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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 private foundations)

2016

Department of the Treasury
Internal Revenue Service

- 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.

Open to Public
Inspection**A For the 2016 calendar year, or tax year beginning 07-01-2016**

, and ending 06-30-2017

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
ROTARY INTERNATIONAL MACON ROTARY**D Employer identification number**
58-0333575Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX ONE**E Telephone number**City or town, state or province, country, and ZIP or foreign postal code
MACON, GA 31202**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** (check only one) - 501(c)(3) 501(c)(4) (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 ► \$ 155,824****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	
Expenses	3 Membership dues and assessments	3	142,485
	4 Investment income	4	60
Net Assets	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
Revenue	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
Expenses	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	
Net Assets	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	
Revenue	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
Expenses	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	13,279
Net Assets	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	155,824
	10 Grants and similar amounts paid (list in Schedule O)	10	17,724
Expenses	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
Revenue	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	133,871
Expenses	17 Total expenses. Add lines 10 through 16	17	151,595
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,229
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	104,078
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
Revenue	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	108,307

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	119,622	22 127,775
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	119,622	25 127,775
26 Total liabilities (describe in Schedule O)	15,544	26 19,468
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,078	27 108,307

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?

PROMOTION OF OPPORTUNITIES AND SERVICES AMONG LOCAL BUSINESSES AND PROFESSIONS AS DESIGNATED BY ROTARY INTERNATIONAL

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

28

See Additional Data Table

(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)

If this amount includes foreign grants, check here ▶

(Grants \$)

If this amount includes foreign grants, check here ▶

31a

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

▶

32 151,595

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 (Forms 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
RUTH KNOX PRESIDENT	1 00	0		
HOWARD S HOLLEMAN TREASURER	1 00	0		
STEVE ALLEN SECRETARY	1 00	0		
RUSSELL C BRADFORD SGT AT ARMS	1 00	0		
ROBERT VETO DIRECTOR	1 00	0		
NANCY WHITE DIRECTOR	1 00	0		
JOHN COLE DIRECTOR	1 00	0		
ELBERT MCQUEEN DIRECTOR	1 00	0		
DEBRA ROLLINS DIRECTOR	1 00	0		
FRED MORGAN DIRECTOR	1 00	0		
ROBBO HATCHER PAST PRESIDE	1 00	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

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

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

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

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

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

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? 37b

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? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

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 ► _____, section 4912 ► _____, section 4955 ► _____ 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 40b

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

41 List the states with which a copy of this return is filed ► GA 41

42a The organization's books are in care of ► HOWARD S HOLLEMAN Telephone no ► (478) 746-6277 42a

Located at ► 389 MULBERRY STREET MACON, GA ZIP + 4 ► 31201 42a

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

If "Yes," enter the name of the foreign country ► 42c

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c

If "Yes," enter the name of the foreign country ► 43

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 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

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) 45b

	Yes	No
33	<input type="checkbox"/>	No
34	<input type="checkbox"/>	No
35a	<input type="checkbox"/>	No
35b	<input type="checkbox"/>	
35c	<input type="checkbox"/>	No
36	<input type="checkbox"/>	No
37b	<input type="checkbox"/>	No
38a	<input type="checkbox"/>	No
40b	<input type="checkbox"/>	No
40e	<input type="checkbox"/>	No
42b	<input type="checkbox"/>	No
42c	<input type="checkbox"/>	No
43	<input type="checkbox"/>	
44a	<input type="checkbox"/>	No
44b	<input type="checkbox"/>	No
44c	<input type="checkbox"/>	No
44d	<input type="checkbox"/>	
45a	<input type="checkbox"/>	No
45b	<input type="checkbox"/>	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	Yes	No
		46	No

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 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 HOWARD S HOLLEMAN TREASURER Type or print name and title	2017-10-24 Date
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Paid Preparer Use Only	Print/Type preparer's name HOWARD S HOLLEMAN	Preparer's signature	Date 2017-10-19	Check <input type="checkbox"/> if self-employed	PTIN P00279414
	Firm's name ► MCNAIR MCLEMORE MIDDLEBROOKS & CO LLC	Firm's EIN ► 58-1094351			
	Firm's address ► POST OFFICE BOX ONE MACON, GA 312020001	Phone no (478) 746-6277			

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID:
Software Version:
EIN: 58-0333575
Name: ROTARY INTERNATIONAL MACON ROTARY

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 PROMOTION OF OPPORTUNITIES AND SERVICES AMONG LOCAL BUSINESSES AND PROFESSIONS AS DESIGNATED BY ROTARY INTERNATIONAL (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	151,595

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

ROTARY INTERNATIONAL MACON ROTARY

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.

2016**Open to Public
Inspection****Employer identification number**

58-0333575

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	CHRISTMAS FUNCTION 4,764 ROTARY GRANT 3,100 SPEECH CONTEST 3,000 GUEST FEES/MISC 1,802 OTHER 613 TOTAL 13,279

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	ROTARY INTL DISTRICT 6920 6,042 102 EAST 44TH STREET SAVANNAH GA 31405 ROTARY INTERNATIONAL 11,682 PO BOX 75297 CHICAGO IL 60675

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES INSURANCE 256 GEORGIA ROTARY STUDENT 10,262 MEMBER/DIRECTOR MEALS 71,022 MUSIC/RECEPTION 2,200 CLUB OPERATIONS 3,258 SERVICE PROJECTS 16,877 CLUB ADMINISTRATION 18,527 SOCIAL FUNCTIONS 11,469 TOTAL 133,871

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 15,544 19,468

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	PROMOTION OF OPPORTUNITIES AND SERVICES AMONG LOCAL BUSINESSES AND PROFESSIONS AS DESIGNATED BY ROTARY INTERNATIONAL