	10.	20.	52.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						179,593.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	90,028.			90,028.
	2 Less Charitable contributions	11,045.			11,045.
	3 Gross income (line 1 minus line 2)	78,983.			78,983.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,931.			10,931.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,966.			6,966.
	10 Direct expense summary Add lines 4 through 9 in column (d)				17,897.
	11 Net income summary. Combine lines 3, column (d) and line 10				61,086.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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?

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

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
9 a		
10 a		
11		
12		

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?**15a****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?**17a****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: ▶ \$ _____

ROTARY CLUB OF FRANKLIN CHARITIES INC

20-5761612

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	BOYS AND GIRLS CLUB		
Donee's Address:	129 W. FOWLKES ST STE 1000		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,000.
Date of Gift:	4/07/2010		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	NATIONAL KIDNEY FOUNDATION		
Donee's Address:	2120 CRESTMOOR ROAD STE 3008		
	NASHVILLE, TN 37215		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	250.
Date of Gift:	12/10/2009		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	WILLIAMSON CO 4-H CLUB		
Donee's Address:	4215 LONG LANE STE 200		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,500.
Date of Gift:	11/20/2009		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	THE SALVATION ARMY		
Donee's Address:	525 PARAGON MILLS RD		
	NASHVILLE, TN 37211		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,500.
Date of Gift:	12/16/2009		
Donee's Name:	FORT CAMPBELL OFFICER'S SPOUSES		
Donee's Address:	1167A GODWIN CT		
	FT CAMPBELL, KY 42223		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	400.
Date of Gift:	2/28/2010		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	AMERICAN CANCER SOC		
Donee's Address:	320 MAIN ST		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Date of Gift:	2/19/2010		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	278 2ND SQUAD NCO FAMILY MEMBERS / TRAV		
Donee's Address:	3330 SUTHERLAND AVE		
	KNOXVILLE, TN 37939		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	7,580.
Date of Gift:	Various		

ROTARY CLUB OF FRANKLIN CHARITIES INC

20-5761612

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	FEED AMERICA FIRST		
Donee's Address:	1105 BLUE SPRINGS ROAD		
	FRANKLIN, TN 37069		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,000.
Date of Gift:	12/10/2009		
Donee's Name:	BOY SCOUT TROOP 137		
Donee's Address:	PO BOX		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	370.
Date of Gift:	6/10/2010		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	WILLIAMSON COUNTY CASA		
Donee's Address:	101 FORREST CROSSING BLVD		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Date of Gift:	12/17/2009		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	PEOPLE FOR ANIMALS		
Donee's Address:	P O BOX 991		
	FRANKLIN, TN 37065		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	250.
Donee's Name:	CHRISTMAS BASKET PROGRAM		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Fair Market Value:			3,011.
Donee's Name:	SHELTER BOX TO HATI		
Relationship of Donee:	NONE		
Description of Property:	TENT/ LIVING SUPPLIES		
Date of Gift:	1/15/2010		
Fair Market Value:			2,000.
Method Used to Determine FMV:	ACTUAL AMT SPENT		
Donee's Name:	MATT HODGE FAMILY		
	FRANKLIN , TN		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	100.
Date of Gift:	2/01/2010		

ROTARY CLUB OF FRANKLIN CHARITIES INC

20-5761612

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	EDUCATIONAL GRANT		
Donee's Name:	WILLIAMSON COUNTY LITERACY CO		
Donee's Address:	129 W. FOWLKES ST STE 143		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,500.
Date of Gift:	7/01/2009		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	RYLA DISCTRICK 6760		
Donee's Address:	346 ANDREW DR		
	CLARKSVILLE, TN 37042		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,600.
Date of Gift:	5/12/2010		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	HARD BARGAIN MT HOPE		
Donee's Address:	P O BOX 545		
	FRANKLIN, TN 37065		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Date of Gift:	7/22/2009		
Class of Activity:	EDUCATIONAL GRANT		
Donee's Name:	PAGE MIDDLE SCHOOL		
Donee's Address:	6262 ARNO RD		
	FRANKLIN, TN 37067		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Date of Gift:	8/27/2009		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	WOUNDED WARRIOR PROJECT		
Donee's Address:	7020 AC SKINNER PKWY STE 100		
	JACKSONVILLE, FL 32256		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	250.
Date of Gift:	9/30/2009		
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	POLIO PLUS/ ROTARY INTERNATIONAL		
Donee's Address:	ONE ROTARY DRIVE		
	EVANSTON, IL 60201		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	855.
Date of Gift:	11/02/2009		
Donee's Name:	BRIDGES OF WILLIAMSON CO		
Donee's Address:	P O BOX 1592		
	FRANKLIN, TN 37065		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	250.

