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A For the 2012 calendar year, or tax year beginning 07-01-2012

DLN: 93492308002263

D Employer identification number

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

, and ending 06-30-2013

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

Open to Public Inspection

B Check if applicab		• •	C Name of organization		D Employ	er ider	ntification number
		change	ROTARY CLUB OF SPARTANBURG INC		57-025	2055	
Name cl Initial re		_	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 906		E Telephone number		
_			TO BOX 300				
Terminated City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4			F Group E	xemptio	on		
Application pending SPÁRTANBURG, SC 29304 Number							•
•			Cash				iization is not
G A	ccoun	iting Method	Cash I Accrual Other (specity)		to attach 0,990-E		
ΙW	ebsite	e: 🕨 www.spari	ANBURGROTARY COM	,	•	•	•
J Tax	k-exen	npt status(check	only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527				
		_	ا Inization is not a section 509(a)(3) supporting organization or a section	527 organiza	tion and if	s aros	s receints are
norr	nally	not more than	\$50,000 A Form 990-EZ or Form 990 return is not required though Fo				
			organization chooses to file a return, be sure to file a complete return				
			7b, to line 9 to determine gross receipts If gross receipts are \$200,00 \$500,000 or more, file Form 990 instead of Form 990-EZ	0 or more, or		sets (P 67,97	
	art I		, Expenses, and Changes in Net Assets or Fund Balance	s (see the in			
		Check if th	e organization used Schedule O to respond to any question in this Part 1				
	ı	<u> </u>					
	1		s, gifts, grants, and similar amounts received			1	
	2	Program serv	rice revenue including government fees and contracts			2	167,648
	3	Membership	dues and assessments			3	
	4	Investment	ncome			4	324
	5a	Gross amoun	t from sale of assets other than inventory	5a			
ē	b	Less cost or	other basis and sales expenses	5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
å	6	Gaming and f					
	а	Gross income	e from gaming (attach Schedule G if greater than \$15,000)	6a			
	ь	Gross income	ı e from fundraısıng events (not ıncludıng \$of contribution	I S			
			ing events reported on line 1) (attach Schedule G if the				
		sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events 6c					
	c						
	d	Net income o)	6d			
	7a	Gross sales	of inventory, less returns and allowances	7a			
	b	Less cost of	goods sold	7b			
	c	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther revenu	e (describe in Schedule O)			8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	167,972
65	10	Grants and s	milar amounts paid (list in Schedule O)			10	34,364
	11	Benefits paid	to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	8,760
	13	Professional fees and other payments to independent contractors				13	2,295
ens	14	Occupancy, rent, utilities, and maintenance				14	
Expenses	15	Printing, publ	ıcatıons, postage, and shıppıng			15	
ш	16	O ther expens	ses (describe in Schedule O)			16	127,596
	17	Total expens	es. Add lines 10 through 16		•	17	173,015
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	-5,043
NetAssets	19	•	r fund balances at beginning of year (from line 27, column (A)) (must agi	ee with			·
д. 8			igure reported on prior year's return)			19	57,920
Š	20		es in net assets or fund balances (explain in Schedule O)			20	- p
	21				▶	21	52,877
			,			1	-,

