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Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Department of the Treasury
Internal Revenue ServiceUnder 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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C

ROTARY CLUB OF DOWNTOWN MACON
P.O. BOX 4652
MACON, GA 31208

D Employer identification number

36-3981011

E Telephone number

478-330-5238

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 Tax-exempt status (check only one) — 501(c) (4) (insert no.) 4947(a)(1) or 527K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 88,083.

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	5,160.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	82,841.
4 Investment income	4	82.
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)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a Gross revenue (not including \$ NOV 16 2010 of contributions reported on line 1)	6b	
b Less: direct expenses other than fundraising expenses	6c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ►)	9	88,083.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10 Grants and similar amounts paid (attach schedule)	10	41,019.
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	600.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	70.
16 Other expenses (describe ► SEE STATEMENT 2)	16	46,405.
17 Total expenses. Add lines 10 through 16	17	88,094.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11.
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	21,276.
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	21,265.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	26,003.	22 21,303.
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 3)	740.	24 4,238.
25 Total assets	26,743.	25 25,541.
26 Total liabilities (describe ► SEE STATEMENT 4)	5,467.	26 4,276.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,276.	27 21,265.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes
 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 why the organization did not report the income on Form 990-T
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 b If 'Yes,' has it filed a tax return on Form 990-T for this year?

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

37a 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?

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 period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 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 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.

section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A

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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 ► 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.

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

41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► ELIZABETH HARDIN Telephone no ► 478-330-5238
 Located at ► P.O. BOX 4652 MACON GA ZIP + 4 ► 31208

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 ► N/A

	Yes	No
44		X
45		X

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

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

 b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees or employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

	Yes	No
46		
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

1

Sign Here	<p>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.</p> <p> <input checked="" type="checkbox"/> <u>Elizabeth Hardin</u> Nov. 11, 2010 Signature of officer Date </p> <p> <input type="checkbox"/> <u>Elizabeth Hardin, Treasurer</u> Type or print name and title </p>	
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Type or print name and title		Date	Check if self employed	Preparer's Identifying Number (See instructions)
Paid Pre- parer's Use Only	Preparer's signature	<i>William H. Eggers</i>	<input checked="" type="checkbox"/>	P00366730
	Firm's name (or yours if self employed), address, and ZIP + 4	MCNAIR, MCLEMORE, MIDDLEBROOKS ► POST OFFICE BOX ONE MACON, GA 31202-0001	EIN	► 58-1094351
			Phone no	► (478) 746-6277

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

BAA

2009

FEDERAL STATEMENTS

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CLIENT 81ROTARY

ROTARY CLUB OF DOWNTOWN MACON

36-3981011

11/09/10

11:21AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	COMMUNITY SERVICE	
CASH AMOUNT GIVEN:		\$ 7,500.
DONEE'S NAME:	CRIMESTOPPERS LUNCHEON	
CASH AMOUNT GIVEN:		\$ 4,000.
DONEE'S NAME:	GRSP, RYLA & INTERACT	
CASH AMOUNT GIVEN:		\$ 6,563.
DONEE'S NAME:	EDUCATION/LITERACY	
CASH AMOUNT GIVEN:		\$ 7,922.
DONEE'S NAME:	INTERNATIONAL PROJECT WATER	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	POLIO PLUS	
CASH AMOUNT GIVEN:		\$ 2,000.

PAYMENTS TO AFFILIATES

NAME:	ROTARY INTL DISTRICT 6920	
ADDRESS:	102 EAST 44TH STREET	
	SAVANNAH, GA 31405	
PURPOSE OF PAYMENT:	DISTRICT DUES	
AMOUNT:		\$ 4,851.
NAME:	ROTARY INTERNATIONAL	
ADDRESS:	P. O. BOX 75297	
	CHICAGO, IL 60675	
PURPOSE OF PAYMENT:	INTERNATIONAL DUES	
AMOUNT:		\$ 7,183.
PAYMENTS TO AFFILIATES		\$ 12,034.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CLUB ADMINISTRATION	\$ 1,302.
CONFERENCES, CONVENTIONS, AND MEETINGS	1,131.
HONORARIA/GIFTS/CERTIFICATES	1,318.
MEDIA	781.
MEETING EXPENSE	38,615.
MEMBERSHIP SUPPLIES	148.
MISCELLANEOUS	771.
OFFICE EXPENSES	89.
SOCIAL	1,559.
YOUTH SERVICES	691.
TOTAL	\$ 46,405.

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ROTARY CLUB OF DOWNTOWN MACON

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STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 740.	\$ 4,238.
TOTAL	<u>\$ 740.</u>	<u>\$ 4,238.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 5,467.	\$ 4,276.
TOTAL	<u>\$ 5,467.</u>	<u>\$ 4,276.</u>

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

A CIVIC CLUB THAT PROVIDES SERVICE TO THE LOCAL COMMUNITY AND BEYOND.

STATEMENT 6
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
CRIMESTOPPERS LUNCHEON- PARTICIPATION IN LUNCHEON TO PROMOTE PARTICIPATION IN THE LOCAL CRIMESTOPPERS PROGRAM. INCLUDES FOREIGN GRANTS: NO	4,000.	
POLIO PLUS INCLUDES FOREIGN GRANTS: NO	2,000.	
INTERNATIONAL PROJECT WATER INCLUDES FOREIGN GRANTS: NO	1,000.	
TOTAL	<u>\$ 0.</u>	<u>\$ 7,000.</u>

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STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
RICK MAIER MACON, GA	PRESIDENT-ELECT 0	0. \$	0. \$	0.
CYNDEY BUSBEE MACON, GA	PAST PRESIDENT 0	0.	0.	0.
CHRISTI HORNE MACON, GA	SECRETARY 0	0.	0.	0.
ALLEN LONDON MACON, GA	PRESIDENT 0	0.	0.	0.
ELIZABETH HARDIN MACON, GA	TREASURER 0	0.	0.	0.
STEVE SCHWARTZ MACON, GA	VICE PRESIDENT 0	0.	0.	0.
TOM WOODBERY MACON, GA	SGT AT ARMS 0	0.	0.	0.
PATRICK GOFF MACON, GA	DIRECTOR 0	0.	0.	0.
CHRIS SPICER MACON, GA	DIRECTOR 0	0.	0.	0.
BILL ELLIOTT MACON, GA	DIRECTOR 0	0.	0.	0.
STEVE BROWN MACON, GA	DIRECTOR 0	0.	0.	0.
AMY MALEY MACON, GA	DIRECTOR 0	0.	0.	0.

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ROTARY CLUB OF DOWNTOWN MACON

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STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
TIM O'MAHONY MACON, GA	DIRECTOR \$ 0	0. \$ 0.	0. \$ 0.	0.
	TOTAL \$ 0.	0. \$ 0.	0. \$ 0.	0.