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Form 990-EZ

# 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

<b>A</b> For the 2009 calendar year, or tax year beginning <b>7/01</b> , 2009, and ending <b>6/30</b> , 2010	<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending  <b>C</b> ROTARY INTERNATIONAL, MACON ROTARY P. O. BOX ONE MACON, GA 31202		<b>D</b> Employer identification number <b>58-0333575</b> <b>E</b> Telephone number  <b>F</b> Group Exemption Number 	
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
<b>I</b> Website: ► <b>N/A</b>		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (4) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K</b> Check ► <input type="checkbox"/> 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				
<b>L</b> 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		► \$ <b>136,799.</b>		
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)				
<b>RECEIVED</b> SEE STATEMENT 1 NOV 15 2010 OGDEN, UT				
<b>1</b> Contributions, gifts, grants, and similar amounts received <b>2</b> Program service revenue including government fees and contracts <b>3</b> Membership dues and assessments <b>4</b> Investment income <b>5a</b> Gross amount from sale of assets other than inventory <b>b</b> Less: cost or other basis and sales expenses <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) <b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) <b>b</b> Less: direct expenses other than fundraising expenses <b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) <b>7a</b> Gross sales of inventory, less returns and allowances <b>b</b> Less: cost of goods sold <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) <b>8</b> Other revenue (describe ► _____) <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>1</b> <b>2</b> <b>3</b> <b>136,777.</b> <b>4</b> <b>22.</b>  <b>5a</b> <b>5b</b>  <b>5c</b>  <b>6a</b> <b>6b</b>  <b>6c</b>  <b>7a</b> <b>7b</b>  <b>7c</b>  <b>8</b> <b>9</b> <b>136,799.</b> <b>10</b> <b>17,729.</b> <b>11</b> <b>12</b> <b>13</b> <b>1,400.</b> <b>14</b> <b>15</b> <b>1,151.</b> <b>16</b> <b>114,083.</b> <b>17</b> <b>134,363.</b>  <b>18</b> <b>2,436.</b> <b>19</b> <b>69,320.</b> <b>20</b> <b>21</b> <b>71,756.</b>			
<b>EXPENSES</b> <b>ASSETS</b>				
<b>10</b> Grants and similar amounts paid (attach schedule) <b>11</b> Benefits paid to or for members <b>12</b> Salaries, other compensation, and employee benefits <b>13</b> Professional fees and other payments to independent contractors <b>14</b> Occupancy, rent, utilities, and maintenance <b>15</b> Printing, publications, postage, and shipping <b>16</b> Other expenses (describe ► <b>SEE STATEMENT 2</b> ) <b>17</b> <b>Total expenses.</b> Add lines 10 through 16				
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) <b>19</b> 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) <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20				
<b>Part II Balance Sheets.</b> 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.) <b>(A)</b> Beginning of year <b>(B)</b> End of year				
<b>22</b> Cash, savings, and investments <b>79,445.</b> <b>22</b> <b>80,412.</b> <b>23</b> Land and buildings <b>23</b> <b>24</b> Other assets (describe ► <b>SEE STATEMENT 3</b> ) <b>8,265.</b> <b>24</b> <b>8,265.</b> <b>25</b> <b>Total assets</b> <b>87,710.</b> <b>25</b> <b>88,677.</b> <b>26</b> <b>Total liabilities</b> (describe ► <b>SEE STATEMENT 4</b> ) <b>18,390.</b> <b>26</b> <b>16,921.</b> <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) <b>69,320.</b> <b>27</b> <b>71,756.</b>				

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

Form 990-EZ (2009)

12P

**Part III Statement of Program Service Accomplishments** (See the instructions.)What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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

**28 PROMOTION OF OPPORTUNITIES AND SERVICES AMONG LOCAL BUSINESSES AND PROFESSIONS AS DESIGNATED BY ROTARY INTERNATIONAL.**(Grants \$  ) If this amount includes foreign grants, check here ►  28a 116,633.**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) ►  32 116,633.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
DANNY BULLINGTON 8500 KNOXVILLE RD LIZELLA, GA 31052	PAST PRESIDENT 0	0.	0.	0.
CHARLES N. KOPLIN 6 STORNOWAY COURT MACON, GA 31210	PRESIDENT ELECT 0	0.	0.	0.
HAROLD CAUSEY PO BOX 6335 MACON, GA 31201	PRESIDENT 0	0.	0.	0.
WILLIAM H. EPPS, JR PO BOX 1 MACON, GA 31202	TREASURER 0	0.	0.	0.
CECIL COKE PO BOX 373 MACON, GA 31202-0373	SECRETARY 0	0.	0.	0.
RUSSELL C. BRADFORD 6865 COLAPARCHEE ROAD MACON, GA 31210	SGT AT ARMS 0	0.	0.	0.
RUTH A KNOX 4830 WESLEYAN DRIVE MACON, GA 31210	DIRECTOR 0	0.	0.	0.
ROBERT F. HATCHER, JR. 209 RUTLEDGE WAY MACON, GA 31210	DIRECTOR 0	0.	0.	0.
K. LEE GERDES 82 CHRISWOOD DRIVE MACON, GA 31209	DIRECTOR 0	0.	0.	0.
LYNN C. MURPHEY 318 BUFORD PLACE MACON, GA 31204	DIRECTOR 0	0.	0.	0.
AMY V. RAULS 158 WEATHERBY DRIVE MACON, GA 31210	DIRECTOR 0	0.	0.	0.
PALMER N. ROLFES 1178 JACSON SPRINGS ROAD MACON, GA 31211	DIRECTOR 0	0.	0.	0.

