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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)

- 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.

OMB No 1545-1150

2011Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 Number _____

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

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	
	5b	Less: cost of other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	6b	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	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	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	131,183.
	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	20,790.
	EXPENSES	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) SEE SCHEDULE O	16	116,554.
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.
NET ASSETS	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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SCANNED NOV 27 2012

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

☒

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

☒

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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.)

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

X

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 ☐

	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,' 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)		X
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)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c 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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b 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
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9 N/A		
39b Gross receipts, included on line 9, for public use of club facilities N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a N/A, section 4912 40a N/A, section 4955 40a N/A		
40b 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
40c 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 40c 0.		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
40e 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 41 GA		

	Yes	No
42a The organization's books are in care of 42a WILLIAM H. EPPS, JR. Telephone no 42a (478) 746-6277 Located at 42a 389 MULBERRY STREET, MACON, GEORGIA ZIP + 4 42a 31201		
42b 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: 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c 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: 42c		X

	Yes	No
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		
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
44b 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
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b 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)		X

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
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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

☐ 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 <i>Andrew H. Nations - President</i>		Date 11/2/12
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name WILLIAM H EPPS, JR	Preparer's signature <i>William H Epps</i>	Date 11/2/12
	Firm's name ▶ MCNAIR, MCLEMORE, MIDDLEBROOKS	Check <input type="checkbox"/> if self employed PTIN P00366730	
	Firm's address ▶ POST OFFICE BOX ONE MACON, GA 31202-0001	Firm's EIN ▶ 58-1094351	
		Phone no (478) 746-6277	

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

☒ Yes ☐ No

Form 990-EZ (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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
DISIGNATED BY ROTARY INTERNATIONAL.**

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

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	
	SAVANNAH, GA 31405,	
PURPOSE OF PAYMENT:	DISTRICT DUES	
AMOUNT:		\$ 8,811.

NAME:	ROTARY INTERNATIONAL	
ADDRESS:	P. O. BOX 75297	
	CHICAGO, IL 60675	
PURPOSE OF PAYMENT:	INTERNATIONAL DUES	
AMOUNT:		\$ 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	\$ 116,554.

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

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

CLIENT 1207808

ROTARY INTERNATIONAL, MACON ROTARY

58-0333575

10/18/12

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	<u>\$ 16,950.</u>	<u>\$ 19,638.</u>

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>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
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.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 4

CLIENT 1207808

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ELBERT MCQUEEN MACON, GA 31201	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
		TOTAL	\$ 0.	\$ 0.