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Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable Address change

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For the 2011 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

7/01

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

2011, and ending

6/30

OMB No. 1545-1150

2011

Open to Public Inspection

2012

Employer identification number

ROTARY CLUB OF CARTERSVILLE, INC. 52-2422533 Name change BOX 473 Telephone number Initial return CARTERSVILLE, GA 30120 770-382-3361 Terminated Amended return Group Exemption Number Application pending Accounting Method X Cash Accrual Other (specify) G Check ► X if the organization is not required to attach Schedule B (Form Website: ► N/A 990, 990-EZ, or 990-PF) X 501(c)(3) Tax-exempt status (ck only one) -501(c) () **◄**(insert no) 4947(a)(1) or If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 54,827. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received 1 13,678. 2 2 Program service revenue including government fees and contracts 3 41,134 Membership dues and assessments Δ Investment income 4 15. 5a Gross amount from sale of assets other than inventory 5 a 5 b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 50 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6 c from gaming and fundraising events RECEIVED aming and fundraising events (add lines 6a and Net income or (loss) from 6 d 6b and subtract line 6c) 袖 7 a Gross sales of invertory ss returns and allowances Less cost of goods sold ጜ 7b 7 c sales of inventory (Subtract line 7b from line 7a) 8 <u>_n_S</u>chedule O) 9 54,827. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 SEE SCHEDULE O Grants and similar amounts paid (list in Schedule O) 10 15,106 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 65. 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Excess or (deficit) for the year (Subtract line 17 from line 9)

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

Printing, publications, postage, and shipping

Other expenses (describe in Schedule O)

Total expenses. Add lines 10 through 16.

figure reported on prior year's return)

Form 990-EZ (2011)

114.

32,300.

47,585.

74,836.

82,078.

7,242.

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16 17

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20

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SEE SCHEDULE O



Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year

Par	Balance Sheets. (see the Inst Check if the organization used Sche	ructions for Part II.)	estion in this Part II			
	Check if the diganization used Scho	due o to respond to any qui) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			17,416		24,657.
	Land and buildings			57,420	. 23	57,420.
24	Other assets (describe in Schedule O)				24	
25	Total assets			74,836		82,077.
	Total liabilities (describe in Schedule O)			0		0.
	Net assets or fund balances (line 27 of o			74,836	. 27	82,077.
Par	t III Statement of Program Serv				(Daa	Expenses urred for section
What	Check if the organization used Sch			11		c)(3) and 501(c)(4)
wnat Desc	is the organization's primary exempt purpose? SEE	COMPLISHMENTS for each of a	ts three largest program	n services, as	organ	nizations and section
mea	is the organization's primary exempt purpose? SEE cribe the organization's program service as sured by expenses. In a clear and concise fitted, and other relevant information for e	manner, describe the service	ces provided, the number	er of persons	for of	(a)(1) trusts, optional thers)
28	MONEY GIVEN DIRECTLY TO Q	HALTETED ORGANIZAT	TONS SEE LIST	FOR LINE		
_0	10.BENIFITS FOR CHILDREN,					
				==		
	(Grants \$) If the	is amount includes foreign gr	ants, check here		28 a	
29	WEEKLY PROGRAMS VARY DEPE	NDING ON THE GUEST	'. OBJECT IS TO			
	THE UNDERSTANDING BETWEEN	VARIOUS BUSINESS				
	PER WEEK ON VARIOUS SUBJE					
	(Grants \$) If the	s amount includes foreign gr	ants, check here	<u>-</u>	29 a	
30						
			. 			
		is amount includes foreign gr	rants, check here	<u> </u>	30 a	
31	Other program services (describe in Sch	-				
20		is amount includes foreign gr	ants, check here		31 a	
	Total program service expenses (add lirt IV List of Officers, Directors,		Lovens List each one our	on if not componented		a instructions for Part IV
T ai	Check if the organization used Sc			an in not compensated	(See til	e histractions for Part IV
	Chock if the organization accurate	(b) Title and average	(c) Reportable compensation	(d) Health benefit	s,	(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to employed benefit plans, and		other compensation
				deferred compensal		
	DDY BENNETT	PRESIDENT				
	EAST MAIN STREET	0	0.		0.	0.
	RTERSVILLE, GA 30120					
	CY GAINES	TREASURER	•			•
	N. WALL STREET	0	0.		0.	0.
	RTERSVILLE, GA 30120 AN FLEETWOOD	PAST PRESIDENT				<u> </u>
	33 JOE FRANK HARRIS PKW	LW21 LKE2IDENI	0.		0.	0.
- TA	RTERSVILLE, GA 30120	9	0.		0.	0.
	CIBROVIBBE, CH 30120					
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BAA		TEEA0812L (02/14/12	1		Form 990-EZ (2011)

52-2422533

Page 2

Form 990-EZ (2011) ROTARY CLUB OF CARTERSVILLE, INC.

