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A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492254004112

OMB No 1545-1150

Form 990-EZ

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

, and ending 06-30-2012

Open to Public Inspection

_		applicable	C Name of organization ROTARY INTERNATIONAL		D Employe	r identification number
_	ddress o		CLARKSVILLE ROTARY CLUB		62-60471	04
	ame ch iitial ret		Number and street (or P O box, if mail is not delivered to street address) Room/s PO BOX 572	suite	E Telephone	number
	eminat				(9	31) 552-7474
	mended	l return	City or town, state or country, and ZIP + 4 CLARKSVILLE, TN 370410572		F Group Exe Number	mption • 0573
A	plicatio	on pending			Number	F 03/3
I₩€	ebsite	N/A	only one) — 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527	require	ed to attach	organization is not Schedule B Z, or 990-PF)
<u></u>	ieck 🕨	If the orga	anization is not a section 509(a)(3) supporting organization or a section	n 527 organız	ation and its	gross receipts are
norm	nally n	ot more than	\$50,000 A Form 990-EZ or Form 990 return is not required though	Form 990-N		
L Add	lines 5	5b, 6c, and 7b, to	organization chooses to file a return, be sure to file a complete return of line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total		ne 25, column	(B) below) are \$500,000 or
	irt I		d of Form 990-EZ P \$ 101,459 E, Expenses, and Changes in Net Assets or Fund Balance	CAS (Soo tho	instructions	for Part I \
			le organization used Schedule O to respond to any question in this Par			.
	1	Contribution	s, gifts, grants, and similar amounts received		. 1	101,459
	2	Program ser	vice revenue including government fees and contracts		. 2	
	3	Membership	dues and assessments		. 3	
	4	Investment	ıncome		. 4	
	5a	Gross amoui	nt from sale of assets other than inventory	a		
Ę	ь	Less cost o	rother basis and sales expenses	ь		
Revenue	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5	a)	5c	
ď	6	<u>-</u>	fundraising events	1		
	a	Gross income fi	rom gaming (attach Schedule G if greater than \$15,000)	a		
	b		ie from fundraising events (not including \$ _of contributions from fundr line 1) (attach Schedule G if the sum of such gross income and contrib		s	
		\$15,000)	1.4	1		
			6	<u> </u>		
	С			ic	<u> </u>	
	d _		or (loss) from gaming and fundraising events (Add lines 6a and 6b and	1	6c) 6d	
	7a			'a		
	b	Less cost o		'b		
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a) ue (describe in Schedule 0)		. 7c	
	8 9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8	101,459
	10		Similar amounts paid (list in Schedule O)		10	18,457
	11		d to or for members		. 11	10,437
	12	•	er compensation, and employee benefits		. 12	
un Au	13	•	fees and other payments to independent contractors		. 13	
Expenses	14		rent, utilities, and maintenance		14	
<u>6</u>	15		olications, postage, and shipping		. 15	<u> </u>
ш	16		ses (describe in Schedule O)		16	76,469
	17	Total expens	ses. Add lines 10 through 16		17	98,876
<u></u>	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)		. 18	2,583
 0.50 	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must a	gree with		
Net.Assets		end-of-year	figure reported on prior year's return)		. 19	8,382
Ž	20	Other chang	es ın net assets or fund balances (explain in Schedule O)		. 20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		21	10,965

Check if the organization used	Schedule O to respond to	any question in this F	Part II		<u>F</u>
(See the instruc	tions for Part II)	(4	A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🗀	8,382	22	10,965
23 Land and buildings		🗀		23	
24 Other assets (describe in Schedule O)			24	
25 Total assets		🗀	8,382	25	10,965
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 o		:h line 21) .	8,382	27	10,965
Part III Statement of Program	Service Accomplishm	nents		1	Expenses
Check if the organization used	d Schedule O to respond to	any question in this l	Part III . 🔽	1 '	quired for section 501 3) and 501(c)(4)
What is the organization's primary exempt TO PROMOTE FELLOWSHIP AMONG PROMOTE FELLOWSHIP AMONG PROMOTE OF INTERNATIONAL UDescribe the organization's program service measured by expenses In a clear and conbenefited, and other relevant information for	DFESSIONALS, COMMUNI NDERSTANDING, GOOD V e accomplishments for eac cise manner, describe the s	WILL AND PEACE h of its three largest	program services, as	494	anizations and section 17(a)(1) trusts, ional for others)
28 ROTARY CONTRIBUTES MONEY, SER		VARIOUS CIVIC A	ND LOCAL		
	s amount includes foreign ç	grants, check here .	▶ ┌	28a	68,098
(Grants \$) If the	s amount includes foreign o	grants, check here .	▶┌	29a	
30			·	1	
(Grants \$) If the	s amount includes foreign <u>c</u>	grants, check here	▶┌	30a	
31 Other program services (describe in Sc (Grants \$) If the	hedule O)		· · · · · · ⊢	31a	
32 Total program service expenses (add lin				32	68,098
Part IV List of Officers, Directors, True Check if the organization used				truction -	s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit p	lans &	(e) Expense account and other allowances

