

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



990-EZ

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 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

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

A F	or the	2009 calend	ar year,	or tax year beginning	July 1	, 2009, a	nd ending	Ju	une 30)	, 20 10
B 0	heck if a	applicable	Please	C Name of organization		-		D Emplo	yer id	entification	number
=	Address (-	use IRS label or	Lanier/Forsyth Rotary Club					9	1-2082311	ļ.
=	Name ch	-	print or	Number and street (or P O box, if	mail is not delivered to st	treet address)	Room/suite	E Teleph	none n	umber	
	nitial retu Ferminate		type See	P.O. Box 3166							
=	Amended		Specific	City or town, state or country, and	1 ZIP + 4			F Grou	n Eve	motion	
=		on pending	Instruc- tions	Cumming, GA 30028					ber ▶		0573
<u> </u>				<u> </u>			I C. Assau				
	• Sec	tion 501(c)(3)		zations and 4947(a)(1) nonexe mpleted Schedule A (Form 99		must attacn	1	_		☐ Casn	✓ Accrual
			a con	inpleted Schedule A (Form 95)	0 01 990-EZ).			(specify)			
							l l			rganizatio	
	Vebsit									chedule B	(Form 990,
JT	ax-exe	empt status (check or	nly one) — ✓ 501(c) (4) ◀	(insert no) 4947(a)(1) or 527	7 990-E	Z, or 990)-PF)		
K	heck I	► ∐ if thi	e organi:	zation is not a section 509(a)(3) :	supporting organization	n and its gross	receipts are n	ormally r	not mo	ore than \$2	25,000 A
F	orm 9	90-EZ or Forn	n 990 re	turn is not required, but if the c	organization chooses to	o file a return, b	e sure to file	a comple	ete ret	urn	
		s 5b, 6b, and 7	b, to line	e 9 to determine gross receipts, if	\$500,000 or more, file F	orm 990 instea	d of Form 990	-EZ ▶	\$		64516
P	art i	Revenu	e, Exp	enses, and Changes in	Net Assets or Fu	nd Balance	s (See the	ınstruc	tions	for Par	t I.)
	1	Contributio	ons, gift	ts, grants, and similar amou	nts received				1		2360
	2			evenue including governme		ts		[2		
	3	-		and assessments				`	3		51092
	4	Investment	•					·	4	 -	
	5a			m sale of assets other than	inventory	. 5a		<i>.</i>			
	b			er basis and sales expenses	,	. <u>5a</u> 5b			İ		
						<u></u>)		~ ·		
<u>a</u>	C	•		n sale of assets other than in	• •		•	t	5c		
5	6			ivities (complete applicable parts of			ig, check here i				
Revenue	а				of contribut	1 . 1			1		
ď		reported o				6a		11064			
	Ь			ses other than fundraising				3254	l		
	Ç	Net income	e or (lo	ss) from epecial events and	activities (Subtract I	ine 6b from lii	ne 6a) .		6c		7810
	7a	Gross sale	s of inv	entory, less returns and allo	wances	. 7a					
	b	Less [,] cost	of god	S sold NOV 17 2000	တ္တုိ	7b					
	С	Gross prof	it or (Id	ss) from sales of inventory	Subtract line 7b fron	n line 7a) .		[7c_		
	8	Other reve	nue (de	escribe	\$1				8		
	9	_Total_reve	nue. 🌬	dd-lides 1 2 3, 14, 5c, 6c, 70	and 8			. ▶	9]		61262
	10			r amounts paid (attach-sche				7	10		26523
	11			r for members .				[11		
S	12			mpensation, and employee	benefits .			. [12	·	
penses	13			and other payments to inde		s		[13		
	14			utilities, and maintenance					14		
Ä	15		•	ons, postage, and shipping				`	15		
	16	• • •		describe >				· ; }	16		26787
	17			Add lines 10 through 16 .				′ ├	17		53310
_	18			for the year (Subtract line 1					18		7952
Net Assets	19		٠,	id balances at beginning of	•				-10		1002
SS	ן יפ			e reported on prior year's ref	• •		-		40		44240
Ą		•	_					<u> </u>	19		11318
Š	20		_	net assets or fund balances	•	•		· : }	20		40070
-	21			d balances at end of year C				000	21	J of Fam.	19270
P	art II	Balance	Snee	ets. If Total assets on line 25		,250,000 or n					
				(See the instructions for F			(A) Beg	inning of y			nd of year
22	: Ca	ash, savıngs	, and in	ivestments					6307		14770
23		and and build					·		_	23	
24	0:	ther assets (describ	e Accounts Receivable			_)		5011		4500
25	To	otal assets						1	1318	25	19270
26	To	otal liabilitie	s (desc	cribe ►			_)		0	26	0
27				palances (line 27 of column	(B) must agree with	line 21) .		1	1318	27	19270
				k Reduction Act Notice, see t			Cat No 10	6421		Form 99	90-EZ (2009)

