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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01 , 2013, and ending 06-30 , 2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ROTARY CLUB OF GWINNETT COUNTY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
6500 SUGARLOAF PARKWAY | 220-A

City or town, state or province, country, and ZIP or foreign postal code
DULUTH, GA 30097

D Employer identification number
23-7278669

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: ▶ WWW.GWINNETTROTARY.COM

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 136,917

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	128,903
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	68
	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	7,743	
	c	Less: direct expenses from gaming and fundraising events	6c	3,165	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	4,578
	7a	Gross sales of inventory, less returns and allowances	7a	203	
	b	Less: cost of goods sold	7b	565	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	(362)
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	133,187
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	12,500
	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	52
	16	Other expenses (describe in Schedule O)		16	102,117
	17	**Total expenses.** Add lines 10 through 16		▶ 17	114,669
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	18,518
	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	228,759
	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	247,277

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

Form **990-EZ** (2013)

16

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 X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	232,483	22	249,366
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 **Total assets**	232,483	25	249,366
26 **Total liabilities** (describe in Schedule O)	3,724	26	2,089
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	228,759	27	247,277

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? PROMOTE BUSINESS ETHICS COMMUNITY SVC

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)

28 THE ROTARY CLUB OF GWINNETT COUNTY SUPPORTS THE LOCAL COMMUNITY THROUGH VARIOUS PROGRAMS OF COMMUNITY SERVICE, INCLUDING MONETARY AWARDS TO VARIOUS APPROVED ORGANIZATIONS.

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ 28a 114,669

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) . . . ▶ 32 114,669

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHUCK WARBINGTON PRESIDENT	4	0	0	0
MARLON ALLEN PRESIDENT-ELECT	4	0	0	0
KAREN FINE SALTIEL TREASURER	4	0	0	0
JENNIFER HENDRICKSON SECRETARY	4	0	0	0
SUSAN BACON DIRECTOR	4	0	0	0
PAIGE HAVENS DIRECTOR	4	0	0	0
ROBERT RULE DIRECTOR	4	0	0	0
DAVID THOMAS UPCHURCH DIRECTOR	4	0	0	0

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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
35 a	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
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
37 a	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?	37b		X
38 a	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?	38a		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			
40 a	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 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	40b		
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	40e		X
41	List the states with which a copy of this return is filed ▶ GA			
42 a	The organization's books are in care of ▶ KAREN FINE SALTIEL Telephone no. ▶ 470-564-6837			
	Located at ▶ 6500 SUGARLOAF PARKWAY SUITE 220-A, DULUTH, GA ZIP + 4 ▶ 30097			
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)?	42b		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 the U S ?	42c		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			
			Yes	No
44 a	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 O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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

		Yes	No
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	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

		Yes	No
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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee	(b) 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

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 business address of each independent contractor	(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

Date 5/15/15

Type or print name and title Chuck Warbington

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
J Terry Gordon CPA	J. Terry Gordon	05-14-2015		P01274001

Firm's name ▶ J Terry Gordon and Co CPAs Firm's EIN ▶

Firm's address ▶ 40 Technology Pkwy South STE 250

Norcross GA 30092 Phone no 770-449-4921

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

ROTARY CLUB OF GWINNETT COUNTY

Employer identification number

23-7278669

01. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	GRANT PAYMENTS
GRANTEE	GWINNETT TECH FOUNDATION INC
STREET	5150 SUGARLOAF PARKWAY
CITY, STATE, ZIP	LAWRENCEVILLE, GA 30043
AMOUNT	2,500

ACTIVITY	GRANT PAYMENT
GRANTEE	RAINBOW VILLAGE INC
STREET	3427 GEORGIA 120
CITY, STATE, ZIP	DULUTH, GA 30096
AMOUNT	10,000

02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
MEALS EXPENSE	59,562
CONFERENCES / MEETINGS	5,982
CLUB DIRECTORY & WEBSITE	437
OFFICE SUPPLIES	10
SOFTWARE FEES	356
AWARDS AND GIFTS	1,512
FAMILY OF ROTARY	407
RAINBOW VILLAGE EXPENSES	600
MISCELLANEOUS EXPENSES	642

Name of the organization: ROTARY CLUB OF GWINNETT COUNTY

Employer identification number: 23-7278669

GEORGIA LAWS OF LIFE ESSAY	1,500
POLIO PLUS	1,000
POLICEMAN-FIREMAN-DEPUTY OF THE YR	1,500
GRADUATING ASPIRING PROFESSIONALS	1,000
DEVELOPMENTAL STUDIES SCHOLARSHIP	1,000
UNALLOCATED CHARITABLE GIVING	2,298
YOUTH SERVICES	11,231
PRESIDENT ELECT TRAINING	620
DUES PAYMENTS	12,460

03. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
DUE TO OTHER ORGANIZATIONS	3,724	2,089

J. Terry Gordon & Co., CPA's
40 Technology Parkway South
Suite 250
Norcross, Georgia 30092
(770) 449-4921

May 14, 2015

Rotary Club of Gwinnett County.
6500 Sugarloaf Parkway, Room 220-A
Duluth, GA 30097

Type of Form:	**Form 990**
Date Due:	**May 15, 2015**
Mail to:	**State of Georgia** **Income Tax Division** **Tax Exempt Organization** **P.O. Box 49432** **Atlanta, GA 30359**
Instructions:	**Please have an Officer sign and date before mailing.**

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

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).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	Rotary Club of Gwinnett County	23-7278669
	Number, street, and room or suite no If a P.O. box, see instructions 6500 Sugarloaf Parkway	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Duluth, GA 30097	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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.

- The books are in the care of ▶ KAREN FINE, 6500 SUGARLOAF PARKWAY, GA 30097
  Telephone No ▶ 770-449-4921 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, 2015

5 For calendar year _____, or other tax year beginning 07-01, 2013 and ending 06-30, 2014

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
MORE TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 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 Forms 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 must be completed for Part II only.

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 ▶ J. Tony Borden Title ▶ CPA Date ▶ 2-14-15