ROTARY CLUB OF FRANKLIN CHARITIES INC

20-5761612

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	MERCY CHILDRENS CLINIC		
Donee's Address:	112 9TH AVE S.		
	FRANKLIN, TN 37065		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,000.
Date of Gift:	6/30/2010		
Donee's Name:	SUOSH		
Donee's Address:	412 HAYES ST		
	MEMPHIS , TN 38111		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	200.
Donee's Name:	MIDDLE TN COUNCIL OF BOY SCOUTS		
Donee's Address:	3414 HILLSBORO PIKE		
	NASHVILLE, TN 37215		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	500.
Donee's Name:	FLIGHT OF VETERANS		
Donee's Address:	103 ASHLAWN COURT		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	400.
Class of Activity:	STARFISH PROGRAM		
Donee's Name:	BRENDA JENKINS		
Donee's Address:	5564 WILKINS BRANCH RD		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	3,958.
Class of Activity:	EDUCATIONAL GRANT		
Donee's Name:	COLUMBIA STATE COMM COLLEGE		
Donee's Address:	104 CLAUDE YATES DR		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	5,000.
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	LIVING WATERS		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	4,568.
Class of Activity:	NON-PROFIT ORGANZ		
Donee's Name:	SHALOM FOUNDATION		
Donee's Address:	412 CUMMINS ST		
	FRANKLIN, TN 37064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,045.

ROTARY CLUB OF FRANKLIN CHARITIES INC

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Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	NON-PROFIT ORGANZ	
Donee's Name:	THE ROTARY FOUNDATION	
Donee's Address:	ONE ROTARY DRIVE	
	EVANSTON, IL 60201	
Relationship of Donee:	NONE	
Cash Amount Given:		\$ 1,000.
 Class of Activity:	 NON-PROFIT ORGANZ	
Donee's Name:	FRANKLIN NOON ROTARY	
Donee's Address:	P O BOX 367	
	FRANKLIN, TN 37065	
Relationship of Donee:	NONE	
Cash Amount Given:		\$ 360.
 Donee's Name:	 WILLIAMSON COUNTY SCHOOL	
Donee's Address:	1320 W MAIN ST 202	
	FRANKLIN, TN 37064	
Relationship of Donee:	NONE	
Cash Amount Given:		\$ 576.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

AWARDS	\$ 500.
BANK CHARGES	74.
BREAKFAST EXPENSE	39,131.
CLUB FELLOWSHIP	10,673.
Conferences, Conventions, and Meetings	60.
CREDIT CARD FEES	858.
Depreciation	182.
DUES & SUBSCRIPTIONS	10,608.
FLOWERS & GIFTS	638.
MEALS & ENTERTAINMENT	435.
MEETING EXPENSE	4,089.
Office Expenses	1,327.
Total	\$ 68,575.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 661.	\$ 479.
Total	\$ 661.	\$ 479.

ROTARY CLUB OF FRANKLIN CHARITIES INC

20-5761612

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
DUES COLLECTED IN ADVANCE	\$ 5,950.	\$ 350.
Total	<u>\$ 5,950.</u>	<u>\$ 350.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO RAISE FUNDS TO MEET ROTARY INTERNATIONAL OBJECTIVES. THE AVENUES OF SERVICE ARE:
 SERVICE TO OTHERS IN OUR COMMUNITY THROUGH OUR VOCATIONS. SERVICE TO THE COMMUNITY THROUGH CLUB ACTIVITIES AND CONTRIBUTIONS. SERVICE INTERNATIONALLY TO EXPAND ROTARY'S HUMANITARIAN REACH AROUND THE WORLD TO PROMOTE UNDERSTANDING AND PEACE.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

PROVIDED FUNDS TO APPROXIMATELY 55 INDIVIDUALS OR ORGANIZATIONS OF WHICH MOST WERE 501c(3) CHARITIES. THE CLUBS MAJOR PROJECT IS "OPERATION STARFISH". THE GOAL IS TO ASSIST RURAL INDIGENT RESIDENTS OF WILLIAMSON COUNTY IN GAINING ACCESS TO POTABLE WATER.

Statement 7
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No