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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 black lung benefit trust or private foundation)
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2005**Open to Public Inspection****A** For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ROTARY CLUB OF DOWNTOWN DELAND, INC

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

POST OFFICE BOX 1310

Room/suite

City or town, state or country, and ZIP + 4

DELAND

FL 32721-1310

D Employer identification number

20-3580858

E Telephone number**F** Group Exemption Number

▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
 Other (specify) ▶

Website: ▶ DDROTARY.ORG

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 42,930

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	14,055
	2 Program service revenue including government fees and contracts	2	15,375
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	13,500
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	13,500
	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 (line 7a less line 7b)	7c	
	8 Other revenue (describe) ▶	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	42,930
Expenses	10 Grants and similar amounts paid (attach schedule)	10	17,319
	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	
	16 Other expenses (describe) ▶ SEE STATEMENT 2	16	18,269
	17 Total expenses (add lines 10 through 16)	17	35,588
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	7,342
	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	13,957
	20 Other changes in net assets or fund balances (attach explanation)	20	-3
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	21,296

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,957	21,296
23 Land and buildings		
24 Other assets (describe) ▶		
25 Total assets	13,957	21,296
26 Total liabilities (describe) ▶	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,957	21,296

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2005)

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)**Expenses**
(Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts,
optional for others)

What is the organization's primary exempt purpose?

SEE STATEMENT 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 DIRECT CASH CONTRIBUTIONS TO QUALIFIED NON-PROFIT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE(Grants \$ 14,999) If this amount includes foreign grants, check here ☐**28a** 17,205**29** SEE STATEMENT 5(Grants \$) If this amount includes foreign grants, check here ☐**29a** 16,063**30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32** 33,268**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
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 unpaid at the start of the period covered by this return?	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(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 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		0
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)**41** List the states with which a copy of this return is filed **▶** NONE**42a** The books are in care of **▶** TED SURYNTTelephone no **▶**Located at **▶** DELAND, FLZIP + 4 **▶****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 Form TD F 90-22.1

c At any time during the calendar year, did the organization maintain an office outside of 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**Please
Sign
Here**

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.

Signature of officer *William J. Sanford Jr.*Date 12/16/10

Type or print name and title _____

**Paid
Preparer's
Use Only**Preparer's
signature **▶** *Alma*Date 9/17/10Check if
self-
employed **▶** ☐Preparer's SSN or PTIN
(See Gen. Instr. W) 265-92-4908Firm's name (or yours
if self-employed),
address, and ZIP + 4 **▶**COHEN, SMITH & COMPANY, P.A.
133 EAST INDIANA AVENUE
DELAND, FL 32724-4329EIN **▶** 59-2239538Phone
no **▶** 386-738-3300Form **990-EZ** (2005)

1858 ROTARY CLUB OF DOWNTOWN DELAND, INC
20-3580858
FYE: 6/30/2006

Federal Statements

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Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Class of Activity	Book Value	BV Explain	FMV Explain
ROTARY INTERNATIONAL				\$ 2,320	\$	MEMBER CLUB DUES			
BIG BROTHERS BIG SISTERS				1,000					
DELAND, FL									
CAUSE				495					
DELAND, FL									
DELAND BIKE RALLY				500					
DELAND, FL									
FAITH HOPE CHARITY				450					
DELAND, FL									
HABITAT FOR HUMANITY				1,500					
DELAND, FL									
LAW ENFORCE SCHOLARSHIPS				2,050					
DELAND, FL									
NEIGHBORHOOD CENTER				500					
DELAND, FL									
COUNCIL ON AGING				1,000					
DELAND, FL									

1858 ROTARY CLUB OF DOWNTOWN DELAND, INC
 20-3580858
 FYE: 6/30/2006

Federal Statements

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Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explan	FMV Explan
ROTARY INTERNATIONAL CHICAGO, IL VARIOUS LOCAL CHARITIES				\$ 3,300	\$			
				4,204				
TOTAL				\$ 17,319	\$ 0	\$ 0		

