

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Short Form**

Open to Public

Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org. anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

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

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

	Α	For the 2008 ca <u>lendar</u>	year, or tax year beginning $Jul_1$ , 2008, and enc	ding Jun 30		, 2009
	<u>B</u> _ '	Check if applicable	C Name of organization	D	Employer	identification number
	Ш.	Address change   Please use IRS	SAVANNAH SUNRISE ROTARY CLUB#50780 DISTRIC	~т 6920 │	91_18	370210
		Name change label or			Telephone	
		Initial return type.	1	-	•	
		Termination See Specific	PO BOX 1592		(912)	234-6318
		Amended return Instruc-	City or town, state or country, and ZIP + 4	i.e.	Group F	xemption
	$\square$	Application pending tions.	SAVANNAH GA 314	112	Number	▶ 0573
		• Cootion FO1/oV		Accounting met		Cash X Accrual
		♥ Secuon SUI(C)(. must att	3) organizations and 4947(a)(1) nonexempt charitable trusts ach a completed Schedule À (Form 990 or 990-EZ).	Other (specify)		Casil K Accidal
		77851 511				
		Website: ► N/A				ganızatıon ıs <b>not</b> dule B (Form 990,
		<del> </del>	1 V FOY	990-EZ, or 990	-PF).	uule D (FUIII 350,
		Organization type (check or				
			anization is not a section 509(a)(3) supporting organization and its gro			ot more than
			ot required, but if the organization chooses to file a return, be sure to fi		711	
			7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Fo	rm 990	_ ^	40 222
	_	instead of Form 990-E			<b>►</b> \$	49,333.
	<u>Pa</u>		Expenses, and Changes in Net Assets or Fund Balance	<b>es</b> (See the ins	tructio	ns for Part I.)
		1 Contributions, gr	fts, grants, and similar amounts received	• •	1	
		2 Program service	revenue including government fees and contracts		2	
		3 Membership due	s and assessments		3	23,601.
	-	4 Investment incor	ne		4	260.
		5a Gross amount fro	om sale of assets other than inventory 5a			
	- 1		er basis and sales expenses 5b		- W	
	R		ale of assets other than inventory (Subtract in 5b from in 5a) (att sch)		5 c	
	RE>E2U		ctivities (complete applicable parts of Schedule G) If any amount is from gaming, check	here ▶ □	<b>200</b>	
	Ė	a Gross revenue (r			â	
				04 646	, III	
	E	reported on line	' <del>                                    </del>	24,640		
	1	-	enses other than fundraising expenses 6b	14,708	—-J	
	- 1	• •	from special events and activities (Subtract line 6b from line 6a)		6c	9,932.
			ventory, less returns and allowances 7a		Millitar.	
		<b>b</b> Less. cost of goo	<u> </u>			
		c Gross profit or (I	oss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	- 1	8 Other revenue (descr	ibe ► OTHER MISC	)	8	832.
		9 Total revenue (a	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		▶ 9	34,625.
		_			. 10	- ,
		11 Benefits paid to		•	11	18,817.
	E	•	omponentian, and amployee honofites		12	10,017.
	ĝ	13 Professional fee:	s and other payments to independent contractors 0 4 2010		13	750.
2010	Ň	14 Occupancy, rent	s and other payments to independent contractors () 4 20:10, utilities, and maintenance		14	730.
<b>8</b>	E		, utilities, and maintenance		15	207
<b>a</b>	S		merica) processor, control of important			397.
_				)	16	11,210.
3			(add lines 10 through 16)	-	▶ 17	31,174.
0		18 Excess or (defici	t) for the year (Subtract line 17 from line 9)		18	3,451.
	N S	19 Net assets or fur	nd balances at beginning of year (from line 27, column (A)) (must agre	e with end-of-year	£	
Щ	ËŞ	figure reported o	n prior year's return) .		19	13,781.
曇	' [	20 Other changes in	n net assets or fund balances (attach explanation) .		20	
4	٦	21 Net assets or fur	nd balances at end of year Combine lines 18 through 20		▶ 21	17,232.
SCANNED	Pa	rt II& Balance S	heets. If Total assets on line 25, column (B) are \$2,500,000 or more	, file Form 990 ins	tead of F	orm 990-EZ.
S			(See the instructions for Part II.)	(A) Beginning of		(B) End of year
	22	Cash, savings, and i	· · · · · · · · · · · · · · · · · · ·		31. 22	15,666.
	23	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	··· '·· '		0. 23	0.
			pe ► See L-24_Stmt		0. 24	1,566.
	25	Total assets	- Comment of the comm	13,78		17,232.
	26	Total liabilities (desc	· · ·	13,70	0. 26	0.
		•		12 70		
	27		alances (line 27 of column (B) must agree with line 21)	13,78	11.   21	17,232.
	RA	A For Privacy Act and	Paperwork Reduction Act Notice, see the instructions for Form 990.			Form <b>990-EZ</b> (2008)

