

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



### Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or
private foundation)

Sponsoning 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 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.

OMB No 1545-1150

A F		of the Treasury enue Service	organizations or donorganizations or donorganizations as defined in section 51  The organization may							ements.	Open to Pub Inspection	itic 1
			dar year, or tax year beginni	ng JUL 1, 2	010		and end	ling JU	_		2011	
ap	heck if plicab		ime of organization						DE	mployer i	dentification number	
<u> </u>	Addre	ess change RC	TARY INTERNATION	ONAL DANVILL	E ROT	ARY						
	Name		LUB								054798	
	] Initial	return Num	ber and street (or P O box, if mai	il is not delivered to street a	iddress)			Room/suite	E	Telephone	number	
	Termi	nated PC	BOX 729							(859	)236-3924	
	1		or town, state or country, and ZIP	, + 4				-	F	Group Exer	<u> </u>	
〒	1			423-0729						Number <b>&gt;</b>	•	
3 A		nting Method	X Cash Accrual	Other (specify)							X if the organizatio	n is no
		te: N/A		Other (Speedily)				<del>.</del>	1		attach Schedule B	/II IS III
				X 501(c) ( 07 ) <b>⊲</b> (ı	ncart no \	10/	17(a)(1)	or 527	1	•	, 990-EZ, or 990-PF)	
	heck I		organization is not a section 509(							<b></b>	<del>```````</del>	<del></del>
_			- ·		-			-				
			required though Form 990-N (e-p	Jostcaru) may be required (	(see mstruct	ions) a	ut ii tiie t	ngamzation	CHO	oses to me	a return, de sure to m	ie a
		te return	<del></del>		****					<del></del>		
			b, to line 9 to determine gross red	· ·		r more,	or if total	assets (Par	CII,		(1)	120
			ow) are \$500,000 or more, file Fo			D-I-				<u>► \$</u>	64,2	.28
Ра	<u>rt l</u>	4	e, Expenses, and Chan	_		Baia	nces (	see the instr	uctio	ons for Par	τι)	
т			organization used Schedule O to i		this Part I							X
1	1	Contributions,	gifts, grants, and similar amounts	received						1	<u> </u>	
Ì	2	Program servi	ce revenue including government	fees and contracts						2		
	3	Membership d	ues and assessments							3	46,2	
-	4	Investment inc	ome		SE	E S	CHEDI	JLE O		4		27
-	5a	Gross amount	from sale of assets other than inv	entory		5a						
	b	Less cost or o	ther basis and sales expenses			5b						
- [	C	Gain or (loss)	from sale of assets other than inve	entory (Subtract line 5b fro	m line 5a)					5c		
1	6		ndraising events		•							
	а	-	from gaming (attach Schedule G i	if oreater than								
	_	\$15,000)	Toni geninig (attach concert of	3		6a						
ŀ	h		The and relainer amounts (not incli	udina \$			tributions			-		
	, L	from fundamen	from Undralsung eyents (not inclung events reported on line 1) (atta	och Schadula G if the sum o	of such	UI CUII	mounons	ı				
			and contributions exceeds 315,00		n such	6b		17,9	56			
1			penses from gaming and fundrais			6c		4,6				
- 1	نا	1 1	· · · · · · · · · · · · · · · · · · ·	-	 		- C-\	4,0		<del></del> 1	13,3	วกว
	7-		(loss) from gaming and fundraisi		a oo ano sud	1	e oc) _			6d	13,3	302
	7a	Gross sales (or	swolls one serutes sage Traditions	ances		7a				-		
	B	Less cost of g	•			7b				┥. !		
	C		(loss) from sales of inventory (Si	ubtract line /b from line /a	)				-	7c		
		Other revenue								8		
ļ	8		(describe in Schedule O)						_			)/4
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a			n a		TT F A		<b>&gt;</b> g	59,5	
- 1	9 10	Total revenue Grants and sin	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul		SE	E S	CHED	JLE O		9 10		
	9	Total revenue Grants and sin	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a		SE	E S	CHED	JLE O			8,4	190
	9 10	Total revenue Grants and sin Benefits paid t	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul	le O)	SE	E S	CHED	JLE O		10	8,4	190
	9 10 11	Total revenue Grants and sin Benefits paid t Salaries, other	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul o or for members	le 0) nefits	SE	E S	CHED	JLE O		10	8,4	190
	9 10 11 12	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul o or for members compensation, and employee ber	le 0) nefits	SE	E S	CHED	JLE O		10 11 12	8,4	190
	9 10 11 12 13	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul o or for members compensation, and employee beinges and other payments to independents.	le 0) nefits	SE	E S	CHED	JLE O		10 11 12 13	6,0	90
	9 10 11 12 13 14	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul o or for members compensation, and employee beres and other payments to independ, utilities, and maintenance cations, postage, and shipping	le 0) nefits				ULE O		10 11 12 13 14	6,0	190
