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Form 990-EZ Department of the Treasury

Internal Revenue Service

Check if applicable

22 Cash, savings, and investments

Total liabilities (describe > SEE STATEMENT 3

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

23 Land and buildings

Total assets

25

24 Other assets (describe ▶

Address change

For the 2009 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

ROTARY INTERNATIONAL-MURFREESBORO, TN

(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

2009, and ending

2009

OMB No 1545 1150

Open to Public

Inspection

D Employer identification number

62-6047096

Please use IRS label or Name change BOX 1391 E Telephone number print or type. Initial return MURFREESBORO, TN 37133-1391 Termination Specific Instruc-tions. Amended return Group Exemption Application pendin Number Accounting method. X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) > Check ► X if the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF). |X| 501(c) (7 Tax-exempt status (check only one) —) ◀ (insert no) 4947(a)(1) or 527 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. 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 84,194. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 21,687. 1 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 62,507. Investment income 4 5a Gross amount from sale of assets other than inventory. b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less, direct expenses other than fundraising expenses 6Ь c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe 8 84,194 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 SEE STATEMENT 1 10 Grants and similar amounts paid (attach schedule) 10 25,635 RECEIVED Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independen 13 3 2010 C 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 67,931 16 Other expenses (describe > SEE STATEMENT 2 16 17 Total expenses. Add lines 10 through 16 17 93,566. Excess or (deficit) for the year (Subtract line 17 from line 9) -9,372. 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return). 19 26,868. 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 17,496. 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.) (B) End of year (A) Beginning of year

TEEA0803L 01/30/10

20,231.

20,231

17,496.

Form 990-EZ (2009)

2,735.

28,968.

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26,868.

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Form	990-E	Z (2009) ROTA	ARY INTERNAT	CIONAL-MURFREESBORO	, TN	62	-60	47096 Pac	1e 2
Par	**********			ervice Accomplishment	s (See the instruct	ions.)		Expenses	
What	s the orga	anization's primary	exempt purpose? SE	E STATEMENT 4			501(uired for section c)(3) and (4) nizations and section (a)(1) trusts; optiona thers.)	
Desc	ribe wh	at was achieve	d in carrying out th	ne organization's exempt purp f persons benefited, or other r	oses. In a clear and cor	ncise manner,	orga	nizations and section	3
progr	am title	e services provid	ded, the number of	persons benefited, or other r	elevant information for	eacn	for o	(a)(1) trusts; optiona thers.)	и
28	CIVI	C CLUB SP	ONSORS CHAR	ITABLE ACTIVITIES			<u> </u>		
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				·			1	1	
	(Grant			nis amount includes foreign gr	anta shash hara		28 a		
29	Carant	3 V		ils amount includes loreign gr	ants, check here		<u>2</u> 5 a		
23						-	-		
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	(Grant	s \$) If th	nis amount includes foreign gr	ants, check here	-	29 a		
30									
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	(Grant	s \$) If th	nis amount includes foreign gr	ants, check here .		30 a		
31	Other	program service	es (attach schedule	e) .	,				
	(Grant			nis amount includes foreign gr	ants, check here .	. ▶ 🗍	31 a		
				nes 28a through 31a)		•	32		
Par	t iv	List of Offi	icers, Directors	s, Trustees, and Key En	1ployees. List each o	ne even if not cor	npens	ated. (See the instra	<u> </u>
				(b) Title and average hours	(c) Compensation (If	(d) Contributions	s to	(e) Expense accou	ınt
	1	(a) Name and a	address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowand	:es
DB	TAME	S BOERNER		to position		deferred compensa			_
				PRESIDENT			0.		0.
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	E GO			_ TREASURER	0.		0.		0.
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. 91	t v j Other information (Note the statement requirements in the mistis for rait v.)			_
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
3/1	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33		X
		3		<u> </u>
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.			
ě	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25.		X
ŀ	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		_
		335		
	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		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			,,
	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	a 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?	38 a		Х
ı	p If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.			
á	a Initiation fees and capital contributions included on line 9			
ı	Gross receipts, included on line 9, for public use of club facilities. 39b 0.			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
ı	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	40 b		
(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 .			
•	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	40 e	<u> </u>	X
41	List the states with which a copy of this return is filed NONE			
42:	a The organization's			
7	books are in care of ► MIKE GOWER, TREASURER Telephone no ► 615-8	90-7	<u> 799</u>	
	Located at ► BOX 1391, MURFREESBORO, TN ZIP + 4 ► 37133	<u>-139</u>	1	
		[Yes	No
•	o 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		Х
	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.			.,
•	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			N/A
			V	N.
_		Γ	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
AE				†
4 3	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	45	L	Х
BAA		rm 99		(0000)

Form 990-F7 (2009)	ROTARY	INTERNATIONAL-MUREREESBORO.	TN
UIIII 330°LL (2003)	MATURE	THIEDMAITONAL MORE REFORMAN.	T 1A

Only

BAA

MURFREESBORO.

