

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Department of the Treasury
Internal Revenue Service

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.1804
Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable

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

C Name of organization

ROTARY CLUB OF MACON NORTH, INC.

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

P. O. BOX 28185

Room/suite

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

MACON

GA 31221-8185

D Employer identification number

26-0301305

E Telephone number

478-742-5317

F Group Exemption
Number ►G 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 527K 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 ► \$ 47,193

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	2,411
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	30,697
	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	
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)	6b	10,433
	c Less direct expenses from gaming and fundraising events	6c	4,598
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,835
	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	3,652
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,595
	10 Grants and similar amounts paid (list in Schedule O)	10	14,045
Net Assets	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	350
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	24,201
	17 Total expenses. Add lines 10 through 16	17	38,596
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,999
	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	16,753
	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	20,752

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

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	16,753	22 20,752
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	16,753	25 20,752
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)	16,753	27 20,752

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?

A CIVIC CLUB THAT PROVIDES SERVICE TO THE LOCAL COMMUNITY AND BEYOND.

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 COMMUNITY SERVICE

(Grants \$ 9,118) If this amount includes foreign grants, check here 28a 38,596

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 38,596**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
TATE MORRIS				
TREASURER	2.00	0	0	0
KEVIN FROUNFELKER				
SERGEANT-AT-ARMS	0.50	0	0	0
JOHN COZART				
PAST-PRESIDENT	1.50	0	0	0
GIGI ROLFES				
CHAIR	2.00	0	0	0
KENDRA RUSSELL				
PRESIDENT	2.00	0	0	0
ANDY GREENWAY				
CHAIR	3.00	0	0	0
EDWARD JUDIE JR				
PRESIDENT-ELECT	2.00	0	0	0
CURT REYNOLDS				
CHAIR	1.50	0	0	0
AMY FITZPATRICK				
SECRETARY	2.00	0	0	0
DANA PARK				
CHAIR	15.00	0	0	0
STACY TOLBERT				
CHAIR	1.00	0	0	0
APRIL HORNSBY				
PAST-TREASURER	2.00	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

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

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

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

b Did the organization file Form 1120-POL for this year? 37b 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? 38a X

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 40a

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 X

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 40c

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 40d

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

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 40f

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

42a The organization's books are in care of ► **TATE MORRIS**

Telephone no ► **478-377-4007**

1515 BASS ROAD

Located at ► **MACON**

GA ZIP + 4 ►

31210

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)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b X

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____ 42c X

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 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

45a Did the organization have a controlled entity 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

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 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

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 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."

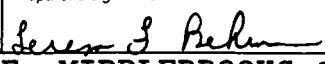
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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		11/15/18
	TATE MORRIS	Date TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name TERESA F. BEHRMAN	Preparer's signature 	Date 11/15/18	Check <input type="checkbox"/> if self-employed	PTIN P01055799
	Firm's name ► MCNAIR, MCLEMORE, MIDDLEBROOKS & CO, LLC		Firm's EIN ► 58-1094351		
	Firm's address ► POST OFFICE BOX ONE MACON, GA 31202-0001			Phone no	478-746-6277

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

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Inspection

Name of the organization

ROTARY CLUB OF MACON NORTH, INC.

Employer identification number

26-0301305
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
ROTARY DISTRICT 6920 REFUND	\$ 3,652
	TOTAL \$ 3,652

FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE	AMOUNT
ROTARY INTERNATIONAL		\$ 1,872
DISTRICT 6920		
102 EAST 44TH STREET		
SAVANNAH GA 31405		
ROTARY INTERNATIONAL		\$ 3,055
PO BOX 75297		
CHICAGO IL 60675		

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

DESCRIPTION	AMOUNT
EXPENSES	
CONFERENCES/MEETINGS	\$ 1,146
MEETING EXPENSE	\$ 17,312
OFFICE SUPPLIES	\$ 633
CORP REGISTRATION	\$ 30
WEBSITE MAINTENANCE	\$ 520
SERVICE PROJECTS	\$ 2,592
MISCELLANEOUS	\$ 1,908

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

ROTARY CLUB OF MACON NORTH, INC.

26-0301305

BANK FEES \$ **60**

TOTAL \$ 24,201

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

BOSTON BUTT SALE

PAGE 1 OF 1

Schedule O (Form 990 or 990-EZ) (2017)