	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
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	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		x
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule Oc Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 b		
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 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	35 c		X
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	36	***	X
	b Did the organization file Form 1120-POL for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b	4.000	X Lassi
ı	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 amount involved N/A	38 a		X
30	Section 501(c)(7) organizations Enter	,	40.48	
		14/3	i v	
		125 000		
	b Gross receipts, included on line 9, for public use of club facilities. 39b N/A	1	3222	7.12°
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		1.34.34	2.8
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	14	推議	`, ê ;
١	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 b		<u> </u>
(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		,	3.5
(d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		18. (c)	
(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	17.65	X
41	List the states with which a copy of this return is filed NONE	400	لـــــا	
1	a The organization's books are in care of ► LLOYD WILLIAMSON Telephone no ► 770-3 Located at ► BOX 473 CARTERSVILLE GA ZIP + 4 ► 30120 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)? 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 Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country	82-3 42b 42c	361 Yes	No X
43				
ı	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year?	44a 	Yes	N/A N/A No X X X
1	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44 b 44 c		N/A No X X
,	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year?	44 b		N/A No X X
45	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes'	44 b 44 c 44 d 45 a		N/A No X X X X
45	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	44 b 44 c 44 d 45 a	Yes	N/A No X X X X

Age Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to Age National	Form 9	990-EZ	(2011)	ROTA	ARY (CLUB	OF C	CART	ERS	VILL	Ε,	INC.					52	-242	2253	3	F	age 4
Solicy(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Det the organization and complete the tables for lines 50 and 51. 48 Is the organization a section 32 organization? (**Yes, complete Schedule C, Fart) 49 a Did the organization and section 170(b)(1)(A)(0)? If Yes, complete Schedule E. 49 a Did the organization as section 527 organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter Year employees who each received more than \$100,000 of compensation from the organization. If there is none, enter Year employees with each received more than \$100,000 of compensation from the organization. If there is none, enter Year employees with each received more than \$100,000 of compensation from the organization. If there is none, enter Year employees with each received more than \$100,000 of compensation from the organization. If there is none, enter Year employees with each received more than \$100,000 of compensation from the organization. If there is none, enter Year employees with each received more than \$100,000 of compensation from the organization of the remployees paid over \$100,000 of compensation from the organization of the remployees paid over \$100,000 of compensation from the organization of the remployees paid over \$100,000 of compensation from the organization of the remployees of the organization of the remployees of the organization of the remployees of the present organization of the remployees of the organization of the remployees of the remp		candida	tes for	public (office?	<u> </u>	s,' com	plete	Sch	edule (C, Pa	art I								46		
Vest No. Vest Ve	Part	<u>;</u>	501(c)	(3) or	daniz	ation	s and	sec	tion	49470	(a)(1) no	nexem	pt c	haritable	harita trusts	ble trus must ar	t s o r Iswei	i ly. A r que:	ll sec stion	ction s	
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes, are complete Schedule C, Parl & X 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Is X 49 Did the organization as exempt non-charitable related organization? \$ 50 Complete this table for the organization's tive highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation. If there is none, each employee employees of the parl of the organization. If there is none, each employee of the organization is the state of the organization. If there is none, each employee of the parl of the organization is the state of the organization. If there is none, each employee of the organization is the state of the organization of the organization is the state of the organization. If there is none, each employee of the organization is the state of the organization of the organization is the state of the organization of the organization is the state of the organization of the organization is the six one, earlier None (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization is three is none, earlier None (b) Type of service (c) Compensation (d) Extended amount of other employees paid over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (e) Total number of other independent contractors each receiving over \$100,000 (f) Type of service (g) Somplets this table for the organization of which prepare the six by whole of the organization of which prepare the six by whole organization of which prepare the six by whole organization organization of which prepare the six by whole organization organization organization organization organization organiza			Check if	the or	ganıza	ation u	sed Scl	hedul	e O t	o respo	ond	to any	question	n in	this Part VI							
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e Total number of other employees paid over \$100,000 e Total number of other employees paid over \$100,000 formplets this table for the organization of their store is not the paid address of each molecular of open and address of each molecular of open of other compensation of other ot					_					_									į			
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e Total number of other employees paid over \$100,000 51 Complete this table for the organization if there is none, enter None* (a) Name and address of each independent contractors and more than \$100,000 of compensation from the organization if there is none, enter None* (b) Type of service (c) Compensation NONE e Total number of other independent contractors each receiving over \$100,000 by Type of service (c) Compensation (c) Compensation NONE e Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete schedule A? Note: All secti		(a)	Name and paid r	l address nore thar	of each 1 \$100,0	employe 100	e			hours pe	er wee	ek ¯	(c) Report	rtable s W 2	compensation /1099-MISC)	contrib ben	utions to emp efit plans, ai	ployee nd				
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 e Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? 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 Schedule A: Sign Here Printinge preparer's name Preparer's signature NON-PAID PREPARER 11/06/12 Self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing per or printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing per or printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing per or printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed. Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed.	NONE	<u> </u>																				
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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 e Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? 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 Schedule A: Sign Here Printinge preparer's name Preparer's signature NON-PAID PREPARER 11/06/12 Self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing per or printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing per or printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing per or printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed. Printing accompanying schedules and statements, and to the best of my knowledge and belief, it is self-employed.																						
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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 e Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is string true, correct, and complete. Declaration of preparer (piter than officers) based on all information of which preparer has any knowledge in the patents of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is string. Sign Here Print/Type or print name and title Preparer's signature NON-PAID PREPARER Date Check If PTIN self-employed PTIN P	— е ¬	Total nu	ımber o	f other	empl	oyees	paid ov	/er \$1	00,00	00		<u> </u>	<u>-</u>			ı			<u>I</u>			
e Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 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 (piter than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type or print name and title Proparer's signature NON-PAID PREPARER Date Check If PTIN Self-employed Firm's name Firm's name Firm's name Firm's name													ındepen	dent	contractors	who ea	ach receiv	ed mo	re tha	n \$10	0,000	of
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52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 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 officers) based on all information of which preparer has any knowledge Sign Here Print/Type or print name and title Print/Type preparer's name Preparer's signature NON-PAID PREPARER 11/06/12 Self-employed Prim's name	NONE	<u></u>																				
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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 Date	52 [Did the	organiz	ation o	comple	ete Sch	edule .	A? N	ote: /	All sect	_				ions and 49	47(a)(1) nonexen	-	—————————————————————————————————————		Г	—— Пис
Sign Here Signature of officer BUDDY BENNETT Type or print name and title Print/Type preparer's name Preparer Preparer Preparer Firm's name Preparer Firm's name Preparer Preparer Firm's name Preparer P	Linder n	enalties o	f nezury	declare	that I ha	ave evam	uned this	return	includ	ing accor	mpany all info	ying sche	dules and s	staten epare	nents, and to the	e best of r	ny knowledge	and be	_	.,		
Here BUDDY BENNETT Type or print name and title Print/Type preparer's name Preparer's signature NON-PAID PREPARER 11/06/12 Prim's name Firm's name Preparer's signature NON-PAID PREPARER 11/06/12			\ K	al	L	13	ens	_	4								11/12/1	2				
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Preparer Firm's name >	Paid								NON	-PAID	PRE	EPAREF	}		11/06/12		=	" -				
Use Offiny Firm's address Firm's EIN	Prepa	inh.		-														_				

Firm's EIN Phone no

► Yes X No
Form 990-EZ (2011)

