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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 satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

A			2010, and ending 6/30	۱۵	, 2011	
B	1	ıf applicable C		D Empl	oyer identification number	
<u> </u>		Rotary Club of Springdale		71	-6057314	
-		change P.O. Box 6066	E Telep	Telephone number		
-	Initial r	opiniquate, int /2/00 0000		47	9-530-8060	
-	Termin					
-		ded return		F Grou	up Exemption	
<u>_</u>		ation pending	1 0			
G		unting Method X Cash Accrual Other (specify) ►	H Chec		if the organization is not	
١.		site: N/A	- agó	red to at 990-EZ.	tach Schedule B (Form or 990-PF)	
<u>J</u>			1947(a)(1) 01 [] 527]		· · · · · · · · · · · · · · · · · · ·	
K	Chec					
	\$50,0	000 ĀForm 990-EZ or Form 990 return is not required though Form 990- nization chooses to file a return, be sure to file a complete return.	-N (e-postcard) may be requ	iired (see	e instructions) But if the	
						
L	Add I	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 99	its are \$200,000 or more, or	if total	▶ \$ 199,120.	
D	الاخد	Revenue, Expenses, and Changes in Net Assets or Fund	Polonees (See the in	otruotio	1,	
T _a c	art II			Suucue		
		Check if the organization used Schedule O to respond to any question	in this Part () [[] []	<u> </u>	X	
	1	Contributions, gifts, grants, and similar amounts received		ြပ္တ⊢	1	
	2	Program service revenue including government fees and contracts	FEB 1 4 2012	lS!	2	
	3	Membership dues and assessments	F TA COIS		3 170,694.	
	4	Investment income.		188	4 5.	
	5 a	Gross amount from sale of assets other than inventory	I GADEN LIT			
	1	Less cost or other basis and sales expenses	5b		∛ 1	
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	1				<u> </u>	
R	1	Gaming and fundraising events	1 - 1			
Ë	1	Gross income from gaming (attach Schedule G if greater than \$15,000)			w and the second	
REVENUE	b	Gross income from fundraising events (not including \$	of contributions		\$ } }	
ũ		from fundraising events reported on line 1) (attach Schedule G if the su	ım I chi			
E		of such gross income and contributions exceeds \$15,000)	6b		`\	
	C	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a	and			
		6b and subtract line 6c)		<u> </u>	6d	
	7 a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7 b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line	7a).		7c	
	8	Other revenue (describe in Schedule O)	See Schedule O	Г	8 28,421.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶□	9 199,120.	
	10	Grants and similar amounts paid (list in Schedule O)	See Schedule O	1-	10 48,506.	
	11	Benefits paid to or for members			11	
E	12	Salaries, other compensation, and employee benefits		<u> </u>	12 38,280.	
EXPENSE	1					
Ē	13	Professional fees and other payments to independent contractors		_		
Š	14	Occupancy, rent, utilities, and maintenance		_	14	
S	15	Printing, publications, postage, and shipping		_	15 2,160.	
	16	Other expenses (describe in Schedule O)	See Schedule O	_	16 134,574.	
	17	Total expenses. Add lines 10 through 16			17 224,550.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 -25,430.	
N S E S T E	19	Net assets or fund balances at beginning of year (from line 27, column	(A)) (must agree with end-	f-vear	<u>L</u>	
		figure reported on prior year's return)	Car and agree with ond-	, , cu. ,	19 52,278.	
	20	Other changes in net assets or fund balances (explain in Schedule O)	See Schedule O		6,361.	
S	21	Net assets or fund balances at end of year Combine lines 18 through 2			21 33,209.	
ВА	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)	

