



**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 ☒

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

|                                                                                                                                                                                                                                                                                            |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Part III</b> <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)<br>Check if the organization used Schedule O to respond to any question in this Part III       .       . <input type="checkbox"/>                                                  | <b>Expenses</b><br>(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others ) |
| What is the organization's primary exempt purpose?<br>CIVIC ORGANIZATION PROMOTING SOCIAL WELFARE                                                                                                                                                                                          |                                                                                                       |
| 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

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

What is the organization's primary exempt purpose?

CIVIC ORGANIZATION PROMOTING SOCIAL WELFARE

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 . . . ☐

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29

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

30

(Grants \$ ) If this amount includes foreign grants, check here ☐

(Grants \$ )

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ )

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

**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. . . . . ☐

Form **990-EZ** (2018)

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>33</b> 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 . . . . .                                                                                                                                                               | <b>33</b>  | No |
| <b>34</b> 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) . . . . .                                                                        | <b>34</b>  | No |
| <b>35a</b> 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)? . . . . .                                                                                                                                             | <b>35a</b> | No |
| <b>b</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 . . . . .                                                                                                                                                                                                         | <b>35b</b> |    |
| <b>c</b> 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 . . . . .                                                                                                                   | <b>35c</b> | No |
| <b>36</b> 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 . . . . .                                                                                                                                                 | <b>36</b>  | No |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .                                                                                                                                                                                                                        |            |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                      | <b>37b</b> | No |
| <b>38a</b> 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? . . . . .                                                                                                     | <b>38a</b> | No |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                         | <b>38b</b> |    |
| <b>39</b> Section 501(c)(7) organizations Enter . . . . .                                                                                                                                                                                                                                                                                             |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                       | <b>39a</b> |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                              | <b>39b</b> |    |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .                                                                                                                                                                           |            |    |
| <b>b</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 . . . . . | <b>40b</b> | No |
| <b>c</b> 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 ▶ . . . . .                                                                                                                                      |            |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .                                                                                                                                                                                                        |            |    |
| <b>e</b> 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 . . . . .                                                                                                                                                                            | <b>40e</b> | No |
| <b>41</b> List the states with which a copy of this return is filed ▶ GA . . . . .                                                                                                                                                                                                                                                                    |            |    |
| <b>42a</b> The organization's books are in care of ▶ THRESSEA BOYD Telephone no ▶ (229) 460-7059 . . . . .                                                                                                                                                                                                                                            |            |    |
| Located at ▶ P O BOX 517 VALDOSTA , GA ZIP + 4 ▶ 31603 . . . . .                                                                                                                                                                                                                                                                                      |            |    |
| <b>b</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)? . . . . .                                                                                           | <b>42b</b> | No |
| 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) . . . . .                                                                                                                                                                                                       |            |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .                                                                                                                                                                                                                                    | <b>42c</b> | No |
| If "Yes," enter the name of the foreign country ▶ . . . . .                                                                                                                                                                                                                                                                                           |            |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .                                                                           |            |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                               | <b>44a</b> | No |
| <b>b</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 . . . . .                                                                                                                                                                                          | <b>44b</b> | No |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                             | <b>44c</b> | No |
| <b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                               | <b>44d</b> |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                          | <b>45a</b> | No |
| <b>45b</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) . . . . .                                                                               | <b>45b</b> | No |

|    |                                                                                                                                                                                                      |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                      | 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  | 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? <b>NOTE.</b> All section 501(c)(3) organizations must attach a completed Schedule A . . . . . | ▶ | <input type="checkbox"/> Yes <input type="checkbox"/> 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              | *****<br>Signature of officer                               |                      | 2020-03-02<br>Date |                                                            |                   |
|                        | THRESSEA BOYD SECRETARY<br>Type or print name and title     |                      |                    |                                                            |                   |
| Paid Preparer Use Only | Print/Type preparer's name<br>NICHOLAS J VALENTI JR CPA CFP | Preparer's signature | Date<br>2020-03-03 | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br>P00050715 |
|                        | Firm's name ▶ VALENTI RACKLEY & ASSOCIATES LLC              |                      |                    | Firm's EIN ▶ 20-1879393                                    |                   |
|                        | Firm's address ▶ 208 W PARK AVE<br>VALDOSTA, GA 31602       |                      |                    | Phone no (229) 247-8005                                    |                   |