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Name	of the	e organization							Employe	r identificat	tion number
ROI	'AR	Y CLUB OF CARI	ERSVILLE, INC	•					52-2	422533	3
Par	t, Iĝ	Reason for Publ	ic Charity Status	(All organizations	must d	comple	te this	part.)	See ir	nstructi	ons.
The	orga	nization is not a priva	te foundation because	e it is (For lines 1 thro	ugh 11,	check o	nly one	box)			
1		A church, convention	of churches or assoc	ciation of churches desc	cribed ir	section	170(b)	(1)(A)(i)			
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule I	E)						
3				e organization describe		ction 170)(b)(1)(A	A)(iii).			
4	-		•	in conjunction with a h					0(b)(1)(A	AXiii) Er	nter the hospital's
	_	name, city, and state							- \ - / \ - / \ -	,,,,,	
5		An organization oper 170(b)(1)(A)(iv). (Co	ated for the benefit of	f a college or university	owned	or oper	ated by	a gover	nmenta	I unit de:	scribed in section
6				overnmental unit descri							
7		in section 170(b)(1)(/	A)(vi). (Complete Par		. ,		vernme	ntal uni	t or fron	n the ger	neral public described
8	_		escribed in section 17	'0(b)(1)(A)(vi). (Comple	te Part I	1)					
9	X	from activities related investment income a	d to its exempt function) more than 33-1/3% of ons – subject to certair s taxable income (less mplete Part III)	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support from gross
10		An organization orga	nized and operated e	xclusively to test for pu	ıblıc saf	ety See	section	1 509(a)	(4).		
11		more publicly suppor	ted organizations des	xclusively for the benef cribed in section 509(a ion and complete lines	(1) or (1)	section 5	509(a)(2	ctions o	of, or ca section !	rry out tl 509(a)(3)	he purposes of one or . Check the box that
		a Type I	b Type II	c Type III		-		ted		d [Type III - Other
e		By checking this box	. I certify that the orga	anization is not controll than one or more pub	led direc	tly or in	directly	by one	or more escribed	disquali in section	ified persons
f		, , , ,	ceived a written detei	rmination from the IRS	that is a	a Type I	Type I	or Typ	e III sup	porting	organization,
			No has the organization	on accepted any gift o	r contrib	ution fro	ım anv	of the fo	llowing	nercons	.7
g		Office August 17, 200	o, nas the organization	on accepted any gift o	Contine	outon ne	onn any	or the re	mownig	persons	Yes No
		(i) A person who o	directly or indirectly co	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)
			er of a person describ								11 g (ii)
		· ·		described in (i) or (ii) a	hove?						11 g (iii)
h	ı	• •	, ,	e supported organization							119(11)
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv)	Is the zation in	the organ	ou notify	organiz	s the ration in	(vii) Amount of support
				(see instructions))	your go docu	overning ment?	your st	apport?	organize U S	ed in the	
					Yes	No	Yes	No	Yes	No	
<u>(A)</u>					 						
(B)											
(C)											
<u>(D)</u>		····	_				<u></u>				
<u>(E)</u>											
			S materials of the	2 1 No 4 Alex Mr 4 4	1 & x	N /w	,	1 .	, ,	300	

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						~
6	Public support. Subtract line 5 from line 4	\$					***
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				:		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				militaria ja j	in 🖣 👆 🤘	
12	Gross receipts from related activ	uties, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(d	x)(3) ► □
	tion C. Computation of Pu						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ie 11, column (f))		14	
	Public support percentage from	·	,			15	
	a 33-1/3% support test — 2011. If and stop here. The organization	qualifies as a put	olicly supported or	rganization			→ □
1	o 33-1/3% support test — 2010. If and stop here. The organization	the organization d qualifies as a pub	id not check a bo blicly supported or	x on line 13 or 16 ganization	ia, and line 15 is	33-1/3% or mor	e, check this box
17:	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Pa	art IV how
l	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Pa	art IV how the
-	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a			
BAA					Sc	hedule A (Form	990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants)	65,532.	54,167.	54,484.	68,493.		242,676.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	,			,		0.