**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

	Yes	No
33		X
34		X

**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 ► **GA**

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		0.
37b		X
38a		X
38b		N/A
39a		N/A
39b		N/A
40b		X
40c		
40d		
40e		X

**42a** The organization's books are in care of ► **WILLIAM H. EPPS, JR.** Telephone no. ► **(478) 746-6277**  
Located at ► **389 MULBERRY STREET, MACON, GEORGIA** ZIP + 4 ► **31201**

	Yes	No
42b		X
42c		X

**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, 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**  
 **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

	Yes	No
46		
47		
48		
49a		
49b		

**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 and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

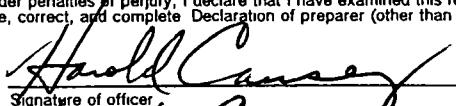
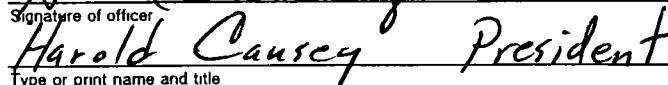
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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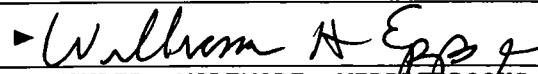
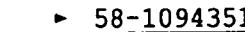
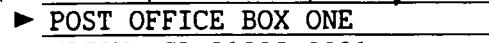
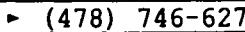
**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

**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 ► \_\_\_\_\_

<b>Sign Here</b>	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	
		Date <u>11-11-10</u>
	Signature of officer	
		Type or print name and title <u>President</u>

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>NOV 9 2010</u>	Check if self employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00366730</u>
	Firm's name (or yours if self employed), address, and ZIP + 4 <u>MCNAIR, MCLEMORE, MIDDLEBROOKS</u>		EIN	
			Phone no	
	<u>POST OFFICE BOX ONE</u>			
	<u>MACON, GA 31202-0001</u>			

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

BAA

Yes  No  
Form 990-EZ (2009)

2009

## FEDERAL STATEMENTS

PAGE 1

CLIENT 1207808

ROTARY INTERNATIONAL, MACON ROTARY

58-0333575

11/09/10

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

**PAYMENTS TO AFFILIATES**

NAME:	ROTARY INTL DISTRICT 6920
ADDRESS:	102 EAST 44TH STREET
PURPOSE OF PAYMENT:	SAVANNAH, GA 31405,
AMOUNT:	DISTRICT DUES \$ 5,673.
NAME:	ROTARY INTERNATIONAL
ADDRESS:	P. O. BOX 75297
PURPOSE OF PAYMENT:	CHICAGO, IL 60675
AMOUNT:	INTERNATIONAL DUES \$ 12,056.
<b>PAYMENTS TO AFFILIATES</b> \$ 17,729.	

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

ADMINISTRATIVE EXPENSE	\$ 8,100.
CLUB OPERATIONS	5,254.
CLUB SERVICE	5,770.
CONFERENCES, CONVENTIONS, AND MEETINGS	3,000.
INSURANCE	138.
INTERNATIONAL SERVICE	4,048.
MEMBER/DIRECTOR MEALS	69,879.
MISCELLANEOUS	2,047.
MUSIC	975.
ROTARY STUDENT PROGRAM	8,006.
SERVICE PROJECTS	6,482.
SUPPLIES	170.
TELEPHONE & POSTAGE	214.
<b>TOTAL</b>	<b>\$ 114,083.</b>

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

	<u>BEGINNING</u>	<u>ENDING</u>
OTHER RECEIVABLES	\$ 2,365.	\$ 2,365.
RECEIVABLE	5,900.	5,900.
<b>TOTAL</b>	<b>\$ 8,265.</b>	<b>\$ 8,265.</b>

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11/09/10

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 18,390.	\$ 16,921.
<b>TOTAL</b>	<b><u>\$ 18,390.</u></b>	<b><u>\$ 16,921.</u></b>

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

PROMOTION OF OPPORTUNITIES AND SERVICES AMONG LOCAL BUSINESSES AND PROFESSIONS AS DESIGNATED BY ROTARY INTERNATIONAL.