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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		Jul 1	, 2010, and ending	Jun 30	, 2011																																																																																																												
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"/> Terminated		City or town, state or country, and ZIP + 4			F Group Exemption Number																																																																																																												
<input type="checkbox"/> Amended return		Lynchburg			VA 24506																																																																																																												
<input type="checkbox"/> Application pending																																																																																																																	
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____			H Check ► <input checked="" type="checkbox"/> 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 (ck only one) —		<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4)	► (insert no)	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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return																																																																																																																	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 32,526.																																																																																																															
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Add lines 10 through 16</td> <td>17</td> <td>30,339.</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> <td>-3,222.</td> </tr> <tr> <td>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)</td> <td>19</td> <td>32,664.</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> <td></td> </tr> <tr> <td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td> <td>21</td> <td>29,442.</td> </tr> </table>						1 Contributions, gifts, grants, and similar amounts received	1	9,895.	2 Program service revenue including government fees and contracts	2	16,119.	3 Membership dues and assessments	3		4 Investment income	4	330.	5a Gross amount from sale of assets other than inventory	5a	RECEIVED	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 Gaming and fundraising events	6a	FEB 15 2012	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	of contributions	b Gross income from fundraising events (not including \$ 5,396. from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	5,396.	c Less direct expenses from gaming and fundraising events	6d	5,409.	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		-13.	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 in Schedule O)	8	786.	9 Total revenue. 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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	32,664.	22 29,442.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O))	0.	24 0.
25 Total assets	32,664.	25 29,442.
26 Total liabilities (describe in Schedule O))	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,664.	27 29,442.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 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, and 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 Through service above self and fellowship, the Rotary supports and carries out projects which improve local and global communities. (Grants \$ 100.) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 34,544.
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 (describe in Schedule O) (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 34,544.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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 and deferred compensation	(e) Expense account and other allowances
Gail Morrison 1109 greenway Court Lynchburg VA 24503	President 2.00	0.	0.	
Shannon Watts 131 Jane Terrace Madison Heights VA 24572	President-Elect 1.00	0.	0.	
Linda B. Eubank 2296 Elon Road Madison Heights, VA 24572	Treasurer 2.00	0.	0.	
Naomi Amos 100 East Randolph Place Lynchburg VA 24503	Director 1.00	0.	0.	
Traci Blido 1179 Somers Way Forest VA 24551	Director 1.00	0.	0.	
Dan Vollmer Post Office Box 11884 Lynchburg VA 24506	Director 0.50	0.	0.	
Thomas D. Camper, Jr. 1006 New Hampshire Lynchburg VA 24502	Director 1.00	0.	0.	
Rick Edwards Post Office Box 11884 Lynchburg VA 24506	Secretary 0.50	0.	0.	
Bob Bailey Post Office Box 11884 Lynchburg VA 24506	Director 0.50	0.	0.	

See List of Officers, Directors, Trustees, & Key Employees Stmt

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V **33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	X
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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, explain in Schedule O why the organization did not report the income on Form 990-T

35	
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a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a	X
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b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?

35b	
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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

36	X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

37a	
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b Did the organization file **Form 1120-POL** for this year?

37b	X
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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 tax year covered by this return?

38a	
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b	
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39 Section 501(c)(7) organizations Enter

39a	
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a Initiation fees and capital contributions included on line 9

39b	
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40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

40a	
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b section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____
Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

40b	X
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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 ► _____

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d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____

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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

40e	X
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41 List the states with which a copy of this return is filed ► _____**42a** The organization'sbooks 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

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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	X
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If 'Yes,' enter the name of the foreign country ► _____

42c	X
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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	X
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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

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and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** _____**44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44a	X
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b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44b	X
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c Did the organization receive any payments for indoor tanning services during the year?

44c	X
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

44d	
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45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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 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

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here	<i>Shannon L. Watt</i> Signature of officer	<i>2/9/2012</i> Date			
	<i>Shannon L. Watt, President</i> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<i>Linda B. Eubank, CPA, CMA</i>	<i>Linda B. Eubank</i>	<i>02/04/12</i>		
	Firm's name ► <i>Coley, Eubank & Company, P.C.</i>			Firm's EIN ►	
Firm's address ► <i>Post Office Box 4069</i>	<i>Lynchburg</i>	VA 24502	Phone no	<i>(434) 832-8200</i>	

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

► Yes No

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Magazine Fees 786.

Total 786.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>Meals expense</u>	<u>16,966.</u>
<u>Badges and engraving</u>	<u>45.</u>
<u>Sister City</u>	<u>500.</u>
<u>Youth Leadership Awards</u>	<u>500.</u>
<u>Supplies</u>	<u>215.</u>
<u>Website</u>	<u>299.</u>
<u>Post office box</u>	<u>75.</u>
<u>Miscellaneous</u>	<u>384.</u>
<u>Conferences, Conventions and meetings</u>	<u>2,098.</u>
<u>Business insurance</u>	<u>352.</u>
<u>Payments to affiliates</u>	<u>6,688.</u>
<u>New Member orientation</u>	<u>250.</u>
<u>Sustainer</u>	<u>100.</u>
<u>Total</u>	<u>28,472.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Bob Weber Post Office Box 11884 Lynchburg VA 24506	Title Director Hours/Week 0.50			
Foreign city Foreign country	0.	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Arelia Langhorne Post Office Box 11884 Lynchburg VA 24506	Title Director Hours/Week 0.50			
Foreign city Foreign country	0.	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> Foreign city Foreign country	Title Hours/Week 0.			
Foreign city Foreign country	0.	0.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment

Grant

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>General Operations</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Jones Memorial Library</u> <u>2311 Memorial Avenue</u> <u>Lynchburg</u> <u>VA</u> <u>24501</u>	<u>None</u>	<u>100.</u>

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

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
<u>Printing & Stationary</u>	797.
<u>Postage</u>	145.
Total	<u>942.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-9

Description	Amount
<u>Conferences</u>	1,998.
<u>District Leadership Seminar</u>	100.
Total	<u>2,098.</u>

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service

► 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions	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	
	Lynchburg	

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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 is for

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 12, 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 10, and ending Jun 30, 20 11.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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 Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)