	n 990-EZ (2010) Rotary Club of			71	-605	7314 Page 2
Pa	Balance Sheets. (see the ins	structions for Part II.)	and an or their Double	•		X
	Check if the organization used Sch	edule O to respond to any qu	lestion in this Part I	(A) Beginning of ye	- T	(B) End of year
22	Cash, savings, and investments			55,749		30,540.
23	Land and buildings			33,143	23	30,340.
24	Other assets (describe in Schedule O)	See Schedule O	,	5,138		3,007.
25	Total assets	Dec Benedate 0		60,887		33,547.
	Total liabilities (describe in Schedule O)	See Schedule O	,	8,609		338.
27			line 21)	52,278		33,209.
	Statement of Program Ser				. , = .	Expenses
	Check if the organization used So				(Rea	uired for section
What	is the organization's primary exempt purpose? See	· 	•		501(c)(3) and 501(c)(4)
Desc	cribe what was achieved in carrying out th cribe the services provided, the number of	e organization's exempt purp persons benefited, and othe	ooses In a clear and r relevant information	d concise manner, on for each	4947	nizations and section (a)(1) trusts, optional thers)
28	ram title Encouragement of goodwill	among the Club's	members		101 0	T
20	Encouragement of goodwill	_among_the_crub_s_	шешрегэ			
	(Grants \$) If th	is amount includes foreign gi	rants check here		28 a	172,193.
29	(Circino 4	io amount molades for eight gi	arto, cricolt rioro			
						
	(Grants \$) If th	is amount includes foreign gi	rants, check here	· - [29 a	
30		<u> </u>				
	(Grants \$) If th	is amount includes foreign gi	rants, check here	·	30 a	
31	Other program services (describe in Sch					
	(Grants \$) If th	is amount includes foreign gi	rants, check here	▶ □	31 a	
32	Total program service expenses (add III	nes 28a through 31a).		7	32	172,193.
Pa	List of Officers, Directors,	Trustees, and Key Emp	oloyees. List each o	ne even if not compensated	(see t	
	Check if the organization used Se					X
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation not paid, enter -0		ns and	(e) Expense account and other allowances
500	Schedule_O	to position		dererred compense	ition.	
הביב	E DOIEGUTE_C					
			38,28	10.	0.	0.
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BAA		TFFA0812I (2/19/11			Form 990-EZ (2010)
		JEFAIX(2) (JZLIALLI			

Form	990-EZ (2010) Rotary Club of Springdale	71-6057314	F	age 3
Pär	Other Information (Note the statement requirements in the instructions for Pa Check if the organization used Schedule O to respond to any question in this Part V	art V.)		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a deteach activity in Schedule O	ailed description of 3	Yes 3	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	documents of they reflect	и	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reexplain in Schedule O why the organization did not report the income on Form 990-T	ported on Form 990-T,		,
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	3	85 a	<u>x</u> _
	olf '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 a year? If 'Yes,' complete applicable parts of Schedule N	13	86	X
	n Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Did the organization file Form 1120-POL for this year?	U.		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed any such loans made in a prior year and still outstanding at the end of the tax year covered by this re	ee or were eturn?	88 a	X
ŀ	olf '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	N/A		
	Gross receipts, included on line 9, for public use of club facilities 39b	N/A		
40 8	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year unsection 4911 ► N/A; section 4912 ► N/A; section 4955 ►	N/A		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 exce			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has in any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	not been reported	Ю Ь	X
(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.		
	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	<u> </u>	10 e	X
41	List the states with which a copy of this return is filed None			
42 8		ephone no. ► <u>479-530</u>	<u> -8060</u>	
	Located at ► 5130 Dover Street Springdale AR	_ ZIP + 4 ► _72764		. – – –
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	authority over a account)?	Yes 12 b	No 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 Ac	counts		
(At any time during the calendar year, did the organization maintain an office outside of the US?	ļ	1 2 c	X
	If 'Yes,' enter the name of the foreign country			
4 3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check her	re	▶ [N/A
73	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43		N/A
44 8	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ	completed instead	Yes 14a	$\overline{}$
ì	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ	be completed	14 ь	X
(Did the organization receive any payments for indoor tanning services during the year?	<u> </u>	44c	X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide	an explanation in		1
BAA	Schedule O TEEA0812L 02/18/11		44 d 990-EZ	(2010)
	IEEAU812L UZI18/11	FUIII	- JJU-EL	(4010)