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
EXPENSES	
CLUB MEETINGS/CONFERENCES	12,364
DISTRICT MEETINGS/CONFERENCES	1,044
INTERNATIONAL CONVENTION	2,655
ROTARY YOUTH LEADERSHIP	350
WEB SITE	145
SUPPLIES	1,711
TOTAL	\$ <u>18,269</u>

Statement 3 - Form 990-EZ, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
ROUNDING	\$ -3
TOTAL	\$ <u>-3</u>

Federal Statements

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

CIVIC ORGANIZATION WHICH RAISES FUNDS FOR DONATIONS TO
LOCAL CHARITIES

**Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service
Accomplishments**

Description

WEEKLY MEETINGS WHERE MEMBERS LEARN ABOUT VARIOUS LOCAL
ISSUES AND HEAR PRESENTATIONS FROM REPRESENTATIVES OF
LOCAL CHARITABLE ORGANIZATIONS; MONTHLY MEETINGS OF BOARD
OF DIRECTORS; DISTRICT MEETINGS AND LEADERSHIP
CONFERENCES.

1858 ROTARY CLUB OF DOWNTOWN DELAND, INC
 20-3580858
 FYE: 6/30/2006

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Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
BILL BUDZINSKI	DELAND FL	PRESIDENT	5	0	0	0
TED SURYNT	DELAND FL	TREASURER	5	0	0	0
JIM ATKINSON	DELAND FL	SECRETARY	5	0	0	0
SUSAN WOOSLEY	DELAND FL	VICE PRES	5	0	0	0
RICK RIVERA	DELAND FL	DIRECTOR	1	0	0	0
MICHAEL FRONK	DELAND FL	DIRECTOR	1	0	0	0
KAREN PUGLISI	DELAND FL	DIRECTOR	1	0	0	0
SEAN GOWEN	DELAND FL	DIRECTOR	1	0	0	0
MIKE COFFIN	DELAND FL	DIRECTOR	1	0	0	0
JIM MITCHELL	DELAND FL	DIRECTOR	1	0	0	0
LAURA HILL	DELAND FL	DIRECTOR	1	0	0	0
WARREN TODD	DELAND FL	DIRECTOR	1	0	0	0

Form

2848

(Rev. June 2008)

Department of the Treasury
Internal Revenue Service**Power of Attorney
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

**ROTARY CLUB OF DOWNTOWN DELAND, INC
POST OFFICE BOX 1310
DELAND, FL 32721**

Social security number(s)

: :
: :
: :Employer identification
number**20 3580858**

Daytime telephone number

()

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II

Name and address

**MICHAEL W BROOKS, CPA
133 E INDIANA AVE
DELAND, FL 32724**CAF No. **6505-39849R**Telephone No. **386-738-3300**Fax No. **386-736-2267**Check if new: Address ☐Telephone No. ☐Fax No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐Telephone No. ☐Fax No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐Telephone No. ☐Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
INCOME TAX	990/990EZ	6/05, 6/06, 6/07, 6/08, 6/09

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ☐**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney. _____

_____**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ► _____

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

- a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐ **b** If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature  Date 8/12/2010 Title (if applicable) TREASURER
PRESIDENT

TED SURYNT

Print Name

☐ ☐ ☐ ☐ ☐
PIN Number

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

☐ ☐ ☐ ☐ ☐
PIN Number

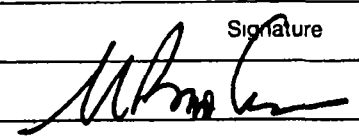
Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Circular 230
 - d** Officer—a bona fide officer of the taxpayer's organization
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
 - k** Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230
 - l** Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a–r)	Jurisdiction (state) or identification	Signature	Date
b	FLORIDA		<u>8/12/10</u>