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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

**2009**Open 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 Jul 1, 2009, and ending Jun 30, 2010

**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 Lynchburg, VA  
Number and street (or P O box, if mail is not delivered to street address): Post Office Box 11884  
City or town, state or country, and ZIP + 4: Lynchburg VA 24506

**D** Employer identification number: 54-0564676

**E** Telephone number: (434) 832-8200

**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)                     

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

**I** Website: N/A

**J** Tax-exempt status (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 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.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received															15,211.											
	2	Program service revenue including government fees and contracts															20,372.											
	3	Membership dues and assessments																										
	4	Investment income															253.											
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	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"/>																										
	6a	Gross revenue (not including \$ <u>5,931.</u> of contributions reported on line 1)															5,931.											
	6b	Less: direct expenses other than fundraising expenses															5,849.											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															82.												
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe <u>See Other Revenue Statement</u> )															3,460.												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															39,378.												
EXPENSES	10	Grants and similar amounts paid (attach schedule) <u>See L-10 Stmt</u>															1,241.											
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors															2,280.											
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping															300.											
	16	Other expenses (describe <u>See Other Expenses Statement</u> )															30,859.											
	17	Total expenses. Add lines 10 through 16															34,680.											
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															4,698.											
	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)															27,966.											
	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															32,664.											

**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	28,314.	32,664.
23 Land and buildings	0.	0.
24 Other assets (describe <u>                    </u> )	0.	0.
25 Total assets	28,314.	32,664.
26 Total liabilities (describe <u>See L-26 Stmt</u> )	348.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,966.	32,664.

BAA 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.)What is the organization's primary exempt purpose? To provide funds to needy causes

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 (4) organizations and section 4947(a)(1) trusts; optional for others)

<b>28</b>	<u>Through service above self and fellowship, the Rotary supports and carries out projects which improve local and global communities.</u> (Grants \$ <u>1,241.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	<u>38,284.</u>
<b>29</b>	<u>-----</u> (Grants \$ <u>-----</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	<u>-----</u>
<b>30</b>	<u>-----</u> (Grants \$ <u>-----</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	<u>-----</u>
<b>31</b>	<u>Other program services (attach schedule)</u> (Grants \$ <u>-----</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	<u>-----</u>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<u>38,284.</u>

**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> <u>1512 Liggates Road</u> <u>Lynchburg VA 24502</u>	President 2.00	0.	0.	
<u>Gail Morrison</u> <u>1109 Greenway Court</u> <u>Lynchburg VA 24503</u>	President-Elect 2.00	0.	0.	
<u>Jacqueline Asbury</u> <u>1619 Linden Avenue</u> <u>Lynchburg VA 24503</u>	Past President 1.00	0.	0.	
<u>Linda B. Eubank</u> <u>2296 Elon Road</u> <u>Madison Heights, VA 24572</u>	Treasurer 2.00	0.	0.	
<u>Naomi Amos</u> <u>100 East Randolph Place</u> <u>Lynchburg VA 24503</u>	Director 1.00	0.	0.	
<u>Traci Blido</u> <u>1179 Somers Way</u> <u>Forest VA 24551</u>	Director 1.00	0.	0.	
<u>Melanie Chenault</u> <u>1263 Colby Drive</u> <u>Forest, VA 24551</u>	Director 1.00	0.	0.	
<u>Michael Shenigo, Jr.</u> <u>964 Rothowood Road</u> <u>Lynchburg VA 24503</u>	Director 1.00	0.	0.	
<u>Anitra Webster</u> <u>1621 Linden Avenue</u> <u>Lynchburg, VA 24503</u>	Director 1.00	0.	0.	
<u>Shannon Watts</u> <u>131 Jane Terrace</u> <u>Madison Heights VA 24572</u>	Secretary 1.00	0.	0.	
<u>Christina M Johnson</u> <u>303 Rowland Drive</u> <u>Lynchburg VA 24503</u>	Director 1.00	0.	0.	
<u>Thomas D. Camper, Jr.</u> <u>1006 New Hampshire</u> <u>Lynchburg VA 24502</u>	Director 1.00	0.	0.	

**Part V Other Information** (Note the statement requirements in the instrs for Part 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		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		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 outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 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>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> , section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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 <b>40b</b>		X
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		

**42a** The organization's books are in care of **42a** Linda B. Eubank, Treasurer Telephone no **42a** (434) 832-8200  
 Located at **42a** 424 Graves Mill Road, Suite 103 Lynchburg VA ZIP + 4 **42a** 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)? **42b**  
 If 'Yes,' enter the name of the foreign country **42b**

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 ? **42c**  
 If 'Yes,' enter the name of the foreign country **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **43**  
 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 **44**

**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 **45**

**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

	Yes	No
<b>46</b>		X

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

<b>47</b>		X
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

<b>48</b>		X
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		X
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**b** If 'Yes,' was the related organization a section 527 organization?

<b>49b</b>		
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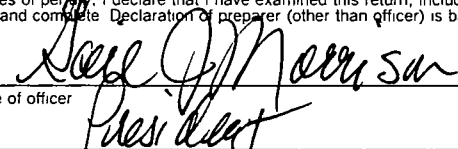
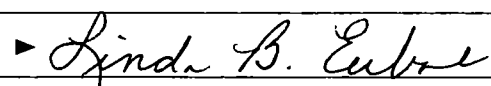
**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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

<b>Sign Here</b>	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		Feb 8, 2011 Date	
<b>Paid Preparer's Use Only</b>	 Preparer's signature		01/27/11 Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Coley, Eubank & Company, P.C. Post Office Box 4069 Lynchburg VA 24502		Preparer's Identifying Number (See instructions) EIN (434) 832-8200	

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

Form 990-EZ  
Part II

Other Assets and Liabilities

2009

Name as Shown on Return  
Rotary Club of Lynchburg, VA

Employer Identification No  
54-0564676

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
Payroll liabilities	512.	0.
Employer share of P/R liabilities	-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	3,460.

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	30,859.

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

Continued

**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"/>		
	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



# 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 ☒

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).

corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

If 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  
m 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  
is form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Name of Exempt Organization	Employer identification number
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	
Lynchburg VA	24506

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 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 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 \$	0.
3b 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.
3c <b>Balance Due.</b> 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  
ayment instructions

3AA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)