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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545 1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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, 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 2011 calendar year, or tax year beginning

7/01

, 2011, and ending

6/30

, 2012

B Check if applicable

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

C

ROTARY INTERNATIONAL, MACON ROTARY
P. O. BOX ONE
MACON, GA 31202

D Employer identification number

58-0333575

E Telephone number

F Group Exemption
NumberG Accounting Method. Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ► \$ 131,183.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 131,054.
	4 Investment income	4 129.
	5a Gross amount from sale of assets other than inventory	5a
	b Less. cost of other assets 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	6a
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
EXPENSES	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions
	c Less. direct expenses from gaming and fundraising events	6b
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c
	7a Gross sales of inventory, less returns and allowances	6d
	b Less. cost of goods sold	7a
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b
	8 Other revenue (describe in Schedule O)	7c
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8
		9 131,183.
ASSETS	10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O 10 20,790.
	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
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 152.
	16 Other expenses (describe in Schedule O)	16 116,554.
TAXES	17 Total expenses. Add lines 10 through 16	17 137,496.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -6,313.
	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 76,238.
	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 69,925.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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

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

Yes	No
33	X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach 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)

34	X
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	X
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b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O

35b	
-----	--

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III

35c	X
-----	---

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	X
----	---

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **0.**

37b	X
-----	---

b Did the organization file Form 1120-POL for this year?

38a	X
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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?

38b	N/A
-----	-----

39 Section 501(c)(7) organizations Enter

39a	N/A
-----	-----

a Initiation fees and capital contributions included on line 9

39b	N/A
-----	-----

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**

40b	X
-----	---

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

40c	0.
-----	----

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

40d	0.
-----	----

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

40e	X
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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**

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**

42b	X
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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)?

42c	X
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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.?

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
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43	N/A
----	-----

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

44a	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

44b	X
-----	---

c Did the organization receive any payments for indoor tanning services during the year?

44c	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 Q

44d	X
-----	---

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45a	X
-----	---

b 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)

45b	X
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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

4

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 or have a section 501(h) election in effect during the tax year? 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?

4

4

4

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'.

e 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

e 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

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	<i>Andrew Nations</i> Signature of officer	Date
	<i>Andrew H. Nations - President</i>	11/2/12
	Type or print name and title	

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

Form 890-EZ (2011)

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

2011

**Open to Public
Inspection**

Name of the organization

ROTARY INTERNATIONAL, MACON ROTARY

Employer identification number

58-0333575

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.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT 1207808

ROTARY INTERNATIONAL, MACON ROTARY

58-0333575

10/18/12

01.31PM

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

PAYMENTS TO AFFILIATES

NAME:	ROTARY INTL DISTRICT 6920
ADDRESS:	102 EAST 44TH STREET
PURPOSE OF PAYMENT:	SAVANNAH, GA 31405,
AMOUNT:	DISTRICT DUES \$ 8,811.
NAME:	ROTARY INTERNATIONAL
ADDRESS:	P. O. BOX 75297
PURPOSE OF PAYMENT:	CHICAGO, IL 60675
AMOUNT:	INTERNATIONAL DUES \$ 11,979.

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

ADMINISTRATIVE EXPENSE	\$ 12,900.
CLUB OPERATIONS	2,240.
CLUB SERVICE	4,011.
CONFERENCES, CONVENTIONS, AND MEETINGS	3,000.
INSURANCE	138.
INTERNATIONAL SERVICE	3,177.
MEMBER/DIRECTOR MEALS	70,269.
MISCELLANEOUS	2,108.
MUSIC	825.
ROTARY STUDENT PROGRAM	9,218.
SERVICE PROJECTS	7,862.
SUPPLIES	703.
TELEPHONE & POSTAGE	103.
TOTAL	<u>\$ 116,554.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
OTHER RECEIVABLES	\$ 5,197.	\$ 3,315.
TOTAL	<u>\$ 5,197.</u>	<u>\$ 3,315.</u>

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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CLIENT 1207808

ROTARY INTERNATIONAL, MACON ROTARY

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01:31PM

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 16,950.	\$ 19,638.
TOTAL	\$ 16,950.	\$ 19,638.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ANDREW H. NATIONS 6748 COLAPARCHEE ROAD MACON, GA 31210	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.
TIMOTHY J. DEPALMA 607 LOWER POPLAR STREET MACON, GA 31201	DIRECTOR 0	0.	0.	0.
KATHRYN DENNIS 436 LAMAR DRIVE MACON, GA 31210	PRES ELECT 0	0.	0.	0.
JONATHAN ALDERMAN 1845 WAVERLAND CIRCLE MACON, GA 31211	DIRECTOR 0	0.	0.	0.
MILTON HEARD 124 SPRINGS COURT N. LIZELLA, GA 31052	DIRECTOR 0	0.	0.	0.
JIM MANLEY 261 CALLOWAY DRIVE MACON, GA 31204	DIRECTOR 0	0.	0.	0.
JOHN O'SHAUGHNESSEY III 140 GLENEAGLES CIRCLE MACON, GA 31204	DIRECTOR 0	0.	0.	0.

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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ROTARY INTERNATIONAL, MACON ROTARY

58-0333575

10/18/12

01 31PM

FORM 990-EZ, PART IV (CONTINUED)
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>HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
ELBERT MCQUEEN MACON, GA 31201	DIRECTOR	0 \$	0. \$	0. \$ 0.
		TOTAL \$	0.	0. \$ 0.