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

OMB No 1545-1150

2012

Open to Public
Inspection► 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. 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 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

ROTARY CLUB INTERNATIONAL - DANVILLE
ROTARY CLUB

D Employer identification number

54-6042333

Number and street (or P.O. box, if mail is not delivered to street address)

P. O. BOX 655

Room/suite

434-799-4120

City or town, state or country, and ZIP + 4

DANVILLE, VA 24543-0655

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).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 ► \$ 44,005.

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

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	41,630.
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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,300.
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	1,300.
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	791.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,005.
10 Grants and similar amounts paid (list in Schedule O)	10	13,236.
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	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	38,908.
17 Total expenses. Add lines 10 through 16	17	52,144.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,139.
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	113,028.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	104,889.

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

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Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	29,707.	22 29,244.
23	Land and buildings		23
24	Other assets (describe in Schedule O) SEE SCHEDULE O	83,496.	24 81,784.
25	Total assets	113,203.	25 111,028.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	175.	26 6,139.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	113,028.	27 104,889.

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? SUPPORT OF INT'L AND COMMUNITY BENEFITS

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 ALLOCATION TO INTERNATIONAL AND COMMUNITY BENEFIT PROJECTS OF VARIOUS AMOUNTS, INCLUDING SEVERAL YOUTH PROJECTS IN THE COMMUNITY

(Grants \$ If this amount includes foreign grants, check here ► 28a 10,326.

29

(Grants \$ If this amount includes foreign grants, check here ► 29a

30

(Grants \$ If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$ If this amount includes foreign grants, check here ► 31a32 Total program service expenses (add lines 28a through 31a) ► 32 10,326.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
LOTT TOWNSEND ROGERS, JR. PRESIDENT	4.00	0.	0.	0.
BRIAN P. WILSON PRESIDENT - ELECT	2.00	0.	0.	0.
KATHY GRAY SECRETARY	2.00	0.	0.	0.
DAN ANGELL TREASURER	2.00	0.	0.	0.
SAMMY SAUNDERS ASSISTANT TREASURER	2.00	0.	0.	0.
JOY STONE WOOD PAST PRESIDENT	2.00	0.	0.	0.
BILL HARVILLE BOARD MEMBER	1.00	0.	0.	0.
CHARLES HAYNSWORTH IV BOARD MEMBER	1.00	0.	0.	0.
DOUG BUTTS BOARD MEMBER	1.00	0.	0.	0.
MATT WYATT BOARD MEMBER	1.00	0.	0.	0.
CARA BURTON BOARD MEMBER	1.00	0.	0.	0.
SARAH FOLMER BOARD MEMBER	1.00	0.	0.	0.

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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 Sch. O to respond to any question in this Part V

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

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

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

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

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

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

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

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

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

39 Section 501(c)(7) organizations. Enter:

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 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b

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 0.

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

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

41 List the states with which a copy of this return is filed ► VA

42a The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 434-793-6411
 Located at ► P.O. BOX 655, DANVILLE, VA ZIP + 4 ► 24543

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 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 43 N/A

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

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

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

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

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

	Yes	No
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40c	<input type="checkbox"/>	<input type="checkbox"/>
40d	<input type="checkbox"/>	<input type="checkbox"/>
40e	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>
44a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>
45a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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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"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>

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

Yes **No**

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
49a	<input type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

<input type="checkbox"/>	<input type="checkbox"/>
49b	<input type="checkbox"/>

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 N/A	(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." **N/A**

(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.

Sign Here ► *Daniel L. Angell* 11-05-2013
 Signature of officer

► *DANIEL L. ANGELL, TREASURER*
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name L SAMUEL SAUNDERS CPA	Preparer's signature <i>L SAMUEL SAUNDERS CPA</i>	Date 10/09/13	Check <input type="checkbox"/> if self-employed	PTIN P00234159
	Firm's name ► HARRIS, HARVEY NEAL & CO., LLP, CPA'S			Firm's EIN ► 54-0643136	
	Firm's address ► P.O. BOX 3424 DANVILLE, VA 24543-3424			Phone no. (434) 792-3220	

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

► Yes No

Department of the Treasury
Internal Revenue Service

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.