	9 10 11 12 13 14	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public Other expense	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul o or for members compensation, and employee beres and other payments to independ utilities, and maintenance cations, postage, and shipping is (describe in Schedule O)	le 0) nefits						10 11 12 13 14 15 16	6,0 1 36,3	190 000 137 381
	9 10 11 12 13 14 15 16 17	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public Other expense Total expense	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a nilar amounts paid (list in Schedul o or for members compensation, and employee beres and other payments to independ utilities, and maintenance cations, postage, and shipping is (describe in Schedule O) es. Add lines 10 through 16	le O) nefits indent contractors						10 11 12 13 14 15 16 17	8,4 6,0 1 36,3 51,0	190 000 137 381 008
	9 10 11 12 13 14 15 16 17	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public Other expense Total expense Excess or (def	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul o or for members compensation, and employee between and other payments to independ in the composition of the control of the contr	le O) nefits ndent contractors from line 9)	SE					10 11 12 13 14 15 16	8,4 6,0 1 36,3 51,0	190 000 137 381 008
	9 10 11 12 13 14 15 16 17	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public Other expense Total expense Excess or (def Net assets or f	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul o or for members compensation, and employee beres and other payments to indepent, utilities, and maintenance cations, postage, and shipping is (describe in Schedule O) is. Add lines 10 through 16 licit) for the year (Subtract line 17 fund balances at beginning of year	le O) nefits ndent contractors from line 9) r (from line 27, column (A))	SE					10 11 12 13 14 15 16 17 18	8,4 6,0 1 36,3 51,0 8,5	137 381 008
	9 10 11 12 13 14 15 16 17 18	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public Other expense Total expense Excess or (def Net assets or f (must agree w	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul o or for members compensation, and employee beres and other payments to indepent, utilities, and maintenance cations, postage, and shipping is (describe in Schedule O) as. Add lines 10 through 16 licit) for the year (Subtract line 17 fund balances at beginning of year inth end-of-year figure reported on	le 0) nefits indent contractors  from line 9) r (from line 27, column (A)) i prior year's return)	SE					10 11 12 13 14 15 16 17 18	8,4 6,0 1 36,3 51,0 8,5	137 381 008 566
מספוס בייטלכין	9 10 11 12 13 14 15 16 17 18 19	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public Other expense Total expense Excess or (def Net assets or f (must agree w Other changes	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul o or for members compensation, and employee beres and other payments to independ, utilities, and maintenance cations, postage, and shipping is (describe in Schedule O) is. Add lines 10 through 16 iicit) for the year (Subtract line 17 fund balances at beginning of year ith end-of-year figure reported on it in net assets or fund balances (e.	le O) nefits indent contractors  from line 9) r (from line 27, column (A)) i prior year's return) explain in Schedule O)	SE					10 11 12 13 14 15 16 17 18	8,4 6,0 1 36,3 51,0 8,5	190 000 137 381 008 666 939
Net Assets Expenses	9 10 11 12 13 14 15 16 17 18 19 20 21	Total revenue Grants and sin Benefits paid t Salaries, other Professional fe Occupancy, re Printing, public Other expense Total expense Excess or (def Net assets or f (must agree w Other changes Net assets or f	Add lines 1, 2, 3, 4, 5c, 6d, 7c, a milar amounts paid (list in Schedul o or for members compensation, and employee beres and other payments to indepent, utilities, and maintenance cations, postage, and shipping is (describe in Schedule O) as. Add lines 10 through 16 licit) for the year (Subtract line 17 fund balances at beginning of year inth end-of-year figure reported on	le O) nefits indent contractors  from line 9) r (from line 27, column (A)) i prior year's return) explain in Schedule O) whine lines 18 through 20	SE					10 11 12 13 14 15 16 17 18	8,4 6,0 1 36,3 51,0 8,5	137 381 008 566 0505