	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	65,532.	54,167.	54,484.	68,493.	0.	242,676.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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.
8	Public support (Subtract line		33.2 %	V	3 12 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>
	7c from line 6)			· 🥞 (3.5%)	NAME OF STREET		242,676.
		(=) 2007	(F) 2008	(a) 2000	(4) 2010	(a) 2011	(D Total
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_		בר בססו	FA 167	E 4 404	(0.400	1 A I	242 (76
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable	65,532. 440.	54,167. 289.	54,484. 78.	68,493. 87.	0.	242,676. 894.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	440.	289.	78.	87.		894.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses					0.	894. 0. 894.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	440. 440.	289.	78.	87.		0. 894. 0. 1,027.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, 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	440.	289.	78.	87.		894. 0. 894.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, 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.) SEE PART IV.	440. 440. 1,027. 66,999.	289. 289. 54,456.	78. 78. 54,562.	87. 87. 68,580.	0.	0. 894. 0. 1,027. 244,597.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, 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.) SEE PART IV.	1,027. 66,999. Is for the organizatop here	289. 289. 54,456. ation's first, secon	78. 78. 54,562.	87. 87. 68,580.	0.	0. 894. 0. 1,027. 244,597.
10 a t 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, 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.) SEE PART IV. Total support. (Add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	1,027. 66,999. Is for the organizatop here blic Support P	289. 289. 54,456. ation's first, secon	78. 78. 54,562. d, third, fourth, o	87. 87. 68,580. or fifth tax year as	0.	0. 894. 0. 1,027. 244,597.
10 a 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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) SEE PART IV Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	1,027. 66,999. Is for the organization here blic Support P	289. 289. 54,456. ation's first, secon ercentage n (f) divided by lin	78. 78. 54,562. d, third, fourth, o	87. 87. 68,580. or fifth tax year as	0. 0. a section 501(c)(3)	0. 894. 0. 1,027. 244,597. ► [X]
10 a 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, 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). SEE PART IV. Total support. (Add Ins. 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu.	1,027. 66,999. Is for the organization here blic Support P 011 (line 8, column 2010 Schedule A,	289. 289. 54,456. ation's first, secon ercentage n (f) divided by lin Part III, line 15	78. 78. 54, 562. d, third, fourth, o	87. 87. 68,580. or fifth tax year as	0. a section 501(c)(3)	0. 894. 0. 894. 0. 1,027. 244,597. ► [X]
10 a 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, 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.) SEE PART IV. Total support. (Add Ins. 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu. Public support percentage from.	1,027. 66,999. Is for the organizatop here blic Support P 011 (line 8, column 2010 Schedule A, restment Incor	289. 289. 54,456. ation's first, secondercentage n (f) divided by line Part III, line 15 ne Percentage	78. 78. 54,562. d, third, fourth, of the elian column (f))	87. 87. 68,580. or fifth tax year as	0. a section 501(c)(3)	0. 894. 0. 894. 0. 1,027. 244,597. ► [X]
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10 a 11 12 13 14 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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.) SEE PART IV. Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from Investment income percentage for 10 Investment income percentage for 11 Investment income percentage for 133-1/3% support tests — 2011.	1,027. 66,999. Is for the organization schedule A, restment Incorrect 2011 (line 10c, from 2010 Schedule A, this box and stoff the organization of	289. 289.	78. 78. 78. 54,562. d, third, fourth, of the distribution of the large state of the la	87. 87. 68, 580. or fifth tax year as a publicly suppline 19a, and line	0. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, and orted organization 16 is more than 33-	894. 0. 894. 0. 1,027. 244,597. ► X % % d line 17 1/3%, and