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

62-6047096

(615)

Phone no

893-9334

►X Yes | No

Form 990-EZ (2009)

Page 4

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. Part VI Yes No 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 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 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.' (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 other allowances f Total number of other employees paid over \$100,000. 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 d Total number of other independent contractors each receiving over \$100,000 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 Signature of fficer Here みんぼん TREASURISR Ĉ HAE Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's Paid signature DAVID B CPA 7/23/10 N/A Pre-HALL, DAVIDSON & ASSOC. CPA'S Firm's name (or parer's yours if self employed), address, and ZIP + 4 P.O. BOX 1234 Use N/A

TN 37133-1234

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

Inspection

					<u> </u>					·		
	of the organization	IXI -MIDEDEECDO	DO TN							tion number C		
	ARY INTERNATION		RO,TN I s (All organizations	muet	compl	ata thi	s nart	<u> </u>	047096		—	
			se it is. (For lines 1 throu					. <i>)</i>	mstruc			
1	Ť ·		ociation of churches desc	-		-	•					
2			A)(ii). (Attach Schedule E		3000011	1,0(2)(. // . // . //					
3	H		organization described i		n 170(b)	(1)(A)(ii	i).					
4	— · ·	•	d in conjunction with a ho				-	ъх1хах	(iii). Ente	er the hospi	ıtal's	
•	name, city, and sta	•	,							,		
5		erated for the benefit	of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	cribed in se	ction	. — — -
6 7	An organization that	,	governmental unit describ substantial part of its sup					or from	the gene	eral public d	escrib	ed
8	[7]		70(b)(1)(A)(vi). (Complete	e Part II.)							
9	X An organization that	at normally receives. (1) more than 33-1/3 % of	f its supp	ort from	contrib	utions,	member	ship fee	s, and gros	s rece	ipts
	investment income	and unrelated busines section 509(a)(2). (Co	ions — subject to certain ss taxable income (less s omplete Part III.)	section 5	11 tax) 1	from bus	sinesses	s acquire	ed by the	e organizati	on afte	er
10	An organization org	ganized and operated	exclusively to test for pul	blic safe	ty. See	section	509(a)(4	i).				
11	An organization or	ganized and operated orted organizations d of supporting organiz	exclusively for the benefi escribed in section 509(a ation and complete lines	it of, to p i)(1) or s 11e thro	erform ection 5 ough 11t	the func 09(a)(2)	tions of . See s e	, or carr ection 5	y out the 09(a)(3).	e purposes Check the	of one box th	or hat
	a Type I	b ∏Type II	_	I — Fund					d \square	Type III-		
е	By checking this bo	ox, I certify that the or- anagers and other that	ganization is not controlle n one or more publicly su	ed direct	ly or ind	rectly b	y one o	r more o	disqualifi ion 509(ed persons	other	
f	` / ` /	received a written det	ermination from the IRS t	that is a	Type I,	Type II (or Type	III supp	orting or	rganızatıon,		
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	m any o	f the fol	lowing p	ersons?	,		1
	(i) a person who	directly or indirectly (controls, either alone or t	ogether	with ner	ah enoe	scribed	ın (ıı) ar	nd (m)		Yes	No
	below, the go	verning body of the si	upported organization?	ogenici	mar per	30113 40	3011000	(11) (11)	ia (iii)	11 g (i)		
	(ii) a famıly mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
<u>h</u>	Provide the following	ng information about t	he supported organization	ns.		,		,				
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the ion in col I in your rning ment?	the organ	ou notify nization in (1) of upport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
	· · · · · · · · · · · · · · · · · · ·											
Total												

Schedule A (Form 990 or 990-EZ) 2009

Page 2

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) ► (e) 2009 (d) 2008 (f) Total (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Total, Add lines 1-through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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. Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 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. 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. 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. 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... Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

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

500	tion A. Public Support	ked the box on line	e 9 Oi Pait I.)		<u>.</u>		
		(=) 2005	(h) 2006	(a) 2007	(4) 2008	(e) 2009	(f) Total
Cale:	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(6) 2003	(i) Iulai
•	membership fees received. (Do not include 'unusual grants.')	77,025.	72,080.	83,330.	77,858.	72,404.	382,697.
2	Gross receipts from	i					
	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the						
	organization's tax-exempt purpose	23,720.	24,309.	4,045.	3,740.	11,790.	67,604.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						0.
6	Total. Add lines 1 through 5	100,745.	96,389.	87,375.	81,598.	84,194.	450,301.
7 a	A Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ı	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support (Subtract line				,		
-	7c from line 6.)			·····			450,301.
Sec	tion B. Total Support						
	endar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	100,745.	96,389.	87,375.	81,598.	84,194.	450,301.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			,			0.
1	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	c Add lines 10a and 10b .	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. (add ins 9, 10c, 11, and 12)						450,301.
14	First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	i, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
	organization, check this box and ction C. Computation of Pu					 -	
				12 column (f)	-	15	100.0%
	Public support percentage for 20			: 13, column (f))	• •	16	100.0%
	Public support percentage from 2				•	116	100.0%
	ction D. Computation of In				mp (fl)	17	0.0%
17	, -				nn (1))		
18 19	a 33-1/3 support tests - 2009. If th	ne organization did	i not check the bo	x on line 14, and	d line 15 is more th	<u>18</u> nan 33-1/3%, and	0.0 % line 17 is not ► X
	more than 33-1/3%, check this b	ox and stop nere.					
	b 33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	ne organization did this box and stop	i not check a box here. The organia	on line 14 or 19a zation qualifies as	, and line 16 is mo s a publicly suppoi	ore than 33-1/3%, ted organization	and line 18 ►

