



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**

OMB No 1545-1150

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY CLUB INTERNATIONAL - DANVILLE
ROTARY CLUB

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. BOX 655

City or town, state or province, country, and ZIP or foreign postal code
DANVILLE, VA 24543-0655

D Employer identification number
54-6042333

E Telephone number
434-799-4120

F Group Exemption Number ▶

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 (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **NOT FOR PROFIT ORGANIZATION**

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **84,534.**

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 ☒

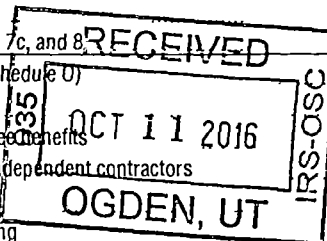
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	37,254.
	4	Investment income	4	42.
Expenses	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	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	47,183.
	c	Less: direct expenses from gaming and fundraising events	6c	17,290.
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29,893.
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
Net Assets	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	55.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67,244.
	10	Grants and similar amounts paid (list in Schedule O)	10	16,419.
	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	37,045.
17	Total expenses. Add lines 10 through 16	17	53,464.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,780.
	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	95,397.
	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	109,177.

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

Form **990-EZ** (2015)

P 7

SCANNED OCT 25 2016



ROTARY CLUB INTERNATIONAL - DANVILLE

Form 990-EZ (2015)

ROTARY CLUB

54-6042333

Page 2

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	13,248.	22 28,032.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	82,149.	24 81,145.
25 Total assets	95,397.	25 109,177.
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)	95,397.	27 109,177.

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; 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 16,419.**

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 ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) **32 16,419.**

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
WILLIAM HARVILLE				
PRESIDENT	4.00	0.	0.	0.
CHARLES R. HAYNSWORTH, IV				
PRESIDENT-ELECT	2.00	0.	0.	0.
KATHY H. GRAY				
SECRETARY	2.00	0.	0.	0.
DAN L. ANGELL				
TREASURER	2.00	0.	0.	0.
SAMMY SAUNDERS				
ASSISTANT TREASURER	2.00	0.	0.	0.
MATTHEW WYATT				
PAST PRESIDENT	2.00	0.	0.	0.
SARAH FOLMAR				
BOARD MEMBER	1.00	0.	0.	0.
GERALD ADCOCK				
BOARD MEMBER	1.00	0.	0.	0.
ALLEN SMITH				
BOARD MEMBER	1.00	0.	0.	0.
JOHN HAYNSWORTH				
BOARD MEMBER	1.00	0.	0.	0.
JACK MORNING				
BOARD MEMBER	1.00	0.	0.	0.
KEN YATES				
BOARD MEMBER	1.00	0.	0.	0.

ROTARY CLUB INTERNATIONAL - DANVILLE

Form 990-EZ (2015)

ROTARY CLUB

54-6042333 Page 3

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 ☒ **X**

	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		<input checked="" type="checkbox"/> 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)		<input checked="" type="checkbox"/> 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)?		<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> N/A	
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		<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> X
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?		<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
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		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	<input checked="" type="checkbox"/> X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	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	<input checked="" type="checkbox"/> X
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)?	42b	<input checked="" type="checkbox"/> X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/> 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	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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/> 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 within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/> 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	

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 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 Sch. C, Part II

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

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

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

	Yes	No
47		
48		
49a		
49b		

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	(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
N/A				

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 business address of each independent contractor	(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 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: Daniel L. Angell Date: 10/03/16

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

Paid Preparer Use Only

Print/Type preparer's name L SAMUEL SAUNDERS CPA	Preparer's signature <u>L Samuel Saunders</u> CPA	Date <u>10/03/16</u>	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

ROTARY CLUB INTERNATIONAL - DANVILLE

Schedule G (Form 990 or 990-EZ) 2015 **ROTARY CLUB**

54-6042333 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 DINNER (event type)	(b) Event #2 FUNDRAISER - FLAG PROJEC (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	6,805.	40,370.	8.	47,183.
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2)	6,805.	40,370.	8.	47,183.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,981.			1,981.
	8 Entertainment				
	9 Other direct expenses		15,309.		15,309.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				17,290.
	11 Net income summary. Subtract line 10 from line 3, column (d)				29,893.

Part III Gaming. Complete if the organization answered "Yes" on 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

ROTARY CLUB INTERNATIONAL - DANVILLE

Schedule G (Form 990 or 990-EZ) 2015 **ROTARY CLUB**

54-6042333 Page **3**

- 11** Does the organization conduct 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 conducted 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.** 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 provide any additional information (see instructions).

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

ROTARY CLUB INTERNATIONAL - DANVILLE
ROTARY CLUB

Employer identification number

54-6042333

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

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST

42.

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

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MISC. INCOME

55.

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

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **ROTARY CLUB INTERNATIONAL - DANVILLE**
ROTARY CLUB

Employer identification number
54-6042333

AMOUNT GIVEN: **3,300.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: DANVILLE PUBLIC SCHOOLS - DICTIONARY PROJECT

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: **1,495.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: YMCA CAMP

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: **3,000.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: STOP HUNGER NOW

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

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: **183.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: LEWISBURG, WEST VIRGINIA ROTARY FOUNDATION

GRANTEE ADDRESS: P.O. BOX 1305 LEWISBURG, WV 24901

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: **1,000.**

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

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

ACTIVITY CLASSIFICATION:

GRANTEE NAME: GOD'S STOREHOUSE

GRANTEE ADDRESS: 750 MEMORIAL DRIVE DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 941.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 16,419.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
--------------------------------	---------

OFFICE & POSTAGE	211.
------------------	------

WEB-SITE HOSTING	349.
------------------	------

WEEKLY MEETING EXPENSE	21,438.
------------------------	---------

INTERNATIONAL DUES	4,330.
--------------------	--------

DISTRICT DUES	1,903.
---------------	--------

TAXES	25.
-------	-----

FELLOWSHIP EXPENSE	3,154.
--------------------	--------

SUPPLIES AND MATERIALS	484.
------------------------	------

BANK FEES	31.
-----------	-----

CONFERENECS EXPENSES	4,455.
----------------------	--------

OTHER EXPENSE	515.
---------------	------

DONATIONS - OTHER	150.
-------------------	------

TOTAL TO FORM 990-EZ, LINE 16	37,045.
--------------------------------------	----------------

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
-------------	--------------	-------------

STUDENT LOAN TRUST FUND	13,525.	13,525.
-------------------------	---------	---------

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

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

ACCOUNTS RECEIVABLE-DUES	1,443.	439.
MUTUAL FUNDS	48,036.	48,036.
DIGITAL CAMERA	376.	376.
LAPTOP COMPUTER	894.	894.
PROJECTOR AND STAND	902.	902.
CERTIFICATE OF DEPOSIT- G WYATT GIFT - VBT	16,948.	16,973.
PHF SUSTAINER HOLDING	25.	0.
TOTAL TO FORM 990-EZ, LINE 24	82,149.	81,145.

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.