Form 990-EZ (2008) SAVANNAH SUNRIS	E ROTARY CLUB#5078	30 DISTRICT 692	0 91	-187	70210 Page <b>2</b>
Pantill Statement of Program Ser			ons.)		Expenses
What is the organization's primary exempt purpose? <u>CO</u> Describe what was achieved in carrying out the describe the services provided, the number of	MMUNITY VOLUNTEER e organization's exempt purpo persons benefited, or other re	SERVICE uses In a clear and cond elevant information for ea	cise manner,	and (	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional
program title.  28 GLOBAL NETWORK COMMUNITY	VOLUMPERD SERVICE			tor o	thérs)
20 GHODAH MATMORK COMMONITY					
(Grants \$ 0.) If th	ıs amount ıncludes foreign gra	ants, check here		28 a	31,174.
29					
·	is amount includes foreign gra	ants, check here		29 a	
30 _0					
(Grants \$ ) If th	is amount includes foreign gra	ants, check here		30 a	
31 Other program services (attach schedule			· _		
	is amount includes foreign gra	ants, check here	<u> </u>	31 a	21 174
32 Total program service expenses (add ling Partity List of Officers, Directors,		ployoos () ist each a		32	31,174.
Raildiv List of Officers, Directors,	(b) Title and average hours		(d) Contributions		
(a) Name and address	per week devoted to position	(c) Compensation (If not paid, enter -0)	employee benefit plan deferred compensa	ns and	(e) Expense account and other allowances
MARTHA HARREL				-	
PO BOX 2380	PRESIDENT			_	
TYBEE ISLAND GA 31328  JEFF HALLIBURTON	3.00	0.		0.	
111 GOETTE TR	PRESIDENT ELECTED				
SAVANNAH GA 31410	3.00	0.		0.	
MAUREEN HORVATH	3.00			<u> </u>	<u></u>
211 E 38TH STREET	SECRETARY				
SAVANNAH GA 31404	3.00	0.		0.	
NEVILLE STEIN					
10500 ABERCORN ST, SUITE H	TREASURER				
SAVANNAH GA 31419	3.00	0.		0.	
			,		<del>-</del>
		, <u> </u>			
			_		
BAA	TEEA0010 0	1.7.4/00	<u> </u>		Form <b>990-EZ</b> (2008)
	TEEA0812 0	11/14/09			1 (2000)