Check if the organization used	1 Schedule O to respond to	any question in this Pa	rt II	<u></u>	<u> </u>
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			49,622	22	44,897
23 Land and buildings				23	
24 Other assets (describe in Schedule O)		11,088	24	11,145
25 Total assets			60,710	25	56,042
26 Total liabilities (describe in Schedule	0)		2,790	26	3,165
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21)	57,920	27	52,877
Check if the organization used What is the organization's primary exempt LOCAL ROTARY CLUB FUNCTIONING IN	d Schedule O to respond to purpose?	any question in this Pa	rt III . 🔽	(c)	Expenses equired for section 501 (3) and 501(c)(4) ganizations and section
INTERNATIONAL CIVIC ORGANIZATIO AND ADVANCE WORLD UNDERSTANDIN BUSINESS, PROFESSIONAL, AND COMM Describe the organization's program service	N TO PROVIDE SERVICE NG, GOODWILL, AND PEA 1UNITY LEADERS	TO OTHERS, PROMO CE THROUGH ITS FEL	TE INTEGRITY, LOWSHIP OF		47(a)(1) trusts, tional for others)
measured by expenses In a clear and con benefited, and other relevant information for	cise manner, describe the				
28 YOUTH AT RISK PROGRAM SUPPOR AROUND SPARTANBURG COUNTY THAT INCLUDE BETHLEHEM CENTER, BIG BROCHILDREN'S ADVOCACY CENTER, AND (Grants \$ 34,364) If the	T SERVE YOUTHS AT RIS OTHERS & BIG SISTERS, I	K ORGANIZATIONS S BOYS AND GIRLS CLU LDREN'S SHELTER	SUPPORTED B, THE	295	24.264
29	s amount merades foreign	grants, check here .	· · •	28a	34,364
(Grants \$) If the	s amount includes foreign	grants, check here .	▶┌	29a	
(Grants \$) If the	s amount includes foreign	grants, check here .	▶ ┌	30a	
31 Other program services (describe in Sc		<u>- </u>	<u>'</u>		
32 Total program service expenses (add lin		grants, eneck here	· · · · ·	31a 32	34,364
Part IV List of Officers, Directors, Tru					•
Check if the organization used					
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amount of other compensation
RUSSEL FLOYD PRESIDENT	2 00	0			
TONY FISCHER TIMMEDIATE PA	2 00	0			
KIT JENNINGS SECRETARY/TR	15 00	0			

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>	
			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				
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)				
35a	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 C	35b			
С	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 🕨				
ь	Did the organization file Form 1120-POL for this year?	37b		No	
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	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter				
	Initiation fees and capital contributions included on line 9				
	Gross receipts, included on line 9, for public use of club facilities 39b				
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
b	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	40e		No	
41	List the states with which a copy of this return is filed F SC				
42a	The organization's books are in care of ▶ <u>KIT JENNINGS</u> Telephone no	► <u>(86</u>	4)266	-7668	
	Located at ▶ PO BOX 906 SPARTANBURG, SC ZIP + 4	2	9304		
L	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1	
U	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 Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	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			▶ Г	
			Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of				
_	Form 990-EZ	44a		No	
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No	
	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			
45a	15a 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)				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ (2	.012)							Page 4
							Yes	No
	ganization engage, directly s for public office? If "Yes,"				or in opposition to	L		No
	ection 501(c)(3) orga I section 501(c)(3) orga		questions 47-49b ar	nd 52, a	and complete the	e tables	s for lir	nes 50
	nd 51 neck if the organization used	d Schedule O to respond to	o any question in this P	art VI				г
	<u> </u>	·				• • •	Yes	No
	ganızatıon engage ın lobbyıı omplete Schedule C, Part I		tion 501(h) election in		luring the tax year?	47		
18 Is the orga	anızatıon a school as descr	ribed in section 170(b)(1)(A)(11)? If "Yes," comple	ete Sche	edule E .	. 48		
9a Did the organization make any transfers to an exempt non-charitable related organization?						. 49a		
b If"Yes," w	was the related organization	a section 527 organization	on?			. 49b		
	this table for the organizati s) who each received more t							
` '	itle of each employee paid than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	emplo	Health benefits, ontributions to oyee benefit plans, and deferred compensation	1 ' '		amoun ensatior
			•			1		
1 Complete	mber of other employees pa this table for the organizati sation from the organizatioi	on's five highest compens		ractors	· · · · · · · · · who each received	►more th	an \$10	0,000
i1 Complete of compen	this table for the organizati	on's five highest compens n If there is none, enter "I	None "		· · · · · · · · who each received		an \$10 Compen	•
i1 Complete of compen	this table for the organizati sation from the organizatioi	on's five highest compens n If there is none, enter "I	None "					•
i1 Complete of compen	this table for the organizati sation from the organizatioi	on's five highest compens n If there is none, enter "I	None "					•
i1 Complete of compen	this table for the organizati sation from the organizatioi	on's five highest compens n If there is none, enter "I	None "					
51 Complete of compen	this table for the organizati sation from the organizatioi	on's five highest compens n If there is none, enter "I	None "					•
i1 Complete of compen	this table for the organizati sation from the organizatioi	on's five highest compens n If there is none, enter "I	None "					
d Total nui	this table for the organizati sation from the organizatioi	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving	e than \$100,000 over \$100,000 501(c)(3) organizatio	(b)	Type of service		Compen	sation
d Total num Did the nonexer	this table for the organization from the organization and address of each indeperation and address of each independent of organization complete Schemo	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000 over \$100,000 501(c)(3) organizatioule A	(b)	Type of service	(c) C	Yes	sation
d Total num Total num Did Total nu	this table for the organization from the organization and address of each indeperation of other independent of organization complete Schempt charitable trusts must and of perjury, I declare that I have elief, it is true, correct, and contains the correct of perjury.	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000 over \$100,000 501(c)(3) organizatioule A	(b)	Type of service	(c) C	Yes	sation
d Total num Did the nonexer nowledge and be nowledge.	this table for the organization from the organization and address of each indeperation and address of each indeperation of other independent of organization complete Schempt charitable trusts must a series of perjury, I declare that I have elief, it is true, correct, and contains the correct, and contains the correct of	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	e than \$100,000 over \$100,000 501(c)(3) organizatioule A	(b)	Type of service	(c) C	Yes	sation
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d Total nur Total nur Did the nonexer nder penalties on owledge and be nowledge.	this table for the organization from the organization and address of each indeperation and address of each indeperation and address of each indeperation of other independent of organization complete Schempt charitable trusts must are feelief, it is true, correct, and contains the correct of officer it is true, correct, and contains the correct of officer it jennings sec treating true of officer it jennings sec true of officer it jennings sec treating true of officer it jennings sec treating true of officer it jennings sec true of off	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched re examined this return, inclue omplete. Declaration of prep	e than \$100,000 over \$100,000 501(c)(3) organization of the companying school of the compan	(b)	Type of service 4947(a)(1) nd statements, and ton all information of the control of the contro	(c) C	Yes	sation
d Total nur Total nur Did the nonexer nder penalties on wiedge and benowledge.	this table for the organization from the organization and address of each indeperation and address of each indeperation organization complete. So the application complete so the application complete so the application of perjury, I declare that I have elief, it is true, correct, and contains the application of the a	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched e examined this return, inclusion omplete. Declaration of prep	e than \$100,000 over \$100,000 501(c)(3) organization of the companying school of the compan	(b)	Type of service 4947(a)(1) 100 all information of the control of	(c) C	Yes	sation