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Pa	Balance Sheets. (see the instructions for Part II )					
	Check if the organization used Schedule O to respond to any question	in this Part II	-,	<u></u>		
		(A	) Beginning of year		(B) E	nd of year_
22	Cash, savings, and investments		4,939.	22		13,505.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		4,939.	25		13,505.
26	Total liabilities (describe in Schedule O)		0.			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		4,939.	27		13,505.
Pa	t III Statement of Program Service Accomplishme		Part III )		Ex	penses
	Check if the organization used Schedule O to respond to any question	n in this Part III		X		for section
What	is the organization's primary exempt purpose? SEE SCHEDULE (					and 501(c)(4) ons and section
	ribe what was achieved in carrying out the organization's exempt pu		se manner, describ	е	4947(a)(1	) trusts, optional
	ervices provided, the number of persons benefited, and other releva				for others	)
	SERVICE CLUB ACTIVITIES					
-						
-	Grants \$ ) If this amount includes foreign	grante check here			28a	8,490.
29	Grants \$ 711 tills amount includes foreign	grants, check here			208	0/150
29 -						
-				_		
-	N/645				20-	
_	Grants \$ ) If this amount includes foreign	grants, check here			29a	******
30						
-						
-		<del></del>	<u> </u>			
-	Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>		30a	
	Other program services (describe in Schedule O)		_ 1			
-	Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>	لبا	31a	0.400
	Total program service expenses (add lines 28a through 31a)	<u> </u>	· ·····		32	8,490
Pa	rt IV List of Officers, Directors, Trustees, and Key		ren if not compensated (s	ee the	instructions f	for Part IV)
	Check if the organization used Schedule O to respond to any question					
		(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter   -0)	bene	efit plans & leferred	account and other allowances
_		·	-0)		pensation	other allowances
DA'	VE MAYNARD	PRESIDENT			_	_
		0.00	0.		0.	0 .
BR	IAN DARNELL	_PRESIDENT ELC				
	7477 . ALEXAN	0.00	0.		0.	0.
DO	UG COX	SECRETARY				
_		0.00	0.		0.	0
JO:	HN RODES	TREASURER				
		0.00	0.		0.	0.
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Solved the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  3	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		· · · · · · · · · · · · · · · · · · ·
33 Dut the organization engage in any activity not previously reported to the IRS? If Yes, provide a detailed description of each activity in Schedule O.  34 Were any significant changes made to the organization's name ditherwise, explain the change on Schedule O. See instructions's discounters of they reflect a change to the organization's name ditherwise, explain the change on Schedule O. See instructions's discounters of they reflect a change to the organization in name of the organization of the organization and increme the business gross increme of \$1,000 in more or war a a section of \$000(x)(5), or \$501(x)(5), or \$501(x)(6)(5) organization subject to section 6003(x) include, reporting, and proxy tax requirements?  35 Dut the organization have incremelate business gross increme of \$1,000 in more or war a a section \$000(x)(4), \$501(x)(5), or \$501(x)(6)(5) organization subject to section 6003(x) include, reporting, and proxy tax requirements?  36 Dut the organization may be the section 6003(x) include, reporting, and proxy tax requirements?  37 End for arrowing the proxy tax requirements?  38 Dut the organization of proxy tax requirements?  39 Dut the organization of proxy tax requirements?  39 Dut the organization for Form 12-P0-10 for the years year?  39 Dut the organization for Form 12-P0-10 for the years of the organization of the proxy tax requirements?  39 Section 501(x)(x) organizations for the analysis of the year under section 501(x)(x) organizations for the analysis of the year under section 501(x)(x) organizations for the analysis of the year under section 501(x)(x) organizations for the analysis of the year under section 4911 ≥ N/A section 4915 ≥ N/A section 4915 ≥ N/A  39 Section 501(x)(x) and 501(x)(x) organizations filter annound for tax imposed on the organization and the organization organization organization organization and the organization organization organiz		Check if the organization used Schedule O to respond to any question in this Part V		X
33				Yes No
34 Were any significant changes made to the organization's armer. Otherwise, appliant the change on Schedule O (see instructions)  36 If the organization had income from business activities, such as those reported on heise 2.6, and 7a (among others), but not reported on Form 1990-1. Appliant in Schedule O (see instructions)  37 If the organization had income from the summer of the organization did not report the income on Form 1990-1. So that the organization had uncome to the summer or was at a section 501(c)(4), 501(c)(5), or 501(c)(6) or 501(c)(6) or 301(c)(6) or 301	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		
documents they reflect a change to the organization's name of therewise, explain the change on Schedule O (see instructions)  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-TL explain in Schedule O why the organization of not report the income on Form 990-TL organization and on the sport the income on Form 990-TL organization in the Provision of Schedule O why the organization of not reported on Form 990-TL organization in the Provision of Schedule O which is sport of the Provision of Schedule O which is sport of the Provision of Provision of Schedule O which is sport of the Provision of Provision		Schedule O .	33	X
55 If the organization had income from bissiness activities, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the moome on Form 990-T and the organization subject to section 603(e) notice, reporting, and pricey tax requirements?  1 If the organization subject to section 603(e) notice, reporting, and pricey tax requirements?  1 If the organization because subject to section 603(e) notice, reporting, and pricey tax requirements?  1 If the organization undergo a liquidation, dissolution, farinization, or significant disposition of not assets during the year? If Yes, compilet adjoined by part of foreign and the organization of products and the organization foreign in the section of the organization foreign in the section of the organization foreign in the section of the organization become foreign or make any local to the organization of the organization	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended		
reported on Form 990-T, captain in Schedule Q why the organization during the income of \$1,000 or more or was it a section 501(c)(6) organization bave 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 603(e) incide, reporting, and prizely tax requirements?  352		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
