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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, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year may use this form

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

OMB No. 1545-1150

2006

Open to Public Inspection

598-96

A For the 2006 calendar year, or tax year beginning 7/1/2006 and ending 6/30/2007

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ROTARY CLUB OF GWINNETT COUNTY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
40 TECHNOLOGY PARKWAY | 250

City, town, or country | State | ZIP + 4
NORCROSS | GA | 30092

D Employer identification number
23-7278669

E Telephone number
770-449-4921

F Group Exemption Number . . ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

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:** ▶ N/A

J **Organization type** (check only one)— ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ. ▶ $ 92,823

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	29,270
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c	0
	6	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 44,825		
	b	Less: direct expenses other than fundraising expenses	6b 26,906		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	17,919
	7a	Gross sales of inventory, less returns and allowances	7a 130		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	130
	8	Other revenue (describe ▶ See attached statement)		8	18,598
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	65,917
Expenses	10	Grants and similar amounts paid (attach schedule)		10	27,698
	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	1,338
	16	Other expenses (describe ▶ See attached statement)		16	19,422
	17	**Total expenses** (add lines 10 through 16) ▶		17	48,458
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)		18	17,459
	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	137,752
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	155,211

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Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	81,000	22	99,050
23	Land and buildings		23	
24	Other assets (describe ▶ See attached statement)	67,241	24	66,241
25	**Total assets**	148,241	25	165,291
26	**Total liabilities** (describe ▶ Member Contr)	10,489	26	10,080
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	137,752	27	155,211

SCANNED FEB 10 2011

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

What is the organization's primary exempt purpose? _____

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, or other relevant information for each program title

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

28 _____

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a**

29 _____

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a**

30 _____

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 52 of the instructions)

(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
Name Slade Lail Str 6500 Suglarloaf City Duluth ST GA ZIP 30097	Title President Hr/WK 3 00	0	0	0
Name Perry Tindol Str 6500 Sugarloaf City Duluth ST GA ZIP 30097	Title Treasurer Hr/WK 3.00	0	0	0
Name J Terry Gordon Str 6500 Sugarloaf City Duluth ST GA ZIP 30097	Title Asst Treasurer Hr/WK 3.00	0	0	0
Name Str City ST ZIP	Title Hr/WK			

Part V Other Information (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* ***not*** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

Part V Other Information (Note the statement requirement in General Instruction V.) *(Continued)*

		Yes	No
40 a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. 40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	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? 40e		X

41 List the states with which a copy of this return is filed. ▶ GA

42 a The books are in care of ▶ Name _____ Telephone no. ▶ _____

Located at ▶ _____ City _____ ST _____ ZIP + 4 ▶ _____

		Yes	No
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)? 42b		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
	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 N/A

Please Sign Here

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

J. Jerry Gordon — Signature of officer — 4.30.08 — Date

J. JERRY GORDON ASST. TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

Line 6 (990-EZ) - Special events and activities

		Event A	Event B	Event C	All others		Totals
1	Special event name	Annual Fundraiser	Christmas Party	Oyster Roast	2185		
1a	Number of special events						
2	Gross receipts	38,275	3,015	1,350	2,185	2	44,825
3	Less contributions					3	0
4	Gross revenue	38,275	3,015	1,350	2,185	4	44,825
5	Less direct expenses	20,445	4,097	1,006	1,358	5	26,906
6	Net income or (loss)	17,830	-1,082	344	827	6	17,919

Line 8 (990-EZ) - Other revenue

1	Miscellaneous	1	71
2	Meals	2	18,527
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total other revenue	10	18,598

Line 16 (990-EZ) - Other expenses

1	International Dues	1	5,947
2	District Dues	2	4,158
3	Theme Pins & Banner	3	1,067
4	Scrapbook Expense	4	125
5	Club Directory & Website	5	150
6	Bookkeeping	6	3,400
7	Office Supplies	7	53
8	Awards	8	750
9	Miscellaneous	9	183
10	Conferences & Training	10	3,336
11	Weekly Meeting Expense	11	253
12	Total other expenses	12	19,422

Line 24 (990-EZ) - Other assets

		67,241	66,241
		Beginning	End
1	Ameriprise	9,052	9,052
2	Deposits	1,000	0
3	Community Foundation of NE GA	57,189	57,189
4			
5			
6			
7			
8			
9			
10			

Line 26 (990-EZ) - Liabilities

		10,489	10,080
		Beginning	End
1	Member Contr	10,489	10,080
2			
3			
4			
5			
6			
7			
8			
9			
10			