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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Rotary Club of Lynchburg, VA Number and street (or P O box, if mail is not delivered to street address) Room/suite 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 0573
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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 (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 28,126.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	10,631.
	2 Program service revenue including government fees and contracts	2	16,443.
	3 Membership dues and assessments	3	
	4 Investment income	4	284.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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	768.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	28,126.
	10 Grants and similar amounts paid (list in Schedule O)	10	755.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	1,177.	
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	598.	
16 Other expenses (describe in Schedule O)	16	26,183.	
17 Total expenses. Add lines 10 through 16	17	28,713.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-587.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	29,442.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	28,855.	

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

Form 990-EZ (2011)

Part III 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	29,442.22	28,855.
23 Land and buildings	0.23	0.
24 Other assets (describe in Schedule O)	0.24	0.
25 Total assets	29,442.25	28,855.
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)	29,442.27	28,855.

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 <u>Through service above self and fellowship,</u> <u>the Rotary supports and carries out projects</u> <u>which improve local and global communities.</u> (Grants \$ 755.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	27,583.
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	27,583.

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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Shannon Watts 131 Jane Terrace Madison Heights VA 24572	President 2.00	0.	0.	0.
Gail Morrison 1109 Greenway Court Lynchburg VA 24503	Past President 1.00	0.	0.	0.
Linda B. Eubank 2296 Elon Road Madison Heights, VA 24572	Treasurer 2.00	0.	0.	0.
Naomi Amos 100 East Randolph Place Lynchburg VA 24503	Director 1.00	0.	0.	0.
April Farmer 1018 Rocky Branch Drive Forest VA 24551	Director 1.00	0.	0.	0.
Dan Vollmer 1019 Rivermont Terrace Lynchburg VA 24503	Director 0.50	0.	0.	0.
Thomas D. Camper, Jr. 1006 New Hampshire Lynchburg VA 24502	Director 1.00	0.	0.	0.
Rick Edwards 1057 Val Terrace Forest VA 24551	Sec/Pres-Elect 0.50	0.	0.	0.
Bob Weber 193 David's Way Evington VA 24550	Director 0.50	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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	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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a ; section 4955 40a	40a	
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 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
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 40c	40c	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d	40d	
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
41 List the states with which a copy of this return is filed 41	41	

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

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <u></u>	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: <u></u>	42c	X

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

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 **43**

	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	44a	X
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
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b 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 instructions)	45b	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

	Yes	No
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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X

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

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

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

e Total number of other employees paid over \$100,000 **0**

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		

e Total number of other independent contractors each receiving over \$100,000 **0**

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

☐ Yes ☒ No

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	Signature of officer <i>Richard N. Edwards, Jr.</i>	Date <i>9/15/13</i>			
	Type or print name and title <i>Richard N. Edwards, Jr. President</i>				
Paid Preparer Use Only	Print/Type preparer's name <i>Linda B. Eubank, CPA, CMA</i>	Preparer's signature <i>Linda B. Eubank</i>	Date <i>02/14/13</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00105098</i>
	Firm's name <i>Coley, Eubank & Company, P.C.</i>				
	Firm's address <i>P. O. Box 4069</i>				
	<i>Lynchburg VA 24502</i>				
				Firm's EIN <i>54-1881795</i>	Phone no <i>(434) 832-8200</i>

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

☒ Yes ☐ No

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.

2011

Open to Public Inspection

Employer identification number

54-0564676

TEEA4901 07/14/11

Schedule O (Form 990 or 990-EZ) 2011

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	750.
Misc. income	18.
Total	768.

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)

Meals expense	16,588.
Badges and engraving	580.
Youth Leadership Awards	280.
Website	475.
Post office box	70.
Miscellaneous	71.
Conferences, Conventions and meetings	1,342.
Business insurance	482.
Payments to affiliates	6,232.
Supplies	63.
Total	26,183.

Form 990-EZ, Page 2, Part IV

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

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
Arelia Langhorne	Title			
2039 Overbrook Road	Director			
Lynchburg VA 24501				
Foreign City	Hours/Week			
Foreign Country	0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
Margaret Lippard	Title			
119 Linden Avenue	Director			
Lynchburg VA 24503				
Foreign City	Hours/Week			
Foreign Country	0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
Anitra Webster	Title			
1621 Linden Avenue	Director			
Lynchburg VA 24503				
Foreign City	Hours/Week			
Foreign Country	0.50	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

Contribution

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

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 checked="" type="checkbox"/> Person <input type="checkbox"/>		
	Jefferson Coral Society	None	
	600 Main Street		
	Lynchburg VA 24504		500.

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 checked="" type="checkbox"/> Person <input type="checkbox"/>		
	Salvation Army	None	
	2201 Park Avenue		
	Lynchburg VA 24501		155.

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
Postage	145.
Printing & Stationary	453.
Total	598.