

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)

2019

Open to Public
InspectionDepartment 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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning

JUL 1, 2019

and ending

JUN 30, 2020

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

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

DANVILLE, VA 24543-0655

E Telephone number

434-799-4120

F Group Exemption

Number

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 44,666.

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	24,718.
4	Investment income	4	243.
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	6a	
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	19,705.
c	Less: direct expenses from gaming and fundraising events	6c	8,692.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11,013.
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	35,974.
10	Grants and similar amounts paid (list in Schedule O)	10	19,479.
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	33,573.
17	Total expenses Add lines 10 through 16	17	53,052.
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-17,078.
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	102,721.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-1,238.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	84,405.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2019)

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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	21,860.	22 34,962.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	82,194.	24 50,757.
25	Total assets	104,054.	25 85,719.
26	Total liabilities (describe in Schedule O)	1,333.	26 1,314.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,721.	27 84,405.

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 19,479.

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 19,479.

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	2.00	0.	0.	0.
PAST PRESIDENT	4.00	0.	0.	0.
ALLEN SMITH	2.00	0.	0.	0.
PRESIDENT	2.00	0.	0.	0.
CHRIS WRIGHT	2.00	0.	0.	0.
SECRETARY	2.00	0.	0.	0.
DAN L. ANGELL	2.00	0.	0.	0.
TREASURER	2.00	0.	0.	0.
SAMMY SAUNDERS	2.00	0.	0.	0.
ASSISTANT TREASURER	1.00	0.	0.	0.
BRIAN WILSON	1.00	0.	0.	0.
BOARD MEMBER	1.00	0.	0.	0.
GERALD ADCOCK	1.00	0.	0.	0.
BOARD MEMBER	1.00	0.	0.	0.
JOHN HAYNSWORTH	1.00	0.	0.	0.
BOARD MEMBER	1.00	0.	0.	0.
BILL HARVILLE	1.00	0.	0.	0.
BOARD MEMBER	1.00	0.	0.	0.
JOHN PARRIS	1.00	0.	0.	0.
PRESIDENT-ELECT				

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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 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39c

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

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 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 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

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

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

47	
48	
49a	
49b	

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	(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 ► *Samuel B. Saunders* 08/19/2020
Signature of officer Date

► DAN 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 08/19/20	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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

Schedule G (Form 990 or 990-EZ) 2019 ROTARY CLUB

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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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		FUNDRAISER - PANCAKE SUP	FUNDRAISER - FLAG PROJEC	1	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts		4,200.	15,164.	341.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)		4,200.	15,164.	341.
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
Direct Expenses	7 Food and beverages		850.		850.
	8 Entertainment				
	9 Other direct expenses			7,842.	7,842.
	10 Direct expense summary Add lines 4 through 9 in column (d)				► 8,692.
	11 Net income summary Subtract line 10 from line 3, column (d)				► 11,013.

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) 2019 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

13a	%
13b	%

a The organization's facility

b An outside facility

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 (continued)**

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization	ROTARY CLUB INTERNATIONAL - DANVILLE ROTARY CLUB	Employer identification number 54-6042333
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	243.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SCHOLARSHIPS

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 7,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: BOY SCOUTS

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 600.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: RIVER CITY REDBIRDS

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: DANVILLE PUBLIC SCHOOLS - DICTIONARY PROJECT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

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:

1,679.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: YMCA CAMP

GRANTEE ADDRESS: DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: DANVILLE LIFE SAVINGS CREW

GRANTEE ADDRESS: 202 CHRISTOPHER LANE DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FRIENDS OF BARNABUS

GRANTEE ADDRESS: 4001 STIGALL DR. RICHMOND, VA 23112

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: WEST MAIN BAPTIST CHURCH - MEMORIALS

GRANTEE ADDRESS: 450 WEST MAIN ST. DANVILLE, VA 24541

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

200.

Name of the organization	ROTARY CLUB INTERNATIONAL - DANVILLE ROTARY CLUB	Employer identification number 54-6042333
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ACTIVITY CLASSIFICATION:GRANTEE NAME: DANVILLE PUBLIC SHCOOLS - ACCELERATED READINGPROGRAMGRANTEE ADDRESS: 341 MAIN STREET DANVILLE, VA 24541GRANTEE RELATIONSHIP: NONEAMOUNT GIVEN: 1,000.ACTIVITY CLASSIFICATION:GRANTEE NAME: SHELTER BOX USAGRANTEE ADDRESS: 7359 MERCHANT COURT SARASOTA, FL 34240GRANTEE RELATIONSHIP: NONEAMOUNT GIVEN: 2,000.TOTAL INCLUDED ON FORM 990-EZ, LINE 10 19,479.FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
OFFICE & POSTAGE	599.
WEB-SITE HOSTING	349.
WEEKLY MEETING EXPENSE	13,880.
INTERNATIONAL DUES	4,114.
DISTRICT DUES	5,584.
TAXES	25.
FELLOWSHIP EXPENSE	5,989.
BANK FEES	54.
CONFERENCS EXPENSES	1,803.
OTHER EXPENSE	633.
BAD DEBT EXPENSE	530.
GIFT EXPENSE	13.

Name of the organization	ROTARY CLUB INTERNATIONAL - DANVILLE ROTARY CLUB	Employer identification number 54-6042333
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TOTAL TO FORM 990-EZ, LINE 16 33,573.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT:

FIXED ASSETS WERE JUNKED DURING THE YEAR -1,238.

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>13,626.</u>	<u>0.</u>
<u>ACCOUNTS RECEIVABLE-DUES</u>	<u>14.</u>	<u>498.</u>
<u>MUTUAL FUNDS</u>	<u>48,036.</u>	<u>48,036.</u>
<u>DIGITAL CAMERA</u>	<u>376.</u>	<u>0.</u>
<u>LAPTOP COMPUTER</u>	<u>894.</u>	<u>0.</u>
<u>PROJECTOR AND STAND</u>	<u>902.</u>	<u>902.</u>
<u>CERTIFICATE OF DEPOSIT- G WYATT GIFT - VBT</u>	<u>17,067.</u>	<u>0.</u>
<u>LENOVO LAPTOP COMPUTER</u>	<u>1,279.</u>	<u>1,321.</u>
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	<u>82,194.</u>	<u>50,757.</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>333.</u>	<u>314.</u>
<u>SCHOLARSHIP PAYABLE</u>	<u>1,000.</u>	<u>1,000.</u>
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>1,333.</u>	<u>1,314.</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,

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

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.