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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)

- Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2006****Open to Public Inspection**For the 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07

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

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) \_\_\_\_\_

I 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 is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. \$ 54,837**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)**

1 Contributions, gifts, grants, and similar amounts received

1 11,061

2 Program service revenue including government fees and contracts

2 14,150

3 Membership dues and assessments

3

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 (line 5a less line 5b) (attach schedule)

5c

6 Special events and activities (attach schedule). If any amounts from gaming, check here ☐

SEE WORKSHEET

a Gross revenue (not including \$ \_\_\_\_\_ of contributions reported on line 1)

6a 29,626

b Less direct expenses other than fundraising expenses

6b 5,595

c Net income or (loss) from special events and activities (line 6a less line 6b)

6c 24,031

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 49,242

10 Grants and similar amounts paid (attach schedule)

SEE STATEMENT 1

10 18,333

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 33,707

17 Total expenses (add lines 10 through 16)

17 52,040

18 Excess or (deficit) for the year (line 9 less line 17)

18 -2,798

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 21,296

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 3

20

21 Net assets or fund balances at end of year (combine lines 18 through 20)

21 18,498

**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 51 of the instructions)

22 Cash, savings, and investments

(A) Beginning of year

21,296

(B) End of year

22 18,498

23 Land and buildings

23

24 Other assets (describe) \_\_\_\_\_

24

25 Total assets

21,296

25 18,498

26 Total liabilities (describe) \_\_\_\_\_

26 0

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

21,296

27 18,498

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

Form **990-EZ** (2006)

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		
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.		
<b>28</b> DIRECT CASH CONTRIBUTIONS TO QUALIFIED NON-PROFIT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (Grants \$ <u>16,808</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	32,143
<b>29</b> SEE STATEMENT 5  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	18,137
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	50,280

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		X
<b>34</b> 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	<b>34</b>		X
<b>35</b> 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			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		X
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	<b>36</b>		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> 0</span>	<b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		X
<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 unpaid at the start of the period covered by this return?	<b>38a</b>		X
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b> 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>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911                     , section 4912                     , section 4955
- 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
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                      0
- d** Enter amount of tax on line 40c reimbursed by the organization                      0
- e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
- 41** List the states with which a copy of this return is filed ▶ NONE
- 42a** The books are in care of ▶ TED SURYNT Telephone no

	Yes	No
<b>40b</b>		X
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		X

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                     

	Yes	No
<b>42b</b>		X
<b>42c</b>		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**

**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

Walter J. Boudry Jr  
Signature of officer12/16/10  
DateType or print name and title                     **Paid  
Preparer's  
Use Only**Preparer's  
signature                     Date 9/17/10Check if  
self-  
employed ▶ ☐Preparer's SSN or PTIN  
(See Gen Instr X)  
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 ▶ 59-2239538  
Phone  
no ▶ 386-738-3300Form **990-EZ** (2006)



1858 ROTARY CLUB OF DOWNTOWN DELAND, INC  
20-3580858  
FYE: 6/30/2007

**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				\$ 1,525	\$	MEMBER CLUB DUES	\$		
COMMUNITY FUND				5,000					
DELAND FL									
GODWIN CHILDREN				5,000					
DELAND FL									
CAUSE				1,201					
DELAND FL									
LAW ENFORCE SCHOLARSHIPS				1,360					
DELAND FL									
ROTARY INTERNATIONAL				2,550					
CHICAGO IL									
VARIOUS LOCAL CHARITIES				1,697					
DELAND FL									
TOTAL				<u>\$ 18,333</u>	<u>\$ 0</u>		<u>\$ 0</u>		

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

<u>Description</u>	<u>Amount</u>
	\$
EXPENSES	
CLUB MEETINGS/CONFERENCES	14,102
DISTRICT MEETINGS/CONFERENCES	1,535
INTERNATIONAL CONVENTION	2,500
ROTARY YOUTH LEADERSHIP	700
INTERNATIONAL EXCHANGE	7,930
SUPPLIES	6,940
TOTAL	\$ <u>33,707</u>

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

<u>Description</u>	<u>Amount</u>
ROUNDING	\$
TOTAL	\$ <u>0</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: 6/30/2007

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**Federal Statements**

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

Name and Address	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 GOWAN 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

**Federal Statements****Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
COLUMN A	\$
BLACK TIE & BLUE JEANS	
SUPPLIES	<u>5,595</u>
SUBTOTAL	<u>5,595</u>
TOTAL	<u><u>5,595</u></u>

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES

REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.