a but the organization have unrelated business gross income of \$1,000 or more or was at a section \$01(c)(4), 501(c)(5), or \$501(c)(6) organization subject to section \$603(e) notice, reporting, and proxy tax requirements?  50 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,*  50 but the organization disposition of dissolution, termination, or significant disposition of net assets during the year? If Yes,*  51 but the organization disposition of the form 1128-POL for this year?  52 but the organization before form 1128-POL for this year?  53 but the organization before form 1128-POL for this year?  53 but the organization before form 1128-POL for this year?  54 but the organization before form 1128-POL for this year?  55 but the organization before form 1128-POL for this year?  56 but the organization before form 1128-POL for this year?  57 but 11 sets, complete Schedule I, Part II and enter the total amount involved  58 bection 501(c)(2) organizations Enter amount of tax imposed on the organization during the year under section 4911 but N/A section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 but N/A section 501(c)(3) and 501(c)(4) organizations. But the organization engage in any section 4958 excess benefit transaction during the year of distinct transaction of the organization engage in any section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or organization depress during the year under sections 501(c)(4) organizations. Enter amount of tax imposed on organization managers or organization floor person during the year under sections 501(c)(4) organizations. Enter amount of tax imposed on organization managers or organization floor than the year under sections 501(c)(4) organization managers or organization floor than the year organization organization organization floor organization managers or organization floor orga	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	-	
SOLIC(S) organization subject to section GOS3(e) notice, reporting, and proxy tax requirements?  5 Did the organization undergo a leguidation, dissolution, furnishmon, or significant disposition of net assists during the year? If Yes, 1985 N/A  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  5 Did the organization in Form 1128-PGL for this year?  5 Did the organization horrow from, or make any lens to 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?  5 Did Yes, complete Schedule I. Part II and enter the total amount involved  5 Section 501(c)(7) organizations failer  5 Did fires receipts, included on line B, for public use of club facilities  6 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 P N/A, section 4912 P N/A, section 4915 P N/A  6 Section 501(c)(3) and 501(c)(4) organizations better amount of tax imposed on the organization during the year under section 4911 P N/A, section 4915 P N/A  6 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  6 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  6 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax will be organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  7 Section 4910 P N/A  8 Section 4910 P N/A  9 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax will be organization managers or disqualified persons during the year and excess the managers or disqualified persons durin		reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	1	
b If "Yes," has it filed a tax return on Form 999-T for this year?  30 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  31 a finer amount of political expenditures, direct or indirect, as described in the instructions  32 bid the organization be form 1128-POIL for this year?  33 bid the organization be form 1128-POIL for this year?  34 bid the organization be form 1128-POIL for this year?  35 bid the organization be form 1128-POIL for this year?  36 bid the organization be form 1128-POIL for this year?  37 bid if "Yes," complete Schedule I, Part II and neft me the total amount involved  38 bid if "Yes and still distillation organizations Enter amount of tax imposed on the organization during the year under section 4911 bid in 128-POIL for the section 4915 bid in 128-POIL for the section 501(c)(3) and 501(c)(4) organizations bid the organization engage in any section 4955 bid in 128-POIL for the year, or did engage in an excess benefit transaction if an any section 4958 bid in 128-POIL for the year under section 4911 bid in 128-POIL for the year, or did engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2?  38 bid if "Yes," complete Schedule I, Part I  49 centro 501(c)(3) and 501(c)(4) organizations. Enter amount of tax not line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax and the 40c reimbursed by the organization and the foreign country bid in 128-poil the understand the organization and the foreign country bid in 128-poil the understand bid the organization have an interest in or a signature or other financial account in a foreign country bid in 128-poil the organization maintain any donor adv	а	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		
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. A.  373 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 374 O ⋅ Did the organization in the Form 1120-POI. for the year?  379 Did the organization before where, or make any louns to, any officer, director, trustee, or key employee or were any such loans made in a print year and still dustrationing at the end of the tax year covered by this return?  380 N/A  380 N/		501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X_
as a policable parts of Schedule N and a session of the complete applicable parts of Schedule N and a policable parts of Schedule N and policable parts of Schedule N a	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
The Enter amount of political expenditures, direct or indirect, as described in the instructions    Did the organization the Form 1120-PCL for this year?   37b	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		
b Did the organization file Form 1128-POL for this year?  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?  b If Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c/17) organizations Enter a linkation fees and capital contributions included on line 9 39a 0. 39b 0. 39b 0. 40a Section 501(c/13) and 501(c)(4) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A section 4912 ► N/A section 4915 ► N/A  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  d 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 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 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 organizations At any time during the tealery read, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization by the organization applies to the section 501(c)(3) and 501(c)(4) organizations and the section 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 books are in care of ► CLUB  Telephone in ► (859) −236 −392.4  Located at ► CLUB ADDRESS  2IP + 4 ± 404 23 −721  40b AT Telephone in ► (859) −236 −392.4  1			h	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 tax year covered by this return?  38b N/A  38 Section 501(c)(7) organizations Enter amount of the tax year covered by this return?  38b N/A  38 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A sction 4912 ► N/A section 4915 ► N/A  38 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A 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-E2? If Yes, complete Schedule I. Part I  40b N/A  40c 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  40 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  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year was the organization at the organization managers or disqualified persons during the year was the organization at party to a prohibited tax shelter transaction? If Yes, complete Form 886-T  41 List the states with which a copy of this return is filed PNONE  42 The organization's blooks are in care of PCLUB  40c LIBB ADDRESS  40c LIBB	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>-</u>	
