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Form 990-EZ

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

2011

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

, and ending 06-30-2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization ROTARY INTERNATIONAL-SPARKS ROTARY CLUB	D Employer identification number 88-6004351
Number and street (or P O box, if mail is not delivered to street address) PO BOX 97	E Telephone number
City or town, state or country, and ZIP + 4 SPARKS, NV 89432	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► WWW.SPARKSROTARY.ORGJ Tax-Exempt status (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check 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.

L 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 ► \$ 191,393

Part I 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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	112,697
	2 Program service revenue including government fees and contracts	2	11,372
	3 Membership dues and assessments	3	19,466
	4 Investment income	4	478
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) <input checked="" type="checkbox"/> ► 6a 47,380	6a	47,380
Expenses	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) <input type="checkbox"/> ► 6b	6b	
	c Less direct expenses from gaming and fundraising events	6c	10,000
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) <input type="checkbox"/> ► 6d 37,380	6d	37,380
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	181,393
	10 Grants and similar amounts paid (list in Schedule O)	10	24,116
Net Assets	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	331
	16 Other expenses (describe in Schedule O)	16	134,028
	17 Total expenses. Add lines 10 through 16	17	158,475
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,918
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	70,348
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	93,266

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	70,348	22	100,457
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	285,232	24	
25 Total assets	355,580	25	100,457
26 Total liabilities (describe in Schedule O)	285,232	26	7,191
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,348	27	93,266

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO CREATE FELLOWSHIP AMONG BUSINESS, PROFESSIONAL AND CIVIC LEADERS THROUGH ACTIVITIES AND CHARITABLE PROJECTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 144,856

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

Part 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

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

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)

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 on Form 990-T

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)?

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a

b Did the organization file **Form 1120-POL** for this year?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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

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

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► ROBERT L DORR Telephone no ► (775) 353-1840

Located at ► 1005 GREG STREET

SPARKS, NV

ZIP + 4

► 89431

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 ►

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 ►

43

44a Did the organization maintain any donor advised funds? 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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37b		No
38a		No
38b		
39a		
39b		
40b		No
40e		No
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

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

d 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 Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer ROBERT DORR TREASURER Type or print name and title	2012-12-05 Date		
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> DAVID D KARY CPA	Date 2012-12-07	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> PANGBORN & CO LTD 924 S VIRGINIA STREET RENO, NV 895022416			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (775) 328-1040

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

Yes No

Additional Data

Software ID:
Software Version:
EIN: 88-6004351
Name: ROTARY INTERNATIONAL-SPARKS ROTARY CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 CONTRIBUTIONS TO PUBLIC SCHOOLS, CHARITABLE ORGANIZATIONS, SCHOLARSHIPS AND CIVIC PROJECTS (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	60,892
29 LOCAL CLUB ACTIVITIES AND EVENTS, INCLUDING CLUB TRIPS AND FELLOWSHIP EVENTS, ANNUAL BBQ, DEMOTION EVENT AND INTER-CLUB ACTIVITIES (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	55,773
30 ATTENDANCE AT INTERNATIONAL AND DISTRICT MEETINGS, CONFERENCES AND WEEKLY CLUB MEETINGS (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	4,075
DONATION TO ROTARY FOUNDATION IN THE AMOUNT OF 24,116 (Grants \$ 24,116)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		24,116

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
ANDY MCINNES  PO BOX 97 PO BOX 97 SPARKS, NV 89432	PAST PRESIDE 1 00	0		
MICHAEL HIX  PO BOX 97 PO BOX 97 SPARKS, NV 89432	SECRETARY 4 00	0		
DAVE SINCLAIR  PO BOX 97 PO BOX 97 SPARKS, NV 89432	DIRECTOR 1 00	0		
BERT HARTMANN  PO BOX 97 PO BOX 97 SPARKS, NV 89432	DIRECTOR 1 00	0		
LARRY HARVEY  PO BOX 97 PO BOX 97 SPARKS, NV 89432	PRESIDENT 4 00	0		
ROBERT L DORR  PO BOX 97 PO BOX 97 SPARKS, NV 89432	TREASURER 3 00	0		
TIM HEYDON  PO BOX 97 PO BOX 97 SPARKS, NV 89432	DIRECTOR 1 00	0		
JESS PETERSON  PO BOX 97 PO BOX 97 SPARKS, NV 89432	DIRECTOR 1 00	0		
MIMI THOLL  PO BOX 97 PO BOX 97 SPARKS, NV 89432	DIRECTOR 1 00	0		
JUDY CLARK  PO BOX 97 PO BOX 97 SPARKS, NV 89432	DIRECTOR 1 00	0		
ARLEN PRITCHARD  PO BOX 97 PO BOX 97 SPARKS, NV 89432	DIRECTOR 1 00	0		

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

Department of the Treasury
Internal Revenue Service

Employer identification number

88-600435

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations **e** Solicitation of non-government grants
b Internet and e-mail solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .				
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				()
	11 Net income summary Combine lines 3 and 10 in column (d) ►				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			47,380	47,380
Direct Expenses	2 Cash prizes			10,000	10,000
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				(10,000)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ►				37,380

9 Enter the state(s) in which the organization operates gaming activities NV

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	
13b	100 000 %

a The organization's facility

b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► ROBERT L DORR

Address ► 1005 GREG STREET
SPARKS, NV 89431

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

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-SPARKS ROTARY CLUB	Employer identification number 88-6004351
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Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201-3698 24,116 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES KATE SMITH ELEMENTARY 3,280 ROTARY LITERACY PROJECT 7,084 DICTIONARIES TO SCHOOLS 7,061 SCHOLARSHIPS 7,000 HIGH SCHOOL DONATIONS 4,975 CIVIC PROJECTS 11,637 KID'S FREE FISHING DAY 31,144 MIDDLE SCHOOL LEADERSHIP 19,854 YOUTH PROGRAMS 10,616 CLUB EVENTS & ACTIVITIES 8,885 GUEST LUNCHES 4,194 TRAVEL AND MEETINGS 4,075 SUPPLIES 816 FLOWERS 119 CREDIT CARD & BANK FEES 2,005 PAYMENTS TO AFFILIATES 11,283 TOTAL 134,028
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	SPARKS ROTARY COMMUNITY FUND 285,232 0 TOTAL 285,232 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	SPARKS ROTARY COMMUNITY FUND 285,232 0 MSLP 0 7,191
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO CREATE FELLOWSHIP AMONG BUSINESS, PROFESSIONAL AND CIVIC LEADERS THROUGH ACTIVITIES AND CHARITABLE PROJECTS
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	DONATION TO ROTARY FOUNDATION IN THE AMOUNT OF 24,116

TY 2011 Compensation Explanation

Name: ROTARY INTERNATIONAL-SPARKS ROTARY
CLUB
EIN: 88-6004351

Person Name	Explanation
ANDY MCINNES	
MICHAEL HIX	
DAVE SINCLAIR	
BERT HARTMANN	
LARRY HARVEY	
ROBERT L DORR	
TIM HEYDON	
JESS PETERSON	
MIMI THOLL	
JUDY CLARK	
ARLEN PRITCHARD	