Form	990-EZ (2011)			Page
Pa	rt V 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			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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		No
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, explain in Schedule O why the organization did not report the income of Form 990-T	n		
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)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
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			
		40b	<u> </u>	No
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	_		
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	List the states with which a copy of this return is filed	- (0:		7474
42a	The organization's books are in care of PAUL ELLIS Telephone no	(9.	31)552	-/4/4
	324 FRANKLIN DR Located at ► CLARKSVILLE, TN ZIP + 4	3	7040	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Τ
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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			
c	Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No
	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 and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
				_
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
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			No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		
		45a		No
45b	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)	45b		

Form 9	90-E	Z (2011)							Page 4
46 [Ord th	e organization engage, directly (or indirectly in politica	l campaign activities	on hehalf of or	in annosition to		Yes	No
		dates for public office? If "Yes,"			on benan or or	in opposition to	46		No
Part	VI	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.			-			_	stions
		Check if the organization used	Schedule O to respon	d to any question in th	his Part VI	<u> </u>			<u></u>
								Yes	No
		e organization engage in lobbyir s," complete Schedule C, Part I		section 501(h) electio	on in effect dur	ing the tax year?	47		
48 I	s the	organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," comple	ete Schedule E		48		
49a [Oid th	e organization make any transfe	ers to an exempt non-c	harıtable related orga	nızatıon?		49a		
b I	f"Ye	s," was the related organization	a section 527 organiza	ation?			49b		
		lete this table for the organization							
		yees) who each received more t	han \$100,000 of comp (b) Title and average			nere is none, ente		e " e) Expe	ns a
(a) N		and address of each employee d more than \$100,000	hours per week	(c) Compensati	ion employe	e benefit plans &	a	count	and
			devoted to position		deferre	d compensation	othe	erallow	ances
						_	_		
f	lota	ıl number of other employees pa	id over \$100,000 .						
51 (Comp	lete this table for the organization	on's five highest compe	ensated independent o	contractors wh	o each received r	nore th	an \$10	0,000
		npensation from the organization			(I-) T.		(-) (·	
	a) Na	ime and address of each indeper	ident contractor paid n	nore than \$100,000	(b) ⊢ y	pe of service	(c) (ompen	sation
d 52		I number of other independent c the organization complete Sche					mnt ch	ritable	tructe
J_		st attach a completed Schedule						Yes	
		ies of perjury, I declare that I have							
knowle knowle		nd belief, it is true, correct, and co	omplete. Declaration of p	reparer (other than offi	icer) is based o	n all information of	f which	prepare	r has any
	- 1								
C:		*****				2012-09-15			
Sign Here		Signature of officer PAUL ELLIS CONTROLLER				Date			
		Type or print name and title							
		Preparer's PAUL S ELLIS		Date 2012-08-30	Check If self-	Preparer's taxpa		ification i	number
Paid Proper		Signature			employed 🕨	- (See instructions	istructions)		
Prepar Use Or	nlv	Firm's name (or yours In THURMAN CAMPBELL GROUP PLC If self-employed),							
220 01	,	address, and ZIP + 4 324 FRANK				Phone no 🕨 (9	31) 552-	1) 552-7474	
——— Mav th	e IRS	CLARKSVILL 5 discuss this return with the pre	E, TN 37040 eparer shown above? S	ee instructions		<u> </u>			No
						-	• •		

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DLN: 93492254004112

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization
ROTARY INTERNATIONAL
CLARKSVILLE ROTARY CLUB

Employer identification number

62-6047104

Identifier	Return Reference	Explanation
PAYMENTS TO FORM 990-EZ, PART I, LINE 10		ROTARY FOUNDATION / DISTRICT 18,457
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CHAMBER DUES 215 CRAM 2012 7,332 AUCTION 2012 11,181 SUPPLIES 1,146 OFFICE EXPENSES 4,319 FEES 150 INTERNET 275 45,801 COMMUNITY SUPPORT 6,050 TOTAL 76,469
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO PROMOTE FELLOWSHIP AMONG PROFESSIONALS, COMMUNITY BETTERMENT PROJECTS, ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOOD WILL AND PEACE

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TV 2011 Companyation Evaluation							

TY 2011 Compensation Explanation

Name: ROTARY INTERNATIONAL

CLARKSVILLE ROTARY CLUB

EIN: 62-6047104

Person Name	Explanation
CATER BRIGGS	
MIKE RAINEY	
TRACY JACKSON	
BETTY BURCHETT	

Additional Data

Software ID: Software Version:

EIN: 62-6047104

Name: ROTARY INTERNATIONAL

CLARKSVILLE ROTARY CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CATER BRIGGS 324 FRANKLIN ST CLARKSVILLE, TN 37040	PRESIDENT 10 00	0		
MIKE RAINEY 324 FRANKLIN ST CLARKSVILLE, TN 37040	SECRETARY 10 00	0		
TRACY JACKSON 53 324 FRANKLIN ST CLARKSVILLE, TN 37040	PRES ELECT 10 00	0		
BETTY BURCHETT 324 FRANKLIN ST CLARKSVILLE, TN 37040	TREASURER 10 00	0		