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Form **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)

OMB No 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

**Rotary International Rotary Club of
Valdosta**

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 517

Room/suite

City or town, state or country, and ZIP + 4

Valdosta**GA 31603-0517**

D Employer identification number

23-7079654

E Telephone number

F Group Exemption

Number ▶ **0573**G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶H Check ☒ if the organization is not required to attach Schedule BI Website: ▶ **N/A**J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF)

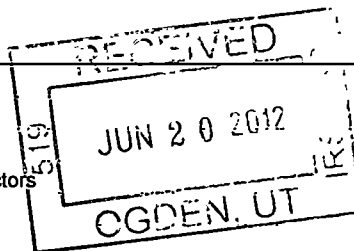
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **69,355****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

SCANNED JUL 11 2012

1	Contributions, gifts, grants, and similar amounts received	1	1,212
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	67,954
4	Investment income	4	
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	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	189
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	189
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 in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,355
10	Grants and similar amounts paid (list in Schedule O)	10	10,668
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	6,746
13	Professional fees and other payments to independent contractors	13	150
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	344
16	Other expenses (describe in Schedule O)	16	48,925
17	Total expenses. Add lines 10 through 16	17	66,833
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,522
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	7,719
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	10,241



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

DAA

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	5,589	22	10,546
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	5,838	24	2,865
25 Total assets	11,427	25	13,411
26 Total liabilities (describe in Schedule O)	3,708	26	3,170
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,719	27	10,241

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Civic organization promoting social welfare.

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

28 Civic organization expenses supporting social welfare.

(Grants \$) If this amount includes foreign grants, check here ☐

28a 58,719

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 (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32 58,719

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(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 & deferred compensation	(e) Expense account and other allowances
Dennis Marks P. O. Box 517 Valdosta GA 31603-0517	Past President 1.00	0	0	0
Nicholas J. Valenti, Jr. 208 W. Park Avenue Valdosta GA 31602	Treasurer 1.00	0	0	0
Barbara Knight P. O. Box 517 Valdosta GA 31603-0517	Secretary 1.00	0	0	0
Walter Elliot P. O. Box 517 Valdosta GA 31603-0517	President 2.00	0	0	0
Bill Booth P. O. Box 517 Valdosta GA 31603-0517	Sergeant at Arms 1.00	0	0	0
Myrna Ballard P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0
Wes Sewell P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0
Bo Broadfoot P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0
Patti Clark P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0
Bob Moon P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0
Nancy Warren P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0
Rich Yokeley P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0
Kerry Morris P. O. Box 517 Valdosta GA 31603-0517	Director 1.00	0	0	0

Part II **Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	(Grants \$) If this amount includes foreign grants, check here	28a
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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 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 (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
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 outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 GA , section 4912 GA ; section 4955 GA		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		
d Section 501(c)(3) and 501(c)(4) organizations. 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. GA		
42a The organization's books are in care of Barbara Knight Telephone no 31603-0517		
P. O. Box 517		
Located at Valdosta GA		
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)?		X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 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"

	Yes	No
47		
48		
49a		
49b		

(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 & deferred compensation	(e) Expense account and other allowances

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 ▶

- 52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer <u>Alphonso A. Howell III</u> <u>Treasurer</u>		Date <u>6-14-2012</u>		
	Type or print name and title <u>Alphonso A. Howell III</u> <u>Treasurer</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>Nicholas J Valenti, Jr, CPA, CFP</u>	Preparer's signature <u>[Signature]</u>	Date <u>6-7-12</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00050715</u>
	Firm's name ▶ <u>Valenti, Rackley & Associates, LLC</u>			Firm's EIN ▶ <u>20-1879393</u>	
	Firm's address ▶ <u>208 W Park Ave</u> <u>Valdosta, GA 31602</u>			Phone no <u>229-247-8005</u>	

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

▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization	Rotary International Rotary Club of Valdosta	Employer identification number	23-7079654
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Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
Rotary International		\$ 6,594
District Rotary		\$ 4,074

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Computer maintenance/support	\$ 1,368
Conference expense	\$ 159
District Conference expense	\$ 251
Governor Visit expense	\$ 202
Insurance	\$ 100
Badges and Engraving	\$ 807
GA Rotary Student Expense	\$ 5,159
International Proj. Exp.	\$ 1,000
Meal Costs	\$ 35,755
Bank Charges	\$ 10
Memorial Trees	\$ 1,050
METS	\$ 803
Dues and Subscriptions	\$ 90
PETS	\$ 265
Rent	\$ 70
GSE Team Expense	\$ 353
Choices	\$ 333

Name of the organization

Rotary International Rotary Club of

Employer identification number

23-7079654

Imagination Library Exp.	\$	1,150
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Total \$	48,925
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Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 5,838	\$ 2,865
Total \$	5,838	2,865

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 3,708	\$ 3,170

Special Events Schedule

Form **990****2010**For calendar year 2010, or tax year beginning **07/01/10**, and ending **06/30/11**

Name

**Rotary International Rotary Club of
Valdosta**

Employer Identification Number

23-7079654

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>189</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>189</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>189</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>189</u>
Less direct expenses	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Net income (loss)	<u>189</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>189</u>

Description: (A)

Raffle

(B)

(C)

Others

Federal Statements**Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
	\$ <u>67,954</u>
Total	\$ <u><u>67,954</u></u>

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization Rotary International Rotary Club of Valdosta	Employer identification number 23-7079654
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 517	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Valdosta GA 31603-0517	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Barbara Knight

P. O. Box 517

• The books are in the care of **Valdosta**

GA 31603-0517

Telephone No. **▶**

FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box ☐ **▶**

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **05/15/12**
- 5 For calendar year **07/01/10**, or other tax year beginning **07/01/10**, and ending **06/30/11**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**

Title **▶** **CRA**
Nicholas J. Valent, Jr

Date **▶** **2-14-12**

Form 8868 (Rev. 1-2011)