•	•			Yes	No
45 Is any	ny related organization a controlled entity of the organization within the meaning o	f section 512(b)(13)?	45		X
a Did the of sec	the organization receive any payment from or engage in any transaction with a collection 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed in	ntrolled entity within the meaning nstead of Form 990-EZ (see inst.)	45 a		لىنىڭ
46 Did th	the organization engage, directly or indirectly, in political campaign activities on be	ehalf of or in opposition to	40		کا X
Part VI	didates for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations and section 4947(a)(1) nonexen	nnt charitable trusts only	46	tion	<u>^</u>
	501(c)(3) organizations and section 4947(a)(1) nonexempt charit 47-49b and 52, and complete the tables for lines 50 and 51.	table trusts must answer que	estion	is	
	Check if the organization used Schedule O to respond to any question in this Pa	art VI			\Box
47 D.J.II	the consensation of the co	. 11	47	Yes	<u>No</u>
	the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part ne organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete		47		
	the organization make any transfers to an exempt non-charitable related organization		49a		
	es,' was the related organization a section 527 organization?		49b		
50 Comp	nplete this table for the organization's five highest compensated employees (other	than officers, directors, trustees ar	ıd key		
empio	oloyees) who each received more than \$100,000 of compensation from the organization (b) Title and average (c) Compensation	<u> </u>	(e) Exp	nense	
(a)	(a) Name and address of each employee paid hours per week more than \$100,000 hours per week devoted to position	benefit plans and	accour other allo	nt and	;
- -					
	al number of other employees paid over \$100,000		¢10	0 000	- 4
comp	nplete this table for the organization's five highest compensated independent contr npensation from the organization. If there is none, enter 'None'	actors who each received more th	ال چالد 	0,000	
	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Comp	ensatio	<u> 1</u>
- -					
- -					
d Total	al number of other independent contractors each receiving over \$100,000	>			
52 Did th	the organization complete Schedule A? Note All section 501(c)(3) organizations a	and 4947(a)(1) nonexempt			~
	ritable trusts must attach a completed Schedule A	>	Yes		No
true, correct, a	Ities of perjury, I declare that I have examined this return, including accompanying schedules and statements, at, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has a	iny knowledge			
	Signature of officer	Date O O		·	
Sign Here	Gillithre Director-Chypa Parker	em - 2191201	γ,		
i ici c	Type or print name and title	<u> </u>	<u> </u>		
	Print/Type preparer's name Preparer's signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check If PTIN			
Paid		25/12 self-employed N/A			
Preparer					
Use Only		Firm's EIN ► N/A		0000	
May the ID	Fayetteville, AR 72701		444-	$\overline{}$	
May the IR	RS discuss this return with the preparer shown above? See instructions		X Yes		No (2010)

71-6057314_

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Form 990-EZ (2010) Rotary Club of Springdale

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Öpen to Public

Name of the organization	Employer identification number
Rotary Club of Springdale	71-6057314
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Promotion of Goodwill	

2010 Schedule	O - Supplemental Information		Page 2
	Rotary Club of Springdale		 71-6057314
Form 990-EZ, Part I, Line 8 Other Revenue			
T-Ball Income Visitor Meals Adopt a Family Income Board Member Lunch Income Initiation Fee			\$ 17,427. 4,566. 2,043. 1,860. 1,250.
Fines Miscellaneous		Total	\$ 942. 333. 28,421.
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Ex	cess of \$5,000		
Payments to Affiliates			
Name: Address:	Rotary District 6110 115 S. 18th Street		
Purpose of payment: Amount:	Parsons, KS 67357 Rotary District Dues		\$ 9,450.
Name: Address:	Rotary International 1560 Sherman Center Evanston, IL 60201		
Purpose of payment: Amount:	Rotary International Dues		\$ 11,385.
Name: Address:	Springdale Rotary Ch FDN Trust PO Box 6006 Springdale, AR 72766		
Purpose of payment: Amount:	Donation		\$ 27,671.
Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotion Bad debts Badges and member items Baseball League Expense Depreciation District conference expense Dues Flowers and gifts Insurance Meals Miscellaneous Office Expenses Rounding Special events & fundraising			\$ 1,150. 2,447. 3,413. 16,293. 367. 2,055. 4,603. 260. 481. 90,178. 7,708. 960. 1.