						raye 🗸	
	Statement of Program Service Accom			1.)		Expenses	
	What is the organization's primary exempt purpose? Community Service & International Service						
	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						
	anner, describe the services provided, the number of persons benefited, and other relevant information for						
each	program title.	<u> </u>			for ot	hers)	
28	Support Rotary International service projects by fun	ding projects through the Ro	tary Club on the			i	
	International, District and Local levels				ļ		
		·					
		includes foreign grants, ch			28a	22141	
29	Support community by donating to various local co	nmunity projects in Forsyth (County, GA		1		
				•••••			
	/C				200	4202	
20	(Grants \$) If this amount	includes foreign grants, ch	eck nere	· <u> </u>	29a	4382	
30				•••••			
	(Grants \$) If this amount	includes foreign grants, ch	ock here	▶ □	30a		
31	Other program services (attach schedule)	inioidado ioroign granto, ori			1000		
•	· •	includes foreign grants, ch		. ▶ □	31a		
32	Total program service expenses (add lines 28a	through 31a)		. ▶	32	26523	
Par					instruc	tions for Part IV)	
	(a) Marra and address	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	nsation	account and other allowances	
Andy	y Burt	President					
PO	Box 3166 Cumming, GA 30028	Fresident			0	0	
	y Bushong	President Elect	ı	į		1	
	Box 3166 Cumming, GA 30028		0		0	0	
	Shorr	Secretary	_			_	
	Box 3166 Cumming, GA 30028		0		0	0	
	Margaret Johnston	Treasurer			_		
РО	Box 3166 Cumming, GA 30028		0		0	0	
·		-					
		}	!				
		•					
		:					
			,	,		1	
		<u> </u>				L	
		<u> </u>					
				 			
		1					
		 					
		4		(
		 	 	 			
		}					
		 					
				 		 	
		1		}			

Post	Other Information (Nets the statement requirements in the instructions for Dect V.)			age J
Part	Other Information (Note the statement requirements in the instructions for Part V.)		Voc	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	res	NO ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			1
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.	34		
а	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?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	-	
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	36		1
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?	37b	Ĺ	L
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?	38a	, m	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Ţ,	. ~/	ا د
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9		'Bag''	
a b	Gross receipts, included on line 9, for public use of club facilities	\$/\frac{1}{2}] }
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		- `	
,,,,	section 4911 ► , section 4912 ► ; section 4955 ►			'
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	- 40b		✓
С	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			\$# • **
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization)	ĺ	. J
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	40e		
41	List the states with which a copy of this return is filed. ► Georgia			
42a	The organization's books are in care of ▶ Johnston & Associates Inc. Telephone no. ▶	70-20	5-222	1
	Located at ► 5035 Wallace Drive, Cumming, GA ZIP + 4 ►	30	041	<u>.</u>
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		Yes	No
	account)?	42b		/
	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 Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	✓
40	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			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	
			Voc	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ	res	140
	Form 990-EZ	44		1
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	45		1
		000	\ E7	(2000)

Form **990-EZ** (2009)

