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Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

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

► 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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**A For the 2012 calendar year, or tax year beginning 07-01-2012****, and ending 06-30-2013**

**B Check if applicable**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

<b>C Name of organization</b>	<b>D Employer identification number</b>	
ROTARY CLUB OF LYNCHBURG VA	54-0564676	
Number and street (or P O box, if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
PO BOX 11884		(434) 832-8200
<b>F Group Exemption Number</b>		► 0573
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>

**I Website:** ► LYNCHBURGROTARYCLUB.COM**J Tax-exempt status** (check 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 ► \$ 30,078**

**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 1,222
	2 Program service revenue including government fees and contracts . . . . .	2 14,000
	3 Membership dues and assessments . . . . .	3 8,522
	4 Investment income . . . . .	4
	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 5,440
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c 5,256
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 184
	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) . . . . .	8 894
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 24,822
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 5,834
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
Net Assets	13 Professional fees and other payments to independent contractors . . . . .	13 957
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 531
	16 Other expenses (describe in Schedule O) . . . . .	16 21,043
	<b>17 Total expenses.</b> Add lines 10 through 16 ►	17 28,365
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -3,543
	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 28,855
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21 25,312

**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	28,855	22	25,312
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
<b>25 Total assets</b>	<b>28,855</b>	<b>25</b>	<b>25,312</b>
<b>26 Total liabilities</b> (describe in Schedule O)	0	26	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	28,855	27	25,312

**Part III Statement of Program Service Accomplishments** (see the instructions 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 SERVICE TO OTHERS, TO PROMOTE HIGH ETHICAL STANDARDS AND TO ADVANCE WORLD UNDERSTANDING, GOODWILL AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL AND COMMUNITY LEADERS

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

28 TO PROVIDE SERVICE TO OTHERS, TO PROMOTE HIGH ETHICAL STANDARDS AND TO ADVANCE WORLD UNDERSTANDING, GOODWILL AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL AND COMMUNITY LEADERS

(Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	20,085
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29

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
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30

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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31 Other program services (describe in Schedule O)

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
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<b>32 Total program service expenses</b> (add lines 28a through 31a)	<input type="checkbox"/>	32	20,085
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**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
See Additional Data Table				

**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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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	No
b If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> 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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	40b	No
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	40c	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40d	0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40e	0
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	No
41 List the states with which a copy of this return is filed ►		
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		
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 ► See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ►	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here 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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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 within the meaning of section 512(b)(13)?	45a	No
45b 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	

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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 title of each employee paid more than \$100,000	(b) 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

**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

**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 ►  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.

<b>Sign Here</b>	***** Signature of officer SHANDA ROWE TREASURER Type or print name and title	2014-02-06 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVIDSON DOYLE HILTON LLP	Preparer's signature DAVIDSON DOYLE HILTON LLP	Date	Check <input type="checkbox"/> if self-employed	PTIN P00884747
	Firm's name ► DAVIDSON DOYLE & HILTON LLP	Firm's EIN ► 54-1953476			
	Firm's address ► PO BOX 800 LYNCHBURG, VA 245050800	Phone no (434) 846-7611			

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 54-0564676  
**Name:** ROTARY CLUB OF LYNCHBURG VA

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
RICK EDWARDS PRESIDENT	2 00	0	0	0
ANITRA WEBSTER SECRETARY	1 00	0	0	0
DAVID GILES DIRECTOR	1 00	0	0	0
CHRISTIAN DEPAUL TREASURER	1 00	0	0	0
SHANNON WATTS DIRECTOR	1 00	0	0	0
HARRIET WHITTEN DIRECTOR	1 00	0	0	0
MARIE WALLER DIRECTOR	1 00	0	0	0
BOB WEBER DIRECTOR	1 00	0	0	0
NAOMI AMOS DIRECTOR	1 00	0	0	0
APRIL FARMER DIRECTOR	1 00	0	0	0
DIANE GARMY DIRECTOR	1 00	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2012****Open to Public  
Inspection**Name of the organization  
ROTARY CLUB OF LYNCHBURG VA**Employer identification number**

54-0564676

Identifier	Return Reference	Explanation
Other Revenue	Form 990-EZ, Part I, Line 8	Description INTEREST INCOME Amount 203 Description OTHER INCOME Amount 37 Description MAGAZINE INCOME Amount 654 Total to Form 990-EZ, line 8 894
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name ROTARY INTERNATIONAL Affiliate Address 14255 COLLECTIONS CENTER DRIVE CHICAGO , IL 60693 Purpose of Payment DUES Amount of Payment 5,834
Other Expenses	Form 990-EZ, Part I, Line 16	Description ANNUAL COUNCIL ON LEGISLATION Amount 69 Description MISCELLANEOUS Amount 587 Description YOUTH LEADERSHIP AWARDS Amount 500 Description WEBSITE Amount 216 Description INSURANCE Amount 546 Description BADGES AND ENGRAVING Amount 187 Description CONFERENCE AND CONVENTIONS Amount 1,788 Description GRANTS AND DONATIONS Amount 100 Description MEALS Amount 17,050 Total to Form 990-EZ, line 16 21,043

## TY 2012 Transfers Personal Benefits Contracts Declaration

**Name:** ROTARY CLUB OF LYNCHBURG VA

**EIN:** 54-0564676

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.