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

ATTACH TO FORM 550 OR FORM 550-2. SEE SEPARATE INSTRUCTIONS.

Y CLUB INTERNATIONAL = DANVILLE

Name of the organization **ROTARY CLUB INTERNATIONAL - DANVILLE** Employer identification number **54-6042333**

Part I Fundraising Activities Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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Schedule G (Form 990 or 990-EZ) 2012 ROTARY CLUB

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Part II Fundraising Events Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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 FUNDRAISER - BBQ	(b) Event #2 FUNDRAISER - POLIO PLUS	(c) Other events 1	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts		368.	140.	792.
	2 Less Contributions				1,300.
	3 Gross income (line 1 minus line 2)		368.	140.	792.
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
Direct Expenses	10 Direct expense summary Add lines 4 through 9 in column (d)				► ()
	11 Net income summary Combine line 3, column (d), and line 10				► 1,300.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 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. _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain. _____

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Schedule G (Form 990 or 990-EZ) 2012 ROTARY CLUB

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11 Does the organization operate gaming activities with nonmembers? 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? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a %
b An outside facility	13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c 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

17 Mandatory distributions:

a Is 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 in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Supplemental Information to Form 990 or 990-EZ

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.

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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

<u>DESCRIPTION OF PROPERTY:</u>	<u>AMOUNT:</u>
INTEREST	284.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
MISC. INCOME	791.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SCHOLARSHIPS

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 6,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: BOY SCOUTS

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: LITTLE LEAGUE

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

Supplemental Information to Form 990 or 990-EZ

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AMOUNT GIVEN: 800.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: DICTIONARY PROJECT

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,076.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: YOUTH LEADERSHIP SEMINAR

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 950.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ROTARY INTERNATIONAL

GRANTEE ADDRESS: EVANSSTON, IL 60201

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,275.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: YMCA CAMP

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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ACTIVITY CLASSIFICATION:

GRANTEE NAME: DONATION TO FOR SUPERSTORM SANDY TO ROTARY

DISTRICT 7570

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,050.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: STOP HUNGER NOW

GRANTEE ADDRESS: 615 HILLSBOROUGH ST., SUITE 200 RALIEGH, NC 27603

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 585.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 13,236.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>POSTAGE</u>	97.
<u>WEB-SITE HOSTING</u>	35.
<u>WEEKLY MEETING EXPENSE</u>	22,754.
<u>INTERNATIONAL DUES</u>	4,500.
<u>DISTRICT DUES</u>	1,541.
<u>MISCELLANEOUS EXPENSE</u>	134.
<u>FELLOWSHIP EXPENSE</u>	3,488.
<u>SUPPLIES AND MATERIALS</u>	410.
<u>CONFERENCS EXPENSES</u>	4,690.
<u>OTHER EXPENSE</u>	357.
<u>BAD DEBT EXPENSE</u>	402.

Supplemental Information to Form 990 or 990-EZ

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.

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Name of the organization ROTARY CLUB INTERNATIONAL - DANVILLE
ROTARY CLUB Employer identification number
54-6042333

DONATIONS - OTHER 500.

TOTAL TO FORM 990-EZ, LINE 16 38,908.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
STUDENT LOAN TRUST FUND	13,299.	13,424.
ACCOUNTS RECEIVABLE-DUES	3,617.	1,322.
MUTUAL FUNDS	47,721.	48,036.
DIGITAL CAMERA	376.	376.
LAPTOP COMPUTER	894.	894.
PROJECTOR AND STAND	902.	902.
CERTIFICATE OF DEPOSIT- G WYATT GIFT - VBT	16,687.	16,830.
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	<u>83,496.</u>	<u>81,784.</u>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
50/50 PROJECT	100.	89.
PHF SUSTAINER HOLDING	75.	50.
SCHOLARSHIP PAYABLE	0.	6,000.
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>175.</u>	<u>6,139.</u>

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.