Par	t 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	× i		4
39	501(c)(7) organizations Enter:	ين	s, in	<b>\$</b> . 4
а	Initiation fees and capital contributions included on line 9	1,3	300	12
b	Gross receipts, included on line 9, for public use of club facilities  39b	c41;;	241 4	P 4
40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			322
	section 4911 ►; section 4912 ►; section 4955 ►	***	\$pyres met	₩^` `*
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,' complete Schedule L, Part I	40 b		x
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	73	*	· ·
d	Enter amount of tax on line 40c reimbursed by the organization	***	***	
е	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	40 e	in.	X
	List the states with which a copy of this return is filed Georgia	1 100		1 21
	The books are in care of ► NEVILLE STEIN Telephone no. ► (912)  Located at ► 10500 ABERCORN ST, SUITE H SAVANNAH GA ZIP + 4 ► 31419	<u>925</u> 	-250 	00 
Ь	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	162	X
	If 'Yes,' enter the name of the foreign country:			
		, t	\$e }	<b>*</b>
		.\$-	ø.	€.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	×\$1~	₩.°	*
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country: ▶			
	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 .		<b>-</b> 🗆	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		-
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes.'			X
BAA	Form 990 must be completed instead of Form 990-EZ  TEEA0812 01/14/09  Fo	<b>45</b> rm <b>99</b> 0	)-EZ (	(2008)

		VANNAH SUNRISE RO					Page 4
Part VI		01(c)(3) organizations	only. All section	501(c)(3) organi:	zations must answer o	uestions 4	6-49
	and comp	lete the tables for line	es 50 and 51.		. <u> </u>		
<b>46</b> Did	the organization	engage in direct or indirec	t political campaign act	ivities on behalf of o	r in opposition to candidates	5 <u>Y</u>	es No
	-	engage in lobbying activition		•		47	
<b>48</b> Is the	he organization o	pperating a school as descri	bed in section 170(b)(1	)(A)(II)? If 'Yes,' cor	nplete Schedule E	. 48	
	-	make any transfers to an e	•	elated organization?		49a	
<b>b</b> If 'Y	'es,' was the rela	ated organization(s) a section	on 527 organization?			. 49b	
50 Cor	nplete this table eived more than	for the five highest compen \$100,000 of compensation	sated employees (othe from the organization.	r than officers, direct If there is none, ente	tors, trustees and key emplo r 'None.'	yees) who ea	ach
	(a) Name and address more than	of each employee paid n \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account other allow	and
	·						
							-
Total numb	er of other employees	s paid over \$100,000					
	(a) Name and	d address of each independent contr	actor paid more than \$100,000	)	(b) Type of service	(c) Compen	ısatıon
	<del>-</del>						
					<u>-</u>		
		<b></b>					
				<del> </del>			
		<del>-</del>					
Total num	abor of other indi	anandant contractors recon	ma over \$100,000	<b>•</b>			
Total Hull		ependent contractors received figure of perjury declare that I have exam complete Declaration of preparer (			latements, and to the best of my kno eparer has any knowledge	owledge and belie	f, it is
•		<i>1</i> U			$\frac{1}{1}$	<b>~</b>	
Sign Here	Signature of o	officer			Date 7/28//	<u>Ų</u>	
nere	J M	STEIL TREASU	KEY		Date 1		
	Type or print	name and title					
	Type or print		<del></del>	T <sub>=</sub> .	I I D	anaroric Identifus	a Number
Paid	Preparer's signature	NEUTITE OMETN	$k \sim$	Date		eparer's Identifyir ee instructions)	ig mumber
Pre-		NEVILLE STEIN	$\frac{1}{6}$	09/23/	10 employed X		
parer's	Firm's name (or yours if self-	STEIN ACCOUNTIN	<del></del>	<del></del>			
Use Only	employed), address, and	10500 ABERCORN	ST.		EIN •	0) 005 0	
Oilly	ZIP + 4						
		SAVANNAH		GA 31419	Phone no ► (91:		<del></del>
May the I		return with the preparer sho	wn above? See instruc		9 Phone no F (91.	2) 925-2. ► Yes Form 990-I	No

### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number SAVANNAH SUNRISE ROTARY CLUB#50780 DISTRICT 6920 91-1870210 Part | Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have 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 990EZ filers are not required to complete this table. (v) Amount paid to (i) Name of individual (ii) Activity (iii) Did fundraiser (or retained by) (vi) Amount paid to (iv) Gross receipts (or retained by) or entity (fundraiser) have custody or control fundraiser listed in from activity of contributions? col.(i) organization Yes No Total 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