an a priory year and still outstanding at the end of the tax year covered by this return?  b 11 "Yes", complete Schedule I. Part II and enter the total amount involved  38 Section 501(c)(7) organizations Enter  a indiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A section 4912 ► N/A, section 4955 ► N/A  b Section 501(c)(3) and 501(c)(4) organizations. But amount of tax imposed on the organization during the year under section 4911 ► N/A section 4912 ► N/A, section 4955 ► N/A  b Section 501(c)(3) and 501(c)(4) organizations. But the amount of tax imposed on organization amongers 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 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 sheller transaction? If Yes, complete form 8886-T  1 List the states with which a clopy of this return is filed ► NONE  Telephone no ► (859) −236−3924  Located at ► CLUB ADDRESS  ZIP +4 ► 40423 −072:  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 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 ►  See the instructions for exceptions and filing requirements for Form 10 F.90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization m	þ	Did the organization file Form 1120-POL for this year?	37b	X
b If Yes, complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter  a indiation fees and capital contributions included on line 9  5 Gross receipts, included on line 9, for public use of club facilities.  39	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1	
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b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 ► N/A section 4912 ► N/A section 4915 ► N/A  b Section 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A  b Section 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A  b Section 501(c)(4) organizations. Did the organization engage in any section 4955 ► N/A  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 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  11. List the states with which a copy of this return is filed. ► NONE  12. List the states with which a copy of this return is filed. ► NONE  13. At any time during the calendary year, and the organization have an interest in or a signature or other authority over a financial account in a foreign country over a financial account in a foreign country over a financial account in a foreign country over a financial decount in a foreign country over a financial financial financial financial accounts.  c At any time during the calendary year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country over a financial fina				
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section 4911 ► N/A , section 4912 ► N/A , section 4915 ► N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did the grage in an excess benefit transaction during the year, or did the grage in an excess benefit transaction of any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  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 at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed ▶ NONE  Telephone no ▶ (859) - 236 - 392 4  Located at ▶ CLUB ADDRESS  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 accounts)?  If "Yes," enter the name of the foreign country ▶  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?  If "Yes," enter the name of the foreign country ▶  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?  If "Yes," there the name of the foreign country ▶  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?  If "		Cross todayes, moladed on mile 5, for public des et des identifies	-	
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over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  If "Yes," enter the name of the foreign country  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?  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 and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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 If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Located at ► CLUB ADDRESS ZIP+4 ►	4042	3-0729
account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, 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?  If "Yes," enter the name of the foreign country  42c 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 and enter the amount of tax-exempt interest received or accrued during the tax year  At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  44b Atd	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		
If "Yes," enter the name of the foreign country  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?  If "Yes," enter the name of the foreign country  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  143 N/A  Yes No  144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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 44d		* * * * * * * * * * * * * * * * * * * *		
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?  if "Yes," enter the name of the foreign country  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  1			42b	X
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  Section 4947(a)(1) nonexempt charitable trusts filling 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  N/A  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  44d		· · · · · · · · · · · · · · · · · · ·		
If "Yes," enter the name of the foreign country  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.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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			40	
A3 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 Note  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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	C		420	<u>^</u>
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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 44d	42			<b>▶</b> □
Yes No.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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	43	}	N / A	
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  44d  44d  44d  44d  44d				Yes No
Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  44a	44 a	Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be completed instead of		103 110
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 c Did the organization receive any payments for indoor tanning services during the year? 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  44b  44c  44c  44c  44d  44d		·	442	x
of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  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	b		.,,,,	
c Did the organization receive any payments for indoor tanning services during the year?  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  44c	-		44h	X
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	C	·		X
In Schedule O 44d				
	_		44d	
· •···· === == (=•··			Form 9	90-EZ (2010)

