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Department of the Treasury Internal Revenue Service

# **Short Form**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to salts/v state reporting requirements

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545 1150

2010

Open to Public Inspection

Α	For th	e 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30	, 2011
В	Check i	applicable: C D En	nployer identification number
	Address	change ROTARY INTERNATIONAL-MURFREESBORO, TN 6	2-6047096
=	Name o	DOI: 1032	lephone number
=	Initial re Termina	1.01212222010/ 11. 0/200 2012	
=			roup Exemption
	Applica		umber -
G	Αςςοι	ıntıng Method. X Cash Accrual Other (specify) ► H Check ► X	If the organization is not
1	Webs	ite: ► N/A required to	attach Schedule B (Form
		empt status (ck only one) $-$   $501(c)(3)$   A $501(c)(7)$   (insert no.)   $494/(a)(1)$ or   $52/$	, _ , · , · , · , · , · , · , · , · , ·
K	Check	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	nally not more than
	ანი,ი organ	00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (se ization chooses to file a return, be sure to file a complete return.	e instructions). But if the
L	Add I	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	<b>▶</b> \$ 81,501.
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	
تتستنا	Z	Check if the organization used Schedule O to respond to any question in this Part I.	ত্যাভাগত বিশ্ব বাবে যে,
	1	Contributions, gifts, grants, and similar amounts received	1 11,375.
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3 62,331.
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	
	ì	Less: cost or other basis and sales expenses	
	l	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
Ž	l	Gross income from fundraising events (not including \$ of contributions	
RESERVE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b 7,795.	
	c	Less, direct expenses from gaming and fund <del>raising events 1. [ 6c 206.</del>	
	d	Net income or (loss) from gaming and fundraising events face lines for and (	
	_	6b and subtract line 6c)	6d 7,589.
	7a	Gross sales of inventory, less returns and allowances US 0 8 2011.	<b>[</b> ]
	1	Less: cost of goods sold	<b>[</b> ]
	l _	Gross profit or (loss) from sales of inventory (Subtract Line 70 from line 7a)	7c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 81,295.
	10	Grants and similar amounts paid (list in Schedule O)	10 19,420.
	11	Benefits paid to or for members	11
X	12	Salaries, other compensation, and employee benefits	12
EXPENSES	13	Professional fees and other payments to independent contractors	13
Ş	14	Occupancy, rent, utilities, and maintenance	14
Š	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O)	16 70,528.
_	17	Total experience / Total and to the origin to .	111 - 03/340.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -8,653.
≥ N S	š f	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	17 400
20 E		figure reported on prior year's return)	19 17,496.
S S	20	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20.	20
		Paperwork Reduction Act Notice, see the separate instructions.	Eorm <b>990-F7</b> (2010)

Par	Balance Sheets. (see the ins Check if the organization used Sche	structions for Part II.) dule 0 to respond to any que	estion in this Part II.			<b>(X</b> )
				(A) Beginning of yea	r	(B) End of year
22	Cash, savings, and investments .		[		22	10,414.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		)		24	
25	Total assets	·	· · ·  _	20,231.	25	10,414.
	Total liabilities (describe in Schedule O)		)	2,735.		1,571.
	Net assets or fund balances (line 27 of co			17,496.	27	8,843.
Par	t III Statement of Program Sen					Expenses
	Check if the organization used Sch		uestion in this Part III	X	(Requ	uired for section
Wnat :	s the organization's primary exempt purpose? SEE	SCHEDULE O			organ	(3) and 501(c)(4) nizations and section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, and other	relevant information f	or each	4947	(a)(1) trusts; optional
prog	ram title.		<del></del>		tor o	hers.)
28	CIVIC CLUB SPONSORS CHARI	TABLE ACTIVITIES _			i	
	77-78			. – – – – , – , – , – ,		
	(Grants \$ ) If the	s amount includes foreign gra	ants, check here		28 a	
29						
	(Outside 6			·	00 -	
20	(Grants \$ ) If the	s amount includes foreign gra	ants, cneck nere		29 a	
30						
	(Crosto \$			·	20 -	
21	(Grants \$ ) If the Other program services (describe in School	s amount includes foreign gra	ants, check here	<del></del>	30 a	<del></del>
31	• •	-	onto about bara	<u>:</u> —	21 -	
22	Total program service expenses (add line	s amount includes foreign gra	ants, check here		31 a	
	t IV List of Officers, Directors,		ployees List sections	over if not companyated		ha instructions for Port IV
r a	Check if the organization used Sc	thedule O to respond to any o	pioyees, List each one	even n not compensateu.	(See i	He mistructions for Part IV.)
	Officer if the organization used Sc	(b) Title and average hours			to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	s and	and other allowances
<del></del>	D. WILLDIN	to position		deferred compensat		
	B. MAUPIN	PRESIDENT	0	•	0.	0.
	( 1391	0				
	RFREESBORO, TN 37133	TO THE CALL TO				
	Œ GOWER	TREASURER	-	•	0.	0.
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62-6047096