Schedule G (Form 990 or 990-EZ) 2008 SAVANNAH SUNRISE ROTARY CLUB#50780 DISTRICT 6920 91-1870210 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. (d) Total Events (Add col. (a) through col (c)) (a) Event #1 **(b)** Event #2 (c) Other Events OTHER 6 FUNDS PAUL HARRIS FUND MIDTOWN CENTER FUND (event type) (event type) (total number) REVENUE 1 Gross receipts 7,475 5,343. 11,822. 24,640. 2 Less: Charitable contributions 3 Gross revenue (line 1 minus line 2) 7,475 5,343. 11,822 24,640. 4 Cash prizes DIRECT 5 Non-cash prizes 6 Rent/facility costs EXPENSES 7 Other direct expenses 5,950. 7,039 1,719 14,708. 8 Direct expense summary Add lines 4- through 7 in column (d) 14,708. 9 Net income summary. Combine lines 3 and 8 in column (d) 9,932. 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 (c) Other gaming (d) Total gaming (Add col (a) through col (c)) REVENUE bingo/progressive bingo 1 Gross revenue 2 Cash prizes EXPENSE DIRECT 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 용 Yes 윰 6 Volunteer labor . No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) YES NO 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b if 'No.' Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' Explain

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?

Does the organization operate gaming activities with nonmembers?

11

12

Schedule G (Form	1,990 or 990-EZ) 2008 SAVANNAH SUNRISE ROTARY CLUB#50780 DISTRICT 6920 91-1870	210	Р	age 3
			YES	
	percentage of gaming activity operated in			
<b>a</b> The organiza		5		
<b>b</b> An outside f	· · · · · · · · · · · · · · · · · · ·	5		
14 Provide the	name and address of the person who prepares the organization's gaming/special events books and records.			
Name. ►				æ
A -1 -1				
Address: 💆				424.
15 a Does the or	ganization have a contact with a third party from whom the organization receives gaming revenue?	. 15a		
	er the amount of gaming revenue received by the organization \$ and the amount	. 134		
of gaming re	evenue retained by the third party \$			्यूक्
	er name and address			
,				***
Name <sup>.</sup> ►				*
Address: 🟲		1.5	Ü	
			ž.	
16 Gaming mar	nager information			
Name. ►	·			in it is
Gamina mar	nager compensation  \$	1		
Garning mai	lager compensation > 4			À
Description	of services provided			
				4
Director	fofficer Employee Independent contractor			#
_		F. 26		
17 Mandatory d	Istributions			
a Is the organ	ization required under state law to make charitable distributions from the gaming proceeds to retain the			
state gaming	g license?	17a		
	nount of distributions required under state law distributed to other exempt organizations or spent in the			
	's own exempt activities during the tax year. ► \$		223	
BAA	TEEA3703 07/18/08 Schedule <b>G</b> (Form	<i>9</i> 90 or 99	3U-EZ)	2008

### Form 990-EZ Part II

## **Other Assets and Liabilities**

2008

				<del></del>		
Name as Show	vn on Return					Employer Identification No
SAVANNAH	SUNRISE	ROTARY	CLUB#50780	DISTRICT	6920	91-1870210

Line 24 - Other Assets:	Beginning of Year	End of Year
A/R		1,566
Totals to Form 990-EZ, Part II, line 24		1,566
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		·

TEEW1801 SCR 04/21/08

Form 990-EZ, Part I, Line 16 Other Expenses Statement	
Other expenses (describe)	
GRSP EXP	3,301.
CONFERENCE/MEETINGS	3,340.
DUES AND SUBSCRIPTIONS	3,676.
AWARDS AND GIFTS	893.
CLUB SERV	
MISC	
Total	11,210.