Schedule A	(Form 990 or 9	190-EZ) 201	KOTAK	I CTOR (OF CARTE	R2ATPFF'	INC.	52-2422	4533 F	'age 4
Part IV	Supplement Part II, line (See instruc	tal Inform 17a or 17 tions).	ation. Cor b; and Par	nplete this t III, line	part to p 12. Also c	rovide the complete th	explanations is part for any	required by P y additional in	art II, line 10; formation.	
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2011 SCH	EDUL	E /	A, PA	RT	IV	- SU	PPL	.EN	/IENT	AL	IN	FORI	MA [°]	TIO	N PA	GE !
CLIENT 58607337		F	ROTAR	Y CL	.UB	OF CA	RTE	RSV	ILLE, IN	IC.					52-2	42253
11/06/12																11.43A
PART III, LINE 12 - OT	HER IN	COM	ΙE													
NATURE AND SOURCE			2011			2010			2009			2008			2007	
	TOTAL	\$:	0.	\$		0.	\$		0.	\$		0.	\$	_	0.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

L Z.	2011
on	Open to Public Inspection
Employer ide	ntification number

ROTARY CLUB OF CARTERSVILLE, INC.	52-2422533
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
EDUCATION, SCHOLARSHIPS, EXPANDING UNDERSTANDING AND KNOWLEDGE	E_WITH_OTHER_CULTURES
AND_BUSINESS	·
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONA	AL 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, DIRE	ECTLY_OR
INDIRECTLY, ON_A PERSONAL BENEFIT CONTRACT?	<u>NO</u>
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2011 SCH	HEDULE O - SUPPLEMENTAL INFORMA	TION	PAGE 2
CLIENT 58607337	ROTARY CLUB OF CARTERSVILLE, INC.		52-2422533
11/06/12			11 43AM
FORM 990-EZ, PART I, LI GRANTS AND SIMILAR A	NE 10 AMOUNTS PAID IN EXCESS OF \$5,000		
DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONI CASH AMOUNT GIVEN:	PAUL HARRIS FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201 EE: NONE		\$ 5,700.
DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DON	GEORGIA ROTARY STUDENT PROGRAM 3802 WINDER HIGHWAY FLOWERY BRANCH, GA 30542 EE: NONE		
CASH AMOUNT GIVEN:			\$ 5,406.
CLUB RUNNER CONFERENCES, CONVENT COUNTY TAXES DISTRICT DUES DISTRICT DUES INSURANCE INTERNATION DUES INTERNATION DUES MEALS MISC STAR STUDENT EXPENSI			\$ 479. 1,305. 123. 2,129. 2,550. 670. 1,687. 2,253. 18,743. 252. 675. 1,434.
		TOTAL	\$ 32,300.