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Form 990-EZ (2010) ROTARY INTERNATIONAL-MURFREESBORO, TN

orn	n 990-EZ (2010) _ROTARY INTERNATIONAL-MURFREESBORO, TN 62-604709	6	Р	age 3
Pai	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			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	·	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	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
	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.			
	<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If 'Yes,' complete Schedule L, Part II and enter the total	38a		X
	amount involved			
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on line 9			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
70	section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A			
1	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	40 ь		
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		х
41	TO THE RESIDENCE OF THE PARTY O			
42	a The organization's			
	books are in care of ► MIKE GOWER, TREASURER Telephone no. ► 615-8			
	Located at P BOX 1391 MURFREESBORO TN ZIP + 4 > 37133	-139		
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	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			N/A
44	la Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44</b> a	Yes	No X
	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	44 b		х
	c Did the organization receive any payments for indoor tanning services during the year?	44c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44 d		
	Schedule Q		ــــــــــــــــــــــــــــــــــــــ	<del></del> _

, , Form <b>990-E</b>	,; EZ (2010) ROTARY INTERNATIONA	.L-MURFREESBORO	. TN		62-6047	7096	D.	age <b>4</b>
							Yes	No
<b>45</b> Is any	y related organization a controlled entity o	of the organization withi	n the meaning of	section	512(b)(13)?	45		X
a Did th	ne organization receive any payment from ction 512(b)(13)? If 'Yes,' Form 990 and S	or engage in any trans	action with a cor	ntrolled e	entity within the meaning	) 45a		X
			· ·		<del>-</del>	) <b>43</b> a		
	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete					46		<u>X</u>
Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec	s and section 4947	(a)(1) nonexe	empt c	haritable trusts on	<b>ly.</b> All se	ection	i
	47-49b and 52, and complete the	ne tables for lines!	50 and 51.	IIIabic	trusts must answe	questic	) 15	
	Check if the organization used Schedule	e O to respond to any g	uestion in this Pa	art VI				
							Yes	No
	ne organization engage in lobbying activiti	•				47		
	e organization a school as described in se				le E	. 48		
	he organization make any transfers to an is,' was the related organization a section	•	related organizat	ion?	•	49a 49b		
	plete this table for the organization's five I	-	molovees (other	than offu	care directore tructaes	`		
empl	oyees) who each received more than \$10	0,000 of compensation	from the organization	ation. If	there is none, enter 'No	ne.'		
(a)	Name and address of each employee paid	(b) Title and average hours per week	(c) Compensati	ion (	(d) Contributions to employee benefit plans and	accou	pense nt and	
	more than \$100,000	devoted to position			deferred compensation	other all	owances	<u></u>
			1	}				
	<del></del>							
				į				
			<del> </del>		<del>+</del>			
			1					
f Total	number of other employees paid over \$1	00,000			. <del></del>			
<b>51</b> Comp	plete this table for the organization's five	highest compensated in	dependent contr	actors w	ho each received more	than \$100	,000 ot	F
Comp	pensation from the organization. If there is  (a) Name and address of each independent cont		0		(b) Type of service	(c) Com	ensation	
		, , , , , , , , , , , , , , , , , , , ,		·	<u> </u>	(-,		
					<del></del>			
	I number of other independent contractors	•	•					
52 Did t char	he organization complete Schedule A? No Itable trusts must attach a completed Sch	edule A	) organizations a	nd 494/	(a)(I) nonexempt	► Yes	· [	No
Under penalt	ues of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than officers)	n, including accompanying sch	edules and statement	s, and to the	ne best of my knowledge and be	elief, it is		
,	and complete becaration of preparer (other trial) on		man properti na	y .u.on	5/2/	, i		
Sign	Signature of officer	>)			Date 0/2/	V		
Here	MIKE GOWER	Sou	<u> </u>		TREASURER			
	Type or print name and title	Propagate Danates	C = -   N-1-	<del></del>	Chark J. PT	IN .		
D-2.1	Print/Type preparer's name	Preparer's agnature	SCOT Date		Gleck			
Paid Preparer	DAVID B. HALL, CPA  Firm's name  HALL, DAVIDSON	& ASSOC., CPA'		/11/1	Self-employed N	/A		
Use Only	Firm's address P.O. BOX 1234	a moode, orn			Firm's EIN	N/A		
		N 37133-1234			Phone no (615		9334	<u> </u>
May the IF	RS discuss this return with the preparer st	nown above? See instru	ctions .	•		►X Ye		No
BAA						Form 99	0-EZ	(2010)