#### ROTARY INTERNATIONAL DANVILLE ROTARY

Form 990-E	Z (2010) · CLUB				61-6054	798	}	Page 4
	•						Yes	No
45 Is any	related organization a controlled entity of the organization with	in the meaning of secti	on 512(b)	(13)?		45		X
	e organization receive any payment from or engage in any transac		ty within th	e meaning of section	512(b)(13)?			
	Form 990 and Schedule R may need to be completed instead of					45a	ļ	X
	e organization engage, directly or indirectly, in political campaign a	activities on behalf of or in	opposition	i to candidates for pu	blic office?			х
Part VI	complete Schedule C, Part I Section 501(c)(3) organizations and section	n 4947(a)(1) none	vemnt	charitable true	ets only Al	46	n 501/c	
<u> </u>	organizations and section 4947(a)(1) nonexempt charitable tru		-		_			
	Check if the organization used Schedule O to respond to any qu	•		<b>,,</b>				
				•			Yes	No
47 Did th	e organization engage in lobbying activities? If "Yes," complete	Schedule C, Part II				47		<u></u>
	organization a school as described in section 170(b)(1)(A)(ii)? If	<u>-</u>	dule E			48	ļ	
	e organization make any transfers to an exempt non-charitable rel	ated organization?			•	49a		<del></del>
	," was the related organization a section 527 organization? lete this table for the organization's five highest compensated emp		re durantare	 trijetooe and kov on	anlovace) who	49b	oonrod :	
	5100,000 of compensation from the organization. If there is none,		s, unecluis	, trustees and key en	ipioyees) wiio	each re	ceiveu	liore
	Too, soo of compensation from the organization in those is none,	(b) Title and aver	age hours	(c) Compensation	(d) Contribution	ns (	e) Expe	
	(a) Name and address of each employee paid more	per week devo		(0,000)	to employee benefit plans &	a	ccount	and
	than \$100,000 N/A	position	1		deferred compensation	oth	er allow	rances
							-	
					<del></del>	+		
							· ····	
f Total	number of other employees paid over \$100,000	<b></b>						
<b>51</b> Comp	lete this table for the organization's five highest compensated inde	ependent contractors who	each recer	ved more than \$100,	000 of compen	sation 1	rom the	9
organ	ization. If there is none, enter "None" N/A			T	······································			
	(a) Name and address of each independent contractor paid in	more than \$100,000		(b) Type of sen	/ice	(c) Con	npensat	lon
						-		
<del></del>					Ì			
								<del></del>
					1			
<del></del>				-				
	number of other independent contractors each receiving over \$10	•		<b>-</b>				
	e organization complete Schedule A? Note: All section 501(c)(3)	organizations and 4947(a)	)(1) nonexe	mpt	- 1		_	_
chant	able trusts must attach a completed Schedule A  Under penalties of penjury, I declare that I have examined this return, included.	ling accompanying schedules	and statemer	its, and to the best of my	knowledge and b		es L s true,	<u>No</u>
	correct, and complete Declaration of prepare (other than officer) is based of	on all information of which prep	parer has any	knowledge.	187.61	1.		
Sign	Signature of officer	11-20144			Date	ι,	• •	
Here	TOWN B. RIDES TREASU	LEC						
	Type or print name and title	<del>~~~~</del>						
	Print/Type preparer's name Preparer's sign	nature	Date	Check	ıf PTIN			
Paid				self- emplo	yed			
Prepare	er							
Use On	ly Firm's name ▶			Firm's EIN	<b>&gt;</b>			
	Firm's address -			Phone no				
May the IRS	S discuss this return with the preparer shown above? See instruct	ions			<b>&gt;</b>	Х		No
032174 03-04-11						Form	990-EZ	(2010)

