

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 private foundations)

2017

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.1806  
Open to Public  
Inspection

A For the 2017 calendar year, or tax year beginning

JUL 1, 2017

and ending

JUN 30, 2018

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

D Employer identification number

54-6042333

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

Room/suite

P. O. BOX 655

E Telephone number

434-799-4120

City or town, state or province, country, and ZIP or foreign postal code

OH

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  527K Form of organization:  Corporation  Trust  Association  Other NOT FOR PROFIT ORGANIZATION

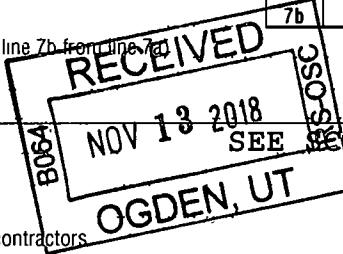
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 64,606.

**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 28,856.
	4 Investment income	4 81.
	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 35,669.
	c Less: direct expenses from gaming and fundraising events	6c 18,169.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 17,500.
	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
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 46,437.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 21,827.
	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 38,709.
	17 Total expenses Add lines 10 through 16	17 60,536.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -14,099.
	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)	19 120,945.
	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	21 106,846.



SCANNED DEC 18 2018

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	40,047.	22 25,353.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	80,932.	24 81,553.
25	Total assets	120,979.	25 106,906.
26	Total liabilities (describe in Schedule O)	34.	26 60.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,945.	27 106,846.

**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 21,827.

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 21,827.

**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
JACK MORNING	4.00	0.	0.	0.
PRESIDENT				
ALLEN SMITH	2.00	0.	0.	0.
PRESIDENT-ELECT				
CHRIS WRIGHT	2.00	0.	0.	0.
SECRETARY				
DAN L. ANGELL	2.00	0.	0.	0.
TREASURER	2.00	0.	0.	0.
SAMMY SAUNDERS	2.00	0.	0.	0.
ASSISTANT TREASURER				
CHARLES HAYNESWORTH, IV	2.00	0.	0.	0.
PAST PRESIDENT	2.00	0.	0.	0.
MANDY FLOWERS				
BOARD MEMBER	1.00	0.	0.	0.
GERALD ADCOCK				
BOARD MEMBER	1.00	0.	0.	0.
JOHN R. HAYNESWORTH				
BOARD MEMBER	1.00	0.	0.	0.
BILL HARVILLE				
BOARD MEMBER	1.00	0.	0.	0.

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GO

**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), 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  40c

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  40d  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  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 8866-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 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 the United States?

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

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

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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

	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

	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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	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  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 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 *Samuel L. Saunders* Date *11/06/18*  
► Type or print name and title *DANIEL L. ANGELL, TREASURER*

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>L. SAMUEL SAUNDERS CPA</b>	Preparer's signature <i>L. SAMUEL SAUNDERS CPA</i>	Date <b>11/05/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00234159</b>
	Firm's name ► <b>HARRIS, HARVEY, NEAL &amp; CO., LLP, CPA'S</b>			Firm's EIN ► <b>54-0643136</b>	
	Firm's address ► <b>P.O. BOX 3424 DANVILLE, VA 24543-3424</b>			Phone no. <b>(434) 792-3220</b>	

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

►  Yes  No

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**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

2017

## Open to Public Inspection

Go to [www.irs.gov/um990](http://www.irs.gov/um990) for the latest instructions.

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**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 10 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

## ROTARY CLUB INTERNATIONAL - DANVILLE

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**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.

Revenue		(a) Event #1 <b>FUNDRAISER - PANCAKE SUP</b>	(b) Event #2 <b>FUNDRAISER - FLAG PROJEC</b>	(c) Other events 1	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
		4,960.	29,404.	1,305.	
1	Gross receipts				35,669.
2	Less Contributions				
3	Gross income (line 1 minus line 2)	4,960.	29,404.	1,305.	35,669.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages	1,329.			1,329.
8	Entertainment				
9	Other direct expenses		16,840.		16,840.
10	Direct expense summary Add lines 4 through 9 in column (d)				► 18,169.
11	Net income summary Subtract line 10 from line 3, column (d)				► 17,500.

