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Form **990-EZ**

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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. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

599-465

A For the 2007 calendar year, or tax year beginning <u>7/30/2007</u> and ending <u>6/30/2008</u>	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	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) ►

I Website: ► N/A

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

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ► \$ **91,133**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	21,840
	4 Investment income	4	
	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 (attach schedule)	5c	0
	6 Special events and activities (attach schedule). If any amount is from gaming, check here ☐ a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	32,085
	b Less: direct expenses other than fundraising expenses	6b	21,654
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	10,431	
7a Gross sales of inventory, less returns and allowances	7a	16	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	16	
8 Other revenue (describe ► See attached statement)	8	37,192	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	69,479	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	20,728
	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	1,435
	16 Other expenses (describe ► See attached statement)	16	13,814
17 Total expenses. Add lines 10 through 16	17	35,977	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	33,502
	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	155,211
	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	188,713

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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 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	99,050	124,662
23 Land and buildings		
24 Other assets (describe ► See attached statement)	66,241	66,241
25 Total assets	165,291	190,903
26 Total liabilities (describe ► Member Contr)	10,080	2,190
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	155,211	188,713

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)**Expenses**

What is the organization's primary exempt purpose? Promote Business Ethics Among the Community
 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.

(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 \$ 0) If this amount includes foreign grants, check here ☐	31a	0
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 61 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 <u>Andy Mc Clung</u>	Str <u>6500 Sugarloaf Parkw</u>		Title <u>President</u>			
City <u>Duluth</u>	ST <u>GA</u> ZIP <u>30097</u>		Hr/WK <u>3.00</u>	<u>0</u>		
Name <u>Lee Wolfe</u>	Str <u>6500 Sugarloaf Parkw</u>		Title <u>Treasurer</u>			
City <u>Duluth</u>	ST <u>GA</u> ZIP <u>30097</u>		Hr/WK <u>3.00</u>	<u>0</u>		
Name <u>J Terry Gordon</u>	Str <u>6500 Sugarloaf Parkw</u>		Title <u>Asst Treas</u>			
City <u>Duluth</u>	ST <u>GA</u> ZIP <u>30097</u>		Hr/WK <u>3.00</u>	<u>0</u>		
Name	Str		Title			
City	ST ZIP		Hr/WK	<u>.00</u>	<u>0</u>	

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

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		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		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		X
37 a 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?		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?		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)

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

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? . . .

	Yes	No
40b		
40c		
40d		
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 J Terry Gordon Telephone no. ▶ 770-449-4921

Located at ▶ 40 Technology Parkway City Norcross ST GA ZIP + 4 ▶ 30092

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**.

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: ▶

	Yes	No
42b		X
42c		X

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.

Signature of officer ▶ J. Terry Gordon

Date ▶ 5.10.09

Type or print name and title ▶ J. TERRY GORDON

ASST TREASURER

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	Christmas	Oyster	Misc	
	Fundraiser	Party	Roast		
1a Number of special events					
2 Gross receipts	28,980	2,200	905		2 32,085
3 Less contributions					3 0
4 Gross revenue	28,980	2,200	905	0	4 32,085
5 Less direct expenses	17,904	2,666	978	106	5 21,654
6 Net income or (loss)	11,076	-466	-73	-106	6 10,431

Line 8 (990-EZ) - Other revenue

		37,192	
1	Meals	1	37,124
2	Miscellaneous	2	68
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Line 24 (990-EZ) - Other assets

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

Line 26 (990-EZ) - Liabilities

10,080

2,190

		Beginning	End
1	Member Contr	10,080	2,190
2			
3			
4			
5			
6			
7			
8			
9			
10			