Schedule A	(Form	990 or 99	90-EZ)	2009	RO3	CARY	INTE	RNAT:	IONAL	-MURF	REESI	BORO,	TN	62-604	7096	Page 4
Part IV	Supp	lement	al Inf	ormat	ion.	Com	olete t	his pa	art to p	provide	the e	xplan	ations r	equired by ormation.	Part II,	line 10;
	Part I	l, line	17a o	r 17b;	and	Part	III, lin	e 12.	Provid	de any	other	additi	onal inf	ormation.	See insti	ructions.
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2009 FE	DERAL STATEMENTS	, , 3	PAGE 1
CLIENT ROTARY ROTARY IN	TERNATIONAL-MURFREESBORO, TN	1,1 1	62-6047096
7/23/10			02:42PM
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID			
CLASS OF ACTIVITY: DONEE'S NAME:	CHARITABLE FOUNDATION ROTARY INTERNATIONAL FOUNDATION CHICAGO, IL,		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	9,825.
CLASS OF ACTIVITY: DONEE'S NAME:	CHARITABLE - HEALTH THE WHEELS FROM ROTARY FOUNDATION MURFREESBORO, TN 37130		
CASH AMOUNT GIVEN:	MORFREESDORO, IN 37130	\$	13,990.
CLASS OF ACTIVITY: DONEE'S NAME:	HEALTH ROTARY INTERNATIONAL POLIO PLUS PROGICHICAGO, IL	RAM	
CASH AMOUNT GIVEN:		\$	1,820.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES MEALS ROTARY INTERNATIONAL DUES ROTARY DISTRICT DUES PINS BADGES & AWARDS. ROTRY LEADERSHIP ACADEMY ROTARY INTERNATIONAL CONVENTIO STORAGE ENTERTAINING GUESTS PUBLIC SERVICE SUPPLIES ROTARY DISTRICT CONFERENCE POSTAGE & DELIVERY PROGRAM PRESENTATION SUPPORT UNCLE DAVE MACON DAYS SUPPLIES PANCAKE BREAKFAST EXP ROTARY ROSE FLOAT COMMITTEE POST OFFICE BOX OFFICE EXPENSES SUPPLIES ANNUAL REPORT FEE BANK CHARGES	TOTA	\$ L <u>\$</u>	54,029. 7,043. 2,719. 794. 570. 479. 390. 351. 187. 176. 171. 164. 164. 100. 70. 66. 42. 10. 67,931.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES ACCOUNTS PAYABLE AND ACCRUED EXP		NG 00. \$ 00. \$	ENDING 2,735. 2,735.

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT ROTARY

ROTARY INTERNATIONAL-MURFREESBORO, TN

52-6047096

7/23/10

02.42PM

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CIVIC CLUB FORMED TO PROMOTE GOODWILL, SOCIAL AND BUSINESS RELATIONSHIPS, AND TO SUPPORT COMMUNITY PROJECTS AND OTHER CHARITABLE ACTIVITIES.

2009 FEDERAL SUPPORTING DETAIL		PAGE
CLIENT ROTARY 🔏 🦠 ROTARY INTERNATIONAL-MURFREESBORO, TN 7/23/10		62-604709 02.42P
CONTRIBUTIONS, GIFTS, AND GRANTS FUNDRAISING EVENTS [O]		UZ.42F
PANCAKE BREAKFAST REVENUES PANCAKE BREAKFAST SPONSORS	TOTAL	\$ 7,290. 4,500. \$ 11,790.
CONTRIBUTIONS, GIFTS, AND GRANTS OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.		
GIFTS RECEIVED ROTARY INTERNATION FOUNDATION CONTRIBUTIONS	TOTAL	\$ 262. 9,635. \$ 9,897.
OTHER INCOME PRODUCING ACTIVITIES MEMBERSHIP DUES AND ASSESSMENTS		
ANNUAL MEMBERSHIP DUES QUARTERLY MEMBERSHIP DUES GUEST FEES - MEALS MISC INCOME		\$ 850. 59,184. 2,292. 181.
	TOTAL	\$ 62,507.

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