**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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
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 \_\_\_\_\_

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**ROTARY CLUB**

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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
- b An outside facility

13a	%
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 ► \$ \_\_\_\_\_

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 (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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ROTARY CLUB**

**Schedule G (Form 990 or 990-EZ)**

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**Part IV** **Supplemental Information (continued)**



Name of the organization	ROTARY CLUB INTERNATIONAL - DANVILLE ROTARY CLUB	Employer identification number 54-6042333
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GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,427.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: YMCA CAMP

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: DANVILLE CANCER ASSOCIATION

GRANTEE ADDRESS: 223 RIVERSIDE DRIVE, SUITE J DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: DANVILLE LIFE SAVINGS CREW

GRANTEE ADDRESS: 202 CHRISTOPHER LANE DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SHELTER BOX USA

GRANTEE ADDRESS: 7359 MERCHANT COURT SARASOTA, FL 34240

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

Name of the organization	ROTARY CLUB INTERNATIONAL - DANVILLE ROTARY CLUB	Employer identification number 54-6042333
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ACTIVITY CLASSIFICATION:GRANTEE NAME: GOD'S PIT CREWGRANTEE ADDRESS: 2499 N. MAIN STREET DANVILLE, VA 24540GRANTEE RELATIONSHIP: NONEAMOUNT GIVEN: 1,000.ACTIVITY CLASSIFICATION:GRANTEE NAME: THE COMMUNITY FOUNDATION OF THE DAN RIVER REGIONGRANTEE ADDRESS: 541 LOYAL STREET DANVILLE, VA 24541GRANTEE RELATIONSHIP: NONEAMOUNT GIVEN: 3,000.ACTIVITY CLASSIFICATION:GRANTEE NAME: RIVER CITY REDBIRDS 12U TRAVEL BASEBALL TEAMGRANTEE ADDRESS: 140 HERNDON PLACE DANVILLE, VA 24541GRANTEE RELATIONSHIP: NONEAMOUNT GIVEN: 1,000.TOTAL INCLUDED ON FORM 990-EZ, LINE 10 21,827.FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
OFFICE & POSTAGE	226.
WEB-SITE HOSTING	379.
WEEKLY MEETING EXPENSE	20,920.
INTERNATIONAL DUES	4,084.
DISTRICT DUES	3,430.
TAXES	25.
FELLOWSHIP EXPENSE	2,957.

Name of the organization	ROTARY CLUB INTERNATIONAL - DANVILLE ROTARY CLUB	Employer identification number 54-6042333
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<u>SUPPLIES, MATERIALS, &amp; TRAINING</u>	<u>1,099.</u>
<u>BANK FEES</u>	<u>121.</u>
<u>CONFERENCS EXPENSES</u>	<u>5,000.</u>
<u>OTHER EXPENSE</u>	<u>220.</u>
<u>BAD DEBT EXPENSE</u>	<u>58.</u>
<u>GIFT EXPENSE</u>	<u>190.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>38,709.</u>

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

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>STUDENT LOAN TRUST FUND</u>	<u>13,559.</u>	<u>13,596.</u>
<u>ACCOUNTS RECEIVABLE-DUES</u>	<u>192.</u>	<u>751.</u>
<u>MUTUAL FUNDS</u>	<u>48,036.</u>	<u>48,036.</u>
<u>DIGITAL CAMERA</u>	<u>376.</u>	<u>376.</u>
<u>LAPTOP COMPUTER</u>	<u>894.</u>	<u>894.</u>
<u>PROJECTOR AND STAND</u>	<u>902.</u>	<u>902.</u>
<u>CERTIFICATE OF DEPOSIT- G WYATT GIFT - VBT</u>	<u>16,973.</u>	<u>16,998.</u>
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	<u>80,932.</u>	<u>81,553.</u>

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

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>JACKPOT 50/50 PAYABLE</u>	<u>34.</u>	<u>35.</u>
<u>PHF SUSTAINER CONTRIBUTIONS PAYABLE</u>	<u>0.</u>	<u>25.</u>
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>34.</u>	<u>60.</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.

Name of the organization

**ROTARY CLUB INTERNATIONAL - DANVILLE**  
**ROTARY CLUB**

**Employer identification number**  
**54-6042333**

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.