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

# Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
ROTARY INTERNATIONAL-MURFREESBORO, TN	62-6047096
FORM_990-EZ, PART IIL - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
CIVIC CLUB FORMED TO PROMOTE GOODWILL, SOCIAL AND BUSINESS RELA	TIONSHIPS, AND TO
SUPPORT COMMUNITY PROJECTS AND OTHER CHARITABLE ACTIVITIES.	

CLIENT ROTARY ROTARY II	- SUPPLEMENTAL INFORMATION NTERNATIONAL-MURPREESBORG, TN	62-604709
7/11/11		06:19F
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAI	D IN EXCESS OF \$5,000	
CLASS OF ACTIVITY: DONEE'S NAME:	CHARITABLE FOUNDATION ROTARY INTERNATIONAL FOUNDATION CHICAGO, IL,	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE \$	9,760
CLASS OF ACTIVITY: DONEE'S NAME:	CHARITABLE - HEALTH THE WHEELS FROM ROTARY FOUNDATION MURFREESBORO, TN 37130	
CASH AMOUNT GIVEN:	MORFREESBORO, TN 3/130	9,660
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  LUNCH PROGRAM ROTARY INTERNATIONAL DUES. ROTARY DISTRICT DUES PINS BADGES & AWARDS ROTRY LEADERSHIP ACADEMY. ROTARY INTERNATIONAL CONVENTIO PROGRAM PRESENTATION SUPPORT STORAGE WEBSITE SUPPORT UNCLE DAVE MACON DAYS SUPPLIES MISCELLANEOUS SUPPLIES POSTAGE & DELIVERY DUES & SUBSCRIPTIONS ROTARY ROSE FLOAT COMMITTEE POST OFFICE BOX ANNUAL REPORT FEE OTHER	\$	53,390. 6,885. 2,575. 1,226. 1,191. 1,024. 804. 780. 599. 551. 528. 391. 264. 205. 100. 70. 20. -75.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES  ACCOUNTS PAYABLE AND ACCRUED EX	BEGINNING	ENDING 1,571. 1,571.

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2010 FEDERAL SUPPORTING DETAIL PAGE 1

CLIENT ROTARY ROTARY INTERNATIONAL MURFREESBORO, TN 62-6047096

7/11/11 06.19PM

CONTRIBUTIONS, GIFTS, AND GRANTS OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.

ROTARY INTL FOUNDATION CONTRIB BY MEMBERS \$ 9,450.

OTHER GIFTS RECEIVED \$ 1,925.

TOTAL \$ 11,375.