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Return

As Filed Data -

DLN: 93492308002263

SCHEDULE O (Form 990 or 990-EZ)

Identifier

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization ROTARY CLUB OF SPARTANBURG INC	Employer identification number
	57-0252055

Explanation

	Reference	
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	VARIOUS LOCAL ORGANIZATIONS VARIOUS SPARTANBURG 34,364 0 SPARTANBURG 0 SPARTANBURG, SC 29302
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES LUNCHEONS 89,114 ROTARY NIGHT 3,284 DISTRICT DUES 6,699 ROTARY INTERNATIONAL DUES 11,813 COMPUTER EXPENSE 254 BULLETIN EXPENSE 4,940 CONFERENCE EXPENSE 602 POSTAGE 221 PRINTING AND OFFICE SUP 484 ROTARY SUPPLIES 1,017 WEBSITE DEVELOPMENT 130 DISTRICT WEBSITE FEE 878 SPARTANBURG SINGS 2,836 MISCELLANEOUS 2,474 ROTARY AUCTION 2,850 TOTAL 127,596
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 11,088 11,145 TOTAL 11,088 11,145
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	PAUL HARRIS FELLOW CLEARING 2,790 3,165
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	LOCAL ROTARY CLUB FUNCTIONING IN ACCORDANCE WITHIN THE IDEALS OF THE ROTARY INTERNATIONAL CIVIC ORGANIZATION TO PROVIDE SERVICE TO OTHERS, PROMOTE INTEGRITY, AND ADVANCE WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	YOUTH AT RISK PROGRAM SUPPORT PROVIDED TO VARIOUS LOCAL ORGANIZATIONS IN AND AROUND SPARTANBURG COUNTY THAT SERVE YOUTHS AT RISK ORGANIZATIONS SUPPORTED INCLUDE BETHLEHEM CENTER, BIG BROTHERS & BIG SISTERS, BOY'S AND GIRLS CLUB, THE CHILDREN'S ADVOCACY CENTER, AND THE SPARTANBURG CHILDREN'S SHELTER

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TY 2012 Compensation Explanation

Name: ROTARY CLUB OF SPARTANBURG INC

EIN: 57-0252055

Person Name	Explanation
RUSSEL FLOYD	
TONY FISCHER	
KIT JENNINGS	