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2010 Schedu	ule O - Supplemental	Information	Page 3
	Rotary Club of Springda	le	71-605731
Form 990-EZ, Part I, Line 16 (contin Other Expenses	ued)		
Travel		Total \$	3,029. 134,574.
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fu	nd Balances		
Adjust prior year allowance Adjust prior year T-Ball lia Record prior year depreciati	bility account	\$ Total <u>₹</u>	8,299. -480.
Form 990-EZ, Part II, Line 24 Other Assets			
Accounts Receivable District Raffle Tickets Notes and Loans Receivable		Beginning \$ 5,18850. 0. Total \$ 5,138.	\$ 4,819. 0. -1,812.
Form 990-EZ, Part II, Line 26 Total Liabilities			
Accounts Payable and Accrued	l Expenses	Beginning \$ 8,609. Total \$ 8,609.	## Ending \$ 338. \$ 338.
Form 990-EZ, Part IV List of Officers, Directors, Trustees	, and Key Employees		
Name and Address	Title and Average Hours Per Week Devoted	Contri Compen- bution sation EBP & I	to Account/
Robyn Breshears 205 Angela St. Springdale, AR 72762	President 2	\$ 0.\$	0. \$ 0
Lynn Carver 401 Lake Road Springdale, AR 72764	Board Member 2	0.	0. 0

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Schedule O - Supplemental Information

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Rotary Club of Springdale

71-6057314

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	
Eugene C. Anderson 117 Woodcliff Dr. Springdale, AR 72764	Board Member 2	\$ 0.	\$ 0.	\$ 0.
Lance Eads 5943 Doris Hunt Ct. Springdale, AR 72762	Board Member 2	0.	0.	0.
Sam Hollis 2002 S. 48th St. Springdale, AR 72764	- Secretary 2	0	- ····································	0
Courtney Palfreeman P.O. Box 6006 Springdale, AR 72764	Executive Direc 40	38,280.	0.	0.
Fadil Bayyari 2880 Carley Rd. Springdale, AR 72765	Board Member 2	0.	0.	0.
Jon Palfreeman 5130 Dover Springdale, AR 72764	Board Member 2	0.	0.	0.
Jerry Sanders 2527 E. Frontier Elm Drive Fayetteville, AR 72703	Board Member 2	0.	0.	0.
Judy Van Hoose 497 Bordeaux Ave. Springdale, AR 72764	Treasurer 2	0.	0.	0.
Eric Lesh P.O. Box 5000 Springdale, AR 72762	Board Member 2	0.	0.	0.
Brian Moore 6033 Nancys Vista Springdale, AR 72762	Board Member 2	0.	0.	0.
Lance P. Taylor 18658 Strawberry Plant Rd. Fayetteville, AR 72704-8586	Board Member 2	0.	0.	0.
Rolf B. Wilkin 318 W. Ila Street Fayetteville, AR 72701	Board Member 2	0.	0.	0.

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Schedule O - Supplemental Information

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Rotary Club of Springdale

71-6057314

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Derek Gibson 2997 Shadow Crest Ln. Springdale, AR 72762	Board Member \$ 2	0.	\$ 0.	\$ 0.
Linda Slothower 3588 Brittany St. Springdale, AR 72764	Vice President 2	0.	0.	0.
	Total §	38,280.	\$ 0.	<u>\$ 0.</u>