



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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

2007**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ 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

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**J** Organization type (check only one) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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.**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. **\$** 52,295**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	30,386
2	Program service revenue including government fees and contracts	2	11,375
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. Subtract line 5b from line 5a (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amounts from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	10,534
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	10,534
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8	Other revenue (describe) _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	52,295
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	43,699
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	19,571
17	Total expenses. Add lines 10 through 16	17	63,270
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	-10,975
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	18,498
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,523

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 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,498	7,523
23 Land and buildings		
24 Other assets (describe) _____)		
25 Total assets	18,498	7,523
26 Total liabilities (describe) _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,498	7,523

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

Form **990-EZ** (2007)

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose?

SEE STATEMENT 3

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 \$ 42,180) If this amount includes foreign grants, check here ☐**Expenses**
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28a 46,175

29 SEE STATEMENT 4

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

29a 15,106

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 61,281

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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 5				

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

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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	
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	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still 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	

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

	Yes	No
40b		X
40c		
40d		
40e		X

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 ▶ _____

Located at ▶ DELAND, FL

ZIP + 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
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check hereand 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

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN (See Gen Instr X)

Firm's name (or yours if self-employed), address, and ZIP + 4

COHEN, SMITH & COMPANY, P.A.

133 EAST INDIANA AVENUE

DELAND, FL 32724-4329

EIN ▶ 59-2239538

Phone no ▶ 386-738-3300

Form 990-EZ (2007)

Others

Federal Statements

20-3580858

FYE: 6/30/2008

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	Book Value	BV Explain	FMV Explain
ROTARY INTERNATIONAL					MEMBER CLUB DUES			
SCHOLARSHIP-DSC			\$	1,519 \$		\$		
DELAND FL				15,000				
VOLUSIA CO SHERIFF				10,000				
DELAND FL								
CAUSE				3,005				
DELAND FL								
LAW ENFORCE SCHOLARSHIPS				2,390				
DELAND FL								
ROTARY INTERNATIONAL				2,300				
CHICAGO IL								
BOY SCOUTS OF AMERICA				1,500				
DELAND FL								
GOOD SAMARITAN CLINIC				2,000				
DELAND FL								
VARIOUS LOCAL CHARITIES				5,985				
DELAND FL								

Federal Statements

20-3580858

FYE: 6/30/2008

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	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explain	FMV Explain
					\$ 43,699	\$ 0	\$ 0		
TOTAL									

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

<u>Description</u>	<u>Amount</u>
	\$
EXPENSES	
CLUB MEETINGS/CONFERENCES	10,904
DISTRICT MEETINGS/CONFERENCES	1,202
INTERNATIONAL CONVENTION	3,000
ROTARY YOUTH LEADERSHIP	700
SUPPLIES	<u>3,765</u>
TOTAL	<u>\$ 19,571</u>

Federal Statements

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

CIVIC ORGANIZATION WHICH RAISES FUNDS FOR DONATIONS TO
LOCAL CHARITIES

**Statement 4 - 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.

Federal Statements

20-3580858

FYE: 6/30/2008

Statement 5 - 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