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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545 1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		Jul 1	, 2009, and ending	Jun 30	, 2010
B Check if applicable		C Name of organization			D Employer identification number
<input type="checkbox"/> Address change		Rotary Club of Lynchburg, VA			54-0564676
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return		Post Office Box 11884			(434) 832-8200
<input type="checkbox"/> Termination		City or town, state or county, and ZIP + 4			F Group Exemption Number
<input type="checkbox"/> Amended return		Lynchburg VA 24506			
<input type="checkbox"/> Application pending					
• 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
I Website: ► N/A					H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (4) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> 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					► \$ 45,227.

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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 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) 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 \$ 5,931. of contributions reported on line 1) <input type="checkbox"/> b Less direct expenses other than fundraising expenses <input type="checkbox"/> c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► See Other Revenue Statement) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 15,211. 2 20,372. 3 4 253. 5a 5b 5c 6a 5,931. 6b 5,849. 6c 82. 7a 7b 7c 8 3,460. 9 39,378.	
	10 Grants and similar amounts paid (attach schedule)	See L-10 Stmt
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	
	13 Professional fees and other payments to independent contractors	
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	
	16 Other expenses (describe ► See Other Expenses Statement)	
	17 Total expenses. Add lines 10 through 16	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
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)		
20 Other changes in net assets or fund balances (attach explanation)		
21 Net assets or fund balances at end of year Combine lines 18 through 20		

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.)		
22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
23 Land and buildings	28,314.	22
24 Other assets (describe ►)	0.	23
25 Total assets	0.	24
26 Total liabilities (describe ► See L-26 Stmt)	28,314.	25
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	348.	26
	27,966.	27
	32,664.	32,664.

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

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)				Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? <u>To provide funds to needy causes</u>				
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	<u>Through service above self and fellowship, the Rotary supports and carries out projects which improve local and global communities.</u> (Grants \$ 1,241.) If this amount includes foreign grants, check here			<input type="checkbox"/> 28a 38,284.
29	----- (Grants \$) If this amount includes foreign grants, check here			<input type="checkbox"/> 29a
30	----- (Grants \$) If this amount includes foreign grants, check here			<input type="checkbox"/> 30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here			<input type="checkbox"/> 31a
32	Total program service expenses (add lines 28a through 31a)			<input type="checkbox"/> 32 38,284.
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
<u>Marjette Upshur</u> 1512 Liggates Road Lynchburg VA 24502	President 2.00	0.	0.	
<u>Gail Morrison</u> 1109 Greenway Court Lynchburg VA 24503	President-Elect 2.00	0.	0.	
<u>Jacqueline Asbury</u> 1619 Linden Avenue Lynchburg VA 24503	Past President 1.00	0.	0.	
<u>Linda B. Eubank</u> 2296 Elon Road Madison Heights, VA 24572	Treasurer 2.00	0.	0.	
<u>Naomi Amos</u> 100 East Randolph Place Lynchburg VA 24503	Director 1.00	0.	0.	
<u>Traci Blido</u> 1179 Somers Way Forest VA 24551	Director 1.00	0.	0.	
<u>Melanie Chenault</u> 1263 Colby Drive Forest, VA 24551	Director 1.00	0.	0.	
<u>Michael Shenigo, Jr.</u> 964 Rothowood Road Lynchburg VA 24503	Director 1.00	0.	0.	
<u>Anitra Webster</u> 1621 Linden Avenue Lynchburg, VA 24503	Director 1.00	0.	0.	
<u>Shannon Watts</u> 131 Jane Terrace Madison Heights VA 24572	Secretary 1.00	0.	0.	
<u>Christina M Johnson</u> 303 Rowland Drive Lynchburg VA 24503	Director 1.00	0.	0.	
<u>Thomas D. Camper, Jr.</u> 1006 New Hampshire Lynchburg VA 24502	Director 1.00	0.	0.	