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) n 047(a)(1) nonexempt ond 151.	onexempt charit charitable trusts m	able trusts only. A oust answer question	II sec ons 4	tion 5-49	 b
	Did the organization engage in direct or indirect		tivities on behalf of	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I .			46		
	Did the organization engage in lobbying activities	· ·			47		
	Is the organization a school as described in secti		•		48		<u> </u>
	Did the organization make any transfers to an e				49a		<u> </u>
	If "Yes," was the related organization a section				49b		<u> </u>
	Complete this table for the organization's five h						
	employees) who each received more than \$100	(b) Title and average	(c) Compensation			Expen	
	(a) Name and address of each employee paid more	hours per week	(c) compondant	employee benefit plans &	ac	count a	and
	than \$100,000	devoted to position		deferred compensation	other	allowa	ınces
		-					
			- 		 		
		-			İ		
					 		
					l		
	***************************************	-]			1		
51	Total number of other employees paid over \$10 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated	independent contra	actors who each rec	eıved	more	thar
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b)	Type of service	(c) Co	npensa	ation
d	Total number of other independent contractors	each receiving over \$10	00,000 ▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including acco	mpanying schedules and er) is based on all informa	statements, and to the betton of which preparer has	any kno	knowle	edge e
Sign Here	Signature of officer	and		Date U/IDIO			
	Ann-Margaret Johnston Treasurer of L Type or print name and title	anier/Forsyth Rotary Clu	b				
Paid Prepare	Preparer's signature	Date N	Check if self-employed	Preparer's identifying nur P0059		nstruc	tions)
Use On	I Firm S name (or A. Johnston & Associtate	es, Inc.	•	EIN ► 58	3-2333	947	
	address, and ZIP + 4 503 Wallace Drive, C			1 110110 110	205-		
May th	a IRS discuss this ratium with the preparer show	in above? See instructio	ons	▶ [/	Vac	1 1 7	N۸

Lanier/Forsyth Rotary Club Schedule for Line 10 of Form 990-EZ Tax Period Beginning July 1, 2009 and ending June 30, 2010 Federal ID# 91-2082311

Payments of predetermined quota support and dues payments to Rotary International

District Dues International Dues Georgia Rotary Student Program GRSP Foundation Rotary Paul Harris Fellowship Rotary Interact Program John's Creek Rotary Club North Forsyth Rotary Club South Forsyth Rotary Club Sub-total of Rotary amounts given	\$3,738 00 \$4,429 95 \$2,682 22 \$2,950 00 \$6,300 00 \$1,040 85 \$250 00 \$250 00 \$500 00	District office in Gainesville, GA District office in Gainesville, GA District office in Gainesville, GA District office in Gainesville, GA District office in Gainesville, GA District office in Gainesville, GA Cumming, GA Cumming, GA Cumming, GA
Amounts given to local community programs		
Alzheimer's Association	\$96 00	Cumming, GA
Eagle Ranch Children's Home	\$500 00	Chesnut Mtn, GA
Family Care	\$453 40	Cumming, GA
Forsyth County Comm Connection	\$500 00	Cumming, GA
Habitat for Humanity	\$500 00	Cumming, GA
Leadership Forsyth Program	\$300 00	Cumming,GA
Leadership Forsyth Program - Youth	\$400 00	Cumming, GA
Mentor Me Program	\$500 00	Cumming,GA
The Dictionary Project	\$1,132 54	Cumming,GA
Sub-total given to community programs	\$4,381 94	
Total Given to Rotary & Community Programs	\$26,522 96	

Lanier/Forsyth Rotary Club Schedule for Line 6 of Form 990-EZ Tax Period Beginning July 1, 2009 and ending June 30, 2010 Federal ID# 91-2082311

Special Events

#1 -Laps for Life Teen Driver Education Fundraiser

#2 - Misc Other Small Fundraisers

Special Event	#1 #	‡ 2	Total of All
Number of Occasions event occurred	1	1	
Gross Receipts	\$10,770 00	\$294 00	\$11,064 00
Less contributions	0	0	0
Gross Revenues	\$10,770 00	\$294 00	\$11,064 00
Less Direct Expenses	\$3,254 24		\$3,254 24
Net Income or (Loss)	\$7,515,76	\$294 00	\$7,809 76