

Form 990EZ

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.
- Go to www.irs.gov/Form990EZ for the latest information.

2018

Open to
Public
Inspection**A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019**

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
Number and street (or P O box, if mail is not delivered to street address)		Room/suite	58-0333575
P O BOX ONE			E Telephone number
City or town, state or province, country, and ZIP or foreign postal code			F Group Exemption Number
MACON, GA 31202			►

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 ► \$ 156,099****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	5a	1
	2 Program service revenue including government fees and contracts		2
3 Membership dues and assessments	3	141,810	3
	4 Investment income		4
5a Gross amount from sale of assets other than inventory	5a	5b	5c
	b Less cost or other basis and sales expenses		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	c	6a	
	6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	a	6b	
	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)		
c Less direct expenses from gaming and fundraising events	c	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d
7a Gross sales of inventory, less returns and allowances	7a	7b	
	b Less cost of goods sold		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	c	7c	
	8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	156,099	9
	10 Grants and similar amounts paid (list in Schedule O)		10
11 Benefits paid to or for members	11		11
	12 Salaries, other compensation, and employee benefits		12
13 Professional fees and other payments to independent contractors	13		13
	14 Occupancy, rent, utilities, and maintenance		14
15 Printing, publications, postage, and shipping	15		15
	16 Other expenses (describe in Schedule O)		16
17 Total expenses. Add lines 10 through 16 ►	17	144,114	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18
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	118,670	19
	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		21

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	145,649	22 150,597
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	145,649	25 150,597
26 Total liabilities (describe in Schedule O)	26 26,979	19,942
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	118,670	27 130,655

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

31a

(Grants \$)

If this amount includes foreign grants, check here

32

144,114

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

(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
JOHN COLE 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		
GEORGE JACKSON DIRECTOR	1 00	0		
CURTIS JONES DIRECTOR	1 00	0		
ETHIEL GARLINGTON DIRECTOR	1 00	0		
VIVIA FOWLER DIRECTOR	1 00	0		
JIMMY ASBELL DIRECTOR	1 00	0		
KARLA REDDING DIRECTOR	1 00	0		
AMY RAWLS 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

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)

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)?

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

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

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

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?

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?

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** |

40a 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), 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

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 ► _____

d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

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

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

Located at ► **389 MULBERRY STREET MACON, GA** _____ ZIP + 4 ► **31201** _____

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)

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

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

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

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

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)

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37b		No
38a		No
40b		No
40e		No
42b		No
42c		No
44a		No
44b		No
44c		No
44d		
45a		No
45b		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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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	2019-07-23 Date
HOWARD S HOLLEMAN TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name HOWARD S HOLLEMAN	Preparer's signature	Date 2019-07-17	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.)
<p>28 PROMOTION OF OPPORTUNITIES AND SERVICES AMONG LOCAL BUSINESSES AND PROFESSIONS AS DESIGNATED BY ROTARY INTERNATIONAL (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 144,114</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete 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.

2018**Open to Public
Inspection**

Name of the organization

ROTARY INTERNATIONAL MACON ROTARY

Employer identification number

58-0333575

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	CHRISTMAS FUNCTION 4,513 ROTARY GRANT 4,310 SPEECH CONTEST 2,900 GUEST FEES/MISC 1,975 OTHER 559 TOTAL 14,257

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	ROTARY INTL DISTRICT 6920 7,536 102 EAST 44TH STREET SAVANNAH GA 31405 ROTARY INTERNATIONAL 12,728 PO BOX 75297 CHICAGO IL 60675

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES GEORGIA ROTARY STUDENT 8,377 MEMBER/DIRECTOR MEALS 65,453 MUSIC/RECEPTION 2,400 C LUB OPERATIONS 6,023 SERVICE PROJECTS 9,850 CLUB ADMINISTRATION 12,000 SOCIAL FUNCTIONS 12 ,430 INTERNATIONAL CONVENTION 3,000 ROTARY SPEECH CONTEST 2,717 RYLA 1,600 TOTAL 123,850

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 26,979 19,942

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