Part V | Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No 33 X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes No 34 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 Yes No 35a X

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? Yes No 35b

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No 36 X

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 Yes No 37a 0

37a Enter amount of political expenditures, direct or indirect, as described in the instructions Yes No 37b X

b Did the organization file **Form 1120-POL** for this year? Yes No 38a 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? Yes No 38b

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No 39a

39 Section 501(c)(7) organizations Enter Yes No 39b

a Initiation fees and capital contributions included on line 9 Yes No 40a

b Gross receipts, included on line 9, for public use of club facilities Yes No 40b X

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 Yes No 40c

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 Yes No 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No 40e X

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 Yes No 41

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► Linda B. Eubank, Treasurer Telephone no ► (434) 832-8200
 Located at ► 424 Graves Mill Road, Suite 103 Lynchburg VA ZIP + 4 ► 24502

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 ► _____ Yes No 42b X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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 42c 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 Yes No 43

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No 44 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 Yes No 45 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.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

	Yes	No
46		X
47		X
48		X
49a		X
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'.

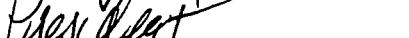
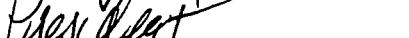
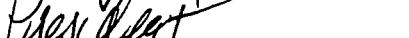
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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
None		

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												
	► 	Date 1 Feb 8, 2011											
	► Signature of officer <i>Jeff O'Meara</i>												
	► Type or print name and title <i>President</i>												
Paid Preparer's Use Only	<table border="1"> <tr> <td>Preparer's signature ► </td> <td>Date 01/27/11</td> <td>Check if self-employed ► <input type="checkbox"/></td> <td>Preparer's Identifying Number (See instructions)</td> </tr> <tr> <td>Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Coley, Eubank & Company, P.C.</u></td> <td colspan="3" rowspan="2">EIN ► <input type="checkbox"/></td> </tr> <tr> <td>► <u>Post Office Box 4069</u></td> </tr> <tr> <td>Lynchburg</td> <td>VA 24502</td> <td>Phone no ► (434) 832-8200</td> </tr> </table>	Preparer's signature ► 	Date 01/27/11	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Coley, Eubank & Company, P.C.</u>	EIN ► <input type="checkbox"/>			► <u>Post Office Box 4069</u>	Lynchburg	VA 24502	Phone no ► (434) 832-8200
Preparer's signature ► 	Date 01/27/11	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)										
Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Coley, Eubank & Company, P.C.</u>	EIN ► <input type="checkbox"/>												
► <u>Post Office Box 4069</u>													
Lynchburg	VA 24502	Phone no ► (434) 832-8200											

May the IRS discuss this return with the preparer shown above? See instructions.

BAA

► Yes No

Name as Shown on Return <u>Rotary Club of Lynchburg, VA</u>	Employer Identification No <u>54-0564676</u>	
Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>Payroll liabilities</u>	512.	0.
<u>Employer share of P/R liabilities</u>	-164.	0.
Totals to Form 990-EZ, Part II, line 26	348.	0.

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

Magazine Fees	900.
Miscellaneous	2,560.
Total	<u>3,460.</u>

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Meals expense	18,831.
Badges and engraving	688.
Calendars	62.
Annual Council on Legislation	85.
Supplies	190.
Website set up	264.
Post office box	70.
Miscellaneous	150.
Conferences, Conventions and meetings	2,067.
Business insurance	515.
Payments to affiliates	6,873.
Student Stipend	900.
Payroll taxes	164.
Total	<u>30,859.</u>

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment	Contribution		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> Rebuilding Together		
			12.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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

Continued

Purpose of Payment	Contribution		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> End Polio Now		
			1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment	Contribution		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> Salvation Army		
			229.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

8868

ev April 2009

partment of the Treasury
Internal Revenue ServiceApplication 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 ►

► If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

or 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).corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► *ll other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file come 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 turns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want e 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/file and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
e by the e date for ng your urn. See tructions	Rotary Club of Lynchburg, VA	54-0564676
	Number, street, and room or suite number. If a P O box, see instructions	
	Post Office Box 11884	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	VA 24506

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

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

► The books are in the care of ► Linda B. Eubank, Treasurer

Telephone No ► (434) 832-8200 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 Feb 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 Jul 1, 20 09, and ending Jun 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 \$ <u>0.</u>
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 \$ <u>0.</u>
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 \$ <u>0.</u>

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

► **AA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 4-2009)