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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)

OMB No 1545-1150

2009Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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 International Rotary Club of Valdosta

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

P.O. Box 517

Room/suite

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

Valdosta**GA 31603-0517**

D Employer identification number

23-7079654

E Telephone number

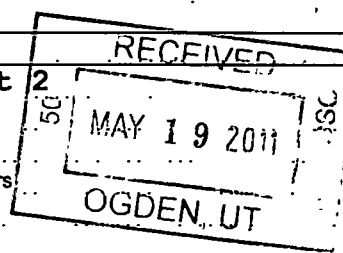
F Group Exemption

Number **0573**

- 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: ▶ **N/A**J Tax-exempt status (check only one) — ☒ 501(c) (**4**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **79,647****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,139
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	73,161
	4	Investment income	4	335
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	4,012
	b	Less: direct expenses other than fundraising expenses	6b	4,275
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-263
	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	75,372
	Expenses	10	Grants and similar amounts paid (attach schedule) Stmnt 2	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	6,246
13		Professional fees and other payments to independent contractors	13	413
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	1,015
16		Other expenses (describe ▶ See Statement 3)	16	92,693
17		Total expenses. Add lines 10 through 16	17	111,568
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-36,196
Net Assets		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
	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	7,719

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	45,850	5,589
23 Land and buildings		
24 Other assets (describe ▶ See Statement 4)	2,438	5,838
25 Total assets	48,288	11,427
26 Total liabilities (describe ▶ See Statement 5)	4,373	3,708
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,915	7,719

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose?

Civic organization promoting social welfare.

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Civic organization expenses supporting social welfare.(Grants \$) If this amount includes foreign grants, check here ☐**28a****104,672****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 (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32****104,672****Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)**

(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
Dennis Marks	Valdosta	President			
P. O. Box 517	GA 31603-0517	2.00	0	0	0
Nicholas J. Valenti, Jr.	Valdosta	Treasurer			
208 W. Park Avenue	GA 31602	1.00	0	0	0
Barbara Knight	Valdosta	Secretary			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Walter Elliot	Valdosta	President Elect			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Carl Cates	Valdosta	Past President			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Christine Roan	Valdosta	Sergeant at Arms			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Cobb Atkinson	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Bo Broadfoot	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Patti Clark	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Moshe Elbaz	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Bob Ganzak	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Laverne Gaskins	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Sharon LeBranche	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Kerry Morris	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0
Greg Reid	Valdosta	Director			
P. O. Box 517	GA 31603-0517	1.00	0	0	0

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		X
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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		X
41 List the states with which a copy of this return is filed ▶ GA		
42a The organization's books are in care of ▶ Barbara Knight Telephone no ▶ P. O. Box 517 Located at ▶ Valdosta, GA ZIP + 4 ▶ 31603-0517		
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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

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		5-16-11 Date	
Paid Preparer's Use Only	Type or print name and title			
	MICHAEL J. VALENZUELA TREASURER			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes ☐ No ☐

Special Events Schedule

Form **990****2009**

For calendar year 2009, or tax year beginning

07/01/09

, and ending

06/30/10

Name

**Rotary International Rotary Club of
Valdosta**

Employer Identification Number

23-7079654

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>4,012</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,012</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>4,012</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,012</u>
Less direct expenses	<u>4,275</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,275</u>
Net income (loss)	<u>-263</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>-263</u>

Description:

(A)

Raffle

(B)

(C)

Others

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
	<u>\$ 73,161</u>
Total	<u><u>\$ 73,161</u></u>

41418 Rotary International Rotary Club of
23-7079654
FYE: 6/30/2010

Federal Statements

5/16/2011 8:10 AM

Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount of Payment
Rotary International		6,670
District Rotary		4,531
Total		<u>11,201</u>

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Computer maintenance/support	650
Conference expense	250
District Conference expense	695
Govener Visit expense	354
Insurance	100
Badges and Engraving	829
GA Rotary Student Expense	4,871
International Proj. Exp.	1,000
Meal Costs	39,039
Flowers and Gifts	322
Bank Charges	42
Donation-Val Rotary Found	39,939
Anniversary Celebration	105
Dues and Subscriptions	90
PETS	459
Rent	70
GSE Team Expense	1,334
Law Enforcement Dinner	494
Rotaract - Start up	690
Imagination Library Exp.	1,360
Total	\$ <u>92,693</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Receivable	\$ 2,438	\$ 5,838
	<u>2,438</u>	<u>5,838</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 4,373	\$ 3,708
	<u>4,373</u>	<u>3,708</u>

Federal Statements**Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
Column A	\$
Raffle	
Other Expenses	<u>4,275</u>
SubTotal	<u>4,275</u>
Total	<u><u>4,275</u></u>

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Rotary International Rotary Club of Valdosta	23-7079654
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	VALENTI, RACKLEY & ASSOCIATES, LLC 208 W PARK AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	VALDOSTA, GA 31602-2507	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 5/15, 20 11.
- For calendar year _____, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension... Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs...	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CRA Date 2-14-11

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

Form **8868**

(Rev April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box. ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Rotary International Rotary Club of Valdosta	23-7079654
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	P.O. Box 517	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Valdosta, GA 31603-0517	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of. _____

Telephone No. _____ FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
 ► ☒ tax year beginning 7/01, 20 09, and ending 6/30, 20 10.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
	\$ <u>73,161</u>
Total	\$ <u><u>73,161</u></u>

41418 Rotary International Rotary Club of
23-7079654
FYE: 6/30/2010

Federal Statements

5/16/2011 8:10 AM

Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

<u>Name and Address</u>	<u>Purpose</u>	<u>Amount of Payment</u>
Rotary International		6,670
District Rotary		4,531
Total		<u>11,201</u>

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Computer maintenance/support	650
Conference expense	250
District Conference expense	695
Govener Visit expense	354
Insurance	100
Badges and Engraving	829
GA Rotary Student Expense	4,871
International Proj. Exp.	1,000
Meal Costs	39,039
Flowers and Gifts	322
Bank Charges	42
Donation-Val Rotary Found	39,939
Anniversary Celebration	105
Dues and Subscriptions	90
PETS	459
Rent	70
GSE Team Expense	1,334
Law Enforcement Dinner	494
Rotaract - Start up	690
Imagination Library Exp.	1,360
Total	\$ <u>92,693</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Receivable	\$ <u>2,438</u>	\$ <u>5,838</u>
	<u>2,438</u>	<u>5,838</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ <u>4,373</u>	\$ <u>3,708</u>
	<u>4,373</u>	<u>3,708</u>

Federal Statements**Special Events Direct Expenses**

Description	Amount
Column A	\$
Raffle	
Other Expenses	4,275
SubTotal	4,275
Total	4,275

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.