## SCHEDULE G .

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization ROTARY	INTERNATIONAL DANV	ILL	ΕŔ	OTARY		Employer ide	ntification number
CLUB						61-6054	798
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includer rofess	non-gr govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			· ·	
· · · · · · · · · · · · · · · · · · ·						·	
						<u> </u>	
Total  3 List all states in which the organization	on is registered or licensed to solicit	contrib	<b>▶</b>	s or has been notified	d It is	exempt from re	egistration
or licensing.							

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

ROTARY INTERNATIONAL DANVILLE ROTARY CLUB 61-6054798 Page 2 Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events INTERNATIONA NONE (add col. (a) through L DINNER col. (c)) (event type) (event type) (total number) Revenue 17,956 17,956. Gross receipts 2 Less: Charitable contributions 17,956. 17,956. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 4,654 4,654. Food and beverages Entertainment Other direct expenses 4,654, 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,302. 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7

9	Enter the state(s) in which the organization operates gaming activities:		
	Is the organization licensed to operate gaming activities in each of these states?	Yes	No
t	o If "No," explain:		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  of "Yes," explain:	Yes	No
~~~	00 O. 10 M	Sahadula C (Farra 000 at 000 E	7.0010

### ROTARY INTERNATIONAL DANVILLE ROTARY

Sch	edule G (Form 990 or 990-EZ) 2010 CLUB	<u>61–60</u>	)5 <u>4</u>	<u> 798</u>	Page 3
	Does the organization operate gaming activities with nonmembers?		<u> </u>	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?	ſ	,	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:				
	The organization's facility .		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	,	<b>Y</b> es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt			
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ►				
16	Gaming manager information.				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
	Director, cinder				
17	Mandatory distributions:				
а	ls the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	,	╙,	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu				-
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	ormation (	see ir	nstruc	tions).
					<del></del>
	·				
_					
		_			
	83 01-12-11 Schedule	C (F	000	- 000	E71 0040

# SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL DANVILLE ROTARY

Employer identification number 61-6054798

CLUB	61-6054798
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INVESTMENT INCOME	27.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	NOVE
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES AND DINING	34,148.
OFFICE SUPPLIES	1,126.
CONFERENCES & SEMINARS	859.
MISCELLANEOUS	248.
TOTAL TO FORM 990-EZ, LINE 16	36,381.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MEMBERSHI	P SERVICE
ORGINAZATION WITH SERVICE CONCENTRATED IN THE FOLLOWING A	REAS: CLUB,
COMMUNITY, VOCATIONAL AND INTERNATIONAL.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	