|  |                                                                                           |   |                                                          |
|--|-------------------------------------------------------------------------------------------|---|----------------------------------------------------------|
|  | May the IRS discuss this return with the preparer shown above? See instructions . . . . . | ▶ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-------------------------------------------------------------------------------------------|---|----------------------------------------------------------|

Additional Data

Software ID:  
Software Version:  
EIN: 23-7079654  
Name: ROTARY INTERNATIONAL ROTARY CLUB OF VALDOSTA

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<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--------|
| 28 CIVIC ORGANIZATION EXPENSES SUPPORTING SOCIAL WELFARE<br><br>(Grants \$ )                                                                                                                                                                                                                |  | 28a                                                                                            | 69,301 |
| If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                           |  |                                                                                                |        |

**Form 990EZ, 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. . . . . ☐

| <b>(a) Name and title</b>   | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC)<br/>(If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|-----------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| THRESSEA BOYD SECRETARY     | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| MIKE GUDELY TREASURER       | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| JEREMY CHICK PRESIDENT      | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| ANGIE CRAWFORD DIRECTOR     | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| STACY BUSH DIRECTOR         | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| ROB KELLNER DIRECTOR        | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| MIGUEL VICENTE PRESIDENT NO | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| COREY HULL DIRECTOR         | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| TOM GOODING PAST PRESIDE    | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| BILL KENT PRESIDENT EL      | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| JIM GALLOWAY DIRECTOR       | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| DEANNA SMITH DIRECTOR       | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| LAURA GRAHAM DIRECTOR       | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| STEVEN HALL DIRECTOR        | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |
| TERRI JENKINS DIRECTOR      | 1 00                                                  | 0                                                                                     |                                                                                                |                                                   |

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 |
|---------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| STEVE BOATNER SERGEANT OF | 000 00                                         | 0                                                                          |                                                                                         |                                            |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization

ROTARY INTERNATIONAL ROTARY CLUB OF  
VALDOSTA

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

23-7079654

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation                                                             |
|---------------------------------|-------------------------------------------------------------------------|
| FORM 990-EZ, PART I,<br>LINE 10 | ROTARY INTERNATIONAL 5,640 DISTRICT ROTARY INTERNATIONAL 7,554 NATIONAL |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                 | Explanation                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-<br>EZ, PART I,<br>LINE 16 | EXPENSES COMPUTER MTNCE & SUPPORT 946 CONFERENCE EXPENSE 851 INSURANCE 100 BADGES AND ENGR<br>AVING 469 SPECIAL PROJECTS 275 MEAL COSTS 35,469 FLOWERS AND GIFTS 860 DUES AND SUBSCRIPTI<br>ONS 112 CHRISTMAS PARTY 3,128 PAY PAL FEES 54 POLIO PLUS 100 DISTRICT CONTRIBUTION 2,223 C<br>ENTENNIAL CELEBRATION 2,500 TOTAL 47,087 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                  | Explanation                                       |
|--------------------------------------|---------------------------------------------------|
| FORM 990-<br>EZ, PART II,<br>LINE 24 | ACCOUNTS RECEIVABLE 4,083 2,236 TOTAL 4,083 2,236 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                  | Explanation                                                                |
|--------------------------------------|----------------------------------------------------------------------------|
| FORM 990-<br>EZ, PART II,<br>LINE 26 | PAUL HARRIS FELLOWSHIP 2,200 2,005 WILL WATT 400 350 GOLF TOURNAMENT 405 0 |