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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)

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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 organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
SAVANNAH SUNRISE ROTARY CLUB#50780 DISTRICT 6920
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1592
 City or town, state or country, and ZIP + 4
SAVANNAH GA 31412

D Employer identification number
91-1870210

E Telephone number
(912) 234-6318

F Group Exemption Number 0573

• 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) (4) ◀ (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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 49,333.

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

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	23,601.
4 Investment income	4	260.
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) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	24,640.
b Less direct expenses other than fundraising expenses	6b	14,708.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,932.
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 ► <u>OTHER MISC</u>)	8	832.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	34,625.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	18,817.
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	750.
14 Occupancy, rent, utilities, and maintenance	14	397.
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► <u>See Other Expenses Statement</u>)	16	11,210.
17 Total expenses (add lines 10 through 16)	17	31,174.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,451.
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	13,781.
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	17,232.

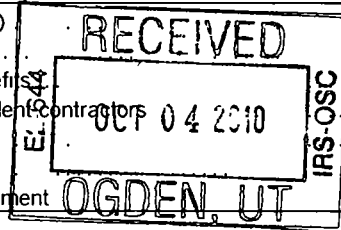
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,781.	15,666.
23 Land and buildings	0.	0.
24 Other assets (describe ► <u>See L-24 Stmt</u>)	0.	1,566.
25 Total assets	13,781.	17,232.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,781.	17,232.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED OCT 22 2010



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

What is the organization's primary exempt purpose? COMMUNITY VOLUNTEER SERVICE

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

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.

28	GLOBAL NETWORK COMMUNITY VOLUNTEER SERVICE		
	(Grants \$ 0.) If this amount includes foreign grants, check here	28 a	31,174.
29			
	(Grants \$) If this amount includes foreign grants, check here	29 a	
30	0		
	(Grants \$) If this amount includes foreign grants, check here	30 a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	31,174.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs)	
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[illegible]

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		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, 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.		
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?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 501(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 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,' complete Schedule L, Part I		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? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ Georgia		

42a The books are in care of ▶ NEVILLE STEIN Telephone no. ▶ (912) 925-2500
 Located at ▶ 10500 ABERCORN ST, SUITE H SAVANNAH GA ZIP + 4 ▶ 31419

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: ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

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.

REVENUE		(a) Event #1 <u>PAUL HARRIS FUND</u> (event type)	(b) Event #2 <u>MIDTOWN CENTER FUND</u> (event type)	(c) Other Events <u>OTHER 6 FUNDS</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
DIRECT EXPENSES	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 EXPENSES	5 Non-cash prizes				
	6 Rent/facility costs				
	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.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
DIRECT EXPENSES	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

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?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****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?**17a****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. ▶ \$ _____

**Form 990-EZ
Part II**

Other Assets and Liabilities

2008

Name as Shown on Return

SAVANNAH SUNRISE ROTARY CLUB#50780 DISTRICT 6920

Employer Identification No

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		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

GRSP EXP	3,301.
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CONFERENCE/MEETINGS	3,340.
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DUES AND SUBSCRIPTIONS	3,676.
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AWARDS AND GIFTS	893.
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CLUB SERV	
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MISC	
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Total	11,210.
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