As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492133028261 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020 **B** Check if applicable: D Employer identification number C Name of organization ROTARY CLUB OF WILLIAMSBURG INC ☐ Address change DAVID JOLLEY 54-6053668 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 1209 JAMESTOWN ROAD ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return WILLIAMSBURG, VA 231853377 F Group Exemption ☐ Application pending Number Check ▶ ☑ if the organization is **not G** Accounting Method: □ Cash ☑ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►www.williamsburgrotary.org **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 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 40,761 Contributions, gifts, grants, and similar amounts received . . . . . . . . . . . . . . 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 3 3 2,926 Membership dues and assessments . . . . . . 4 2 4 5a Gross amount from sale of assets other than inventory h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 824 Less: direct expenses from gaming and fundraising events 60 316 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 508 7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) . . 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 44,197 10 10 4,400 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 3,644 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . . 10 15 Printing, publications, postage, and shipping. 15 16 16 30,404 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17 38,458 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,739 Net Assets 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 10,579 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . . . . . . . . . 21 16,318 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

	Check if the organization used Schedule	,	uestion in this l	Part II			🗹
		·		<b>(A)</b> B	eginning of year		(B) End of year
<b>22</b> Cash, sa	avings, and investments		[		11,184	-	13,917
	d buildings					23	
	ssets (describe in Schedule O)				12,132	_	15,821
	abilities (describe in Schedule O)				23,316 12,737		29,738
	ets or fund balances (line 27 of column				10,579	-	13,420 16,318
Part II	Statement of Program Service	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ons for Pa	,	T	Expenses
What is the	Check if the organization used Schedule organization's primary exempt purpose?	O to respond to any o	question in this	Part III	🗵	<b> </b> (3)	equired for section 501(c ) and 501(c)(4) ganizations; optional for
SCHOLARSH	IZATION'S PRIMARY FUNCTION IS TO PRI IPS TO STUDENTS MATRICULATING AT V	'IRGINIA COLLEGES AI	ND UNIVERSITI	ES.			ners.)
measured b	e organization's program service accompli y expenses. In a clear and concise manne nd other relevant information for each pro	r, describe the service					
28 See Addition	nal Data Table						
Grants \$ )	If this amoun	t includes foreign gran	its check here		. ▶ □	28a	
· · · ·	itional Data Table	t includes foreign gran	its, check here	• •	<u>. ,                                   </u>	29a	
	101011011011011011011011011011011011011						
Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ □		
	itional Data Table					30a	
Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule O)		·			1	
Grants \$ )	• ,	t includes foreign gran	its, check here		. ▶ □	31a	
32 Total pr	rogram service expenses (add lines 28a	a through 31a)			•	32	27,75
Part IV	List of Officers, Directors, Trustees,						
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		• •	🗆
	(a) Name and title	(b) Average hours per week	(c) Report	tion		nploy	(e) Estimated amoun
		devoted to position	(Forms W-2/ MISC) (if not enter -0	t paid,	benefit plans, deferred compen		1
WILL HUMN WILL HUMM PRESIDENT		5.00		0			
OONALD PR	ATT	5.00		0			
/ICE PRESII	DE						
TERRY LOV	/ORN	5.00		0			
SECRETARY							
DAVID JOLL		5.00		0			
FDEACHDED							
TREASURER		5.00		0			
				ŭ			
ONALD MI		2.00		0			1
DONALD MU	VNLEÇ	2.00		U			
PAST PRESI							
CHRIS ECK	DLS	2.00		0			
DIRECTOR							
BRINGIER M	ICCONNELL	2.00		0			
DIRECTOR							<u> </u>
THOMAS MO	DRRIS	2.00		0			
DIRECTOR							
AWRENCE	SARMIERE	2.00		0			
DIRECTOR							
MICHAEL HA	ARRISON	2.00		0			+
				Ŭ			
PROGRAMS	CHA						

Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V						
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• • •	I				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No			
	detailed description of each activity in Schedule O	33		No			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No			
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a					
	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						
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	35c		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		No			
	Did the organization file Form 1120-POL for this year?	37b		No			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were						
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b						
39	Section 501(c)(7) organizations. Enter:	1					
	Initiation fees and capital contributions included on line 9 39a						
	Gross receipts, included on line 9, for public use of club facilities 39b	1					
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1					
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶						
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		No			
С	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 sections4912, 4955, and 4958						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization						
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No			
41	List the states with which a copy of this return is filed. ▶ The organization's books are in care of ▶ MOSS & RIGGS PLLC  Telephone r	ıo <b>▶</b> (75	57) 903-4	1403			
42a	· · ·						
	Located at ► 1209 JAMESTOWN ROAD WILLIAMSBURG , VA ZIP + 4 ► 23185						
		ı	<b>V</b>				
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No No			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b					
	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).						
С	Accounts (FBAK).  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No			
	If "Yes," enter the name of the foreign country: ▶						
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		▶ □				
-	and enter the amount of tax-exempt interest received or accrued during the tax year						
			Yes	No			
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	103	No			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No			
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an						
	explanation in Schedule O	44d					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No			

Form 9	90-EZ (20	19)						_	Page 4		
								Yes	No		
		panization engage, directly or indire for public office? If "Yes," complet					46		No		
Part	All s	tion 501(c)(3) Organizationsection 501(c)(3) organizations	must answer question	ons 47- 49b and	1 52, and	complete the ta	bles for l	ines 50	and 51		
	Chec	ck if the organization used Schedul	e O to respond to any qu	uestion in this Part	VI			Yes	□ No		
<b>47</b> D	old the ere	ganization engage in lobbying activ	itios or have a section El	01(h) election in e	ffoct during	the tay year?					
		omplete Schedule C, Part II			-	•	. 47				
<b>48</b> I	s the orga	nization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E		. 48				
	_	janization make any transfers to ai	,	related organizati	ion?		. 49a 49b				
		as the related organization a section	-				•	<u> </u>	<u> </u>		
	vho each r	this table for the organization's five received more than \$100,000 of co	mpensation from the org	ganization. If there	e is none, e	nter "None."		y employ	rees)		
	(a) Nam	e and title of each employee	(b) Average hours per week devoted to position	(c) Reportabl compensation (Forms W-2/10 MISC)	n contr 99- k	d) Health benefits ributions to emplo penefit plans, and erred compensati	yee of oth		l amount ensation		
f	Total nun	nber of other employees paid over	\$100,000			•	'				
		his table for the organization's five		ndependent contra	ctors who	each received mo	re than \$1	00,000 a	f		
С		ion from the organization. If there  (a) Name and business address of	<u> </u>	actor	(b) T	ype of service	(a) Com	c) Compensation			
		(a) Name and business address of	eden macpendent contr	actor	(5) 1	ype or service	(c) comp	2011341101	<u>-</u>		
									<u> </u>		
									_		
									_		
d	Total nun	nber of other independent contract	ors each receiving over	\$100,000		•					
52		organization complete Schedule A? ed Schedule A					. ▶□y	es □ı	<b></b> -		
knowle	penalties o	of perjury, I declare that I have exa elief, it is true, correct, and comple	mined this return, inclu	ding accompanying	g schedules	and statements,	and to the	e best of	my		
iias ali)	knowledg/	ge.				 					
Sign	Sig	nature of officer				2021-05-13 Date					
Here		DAVID JOLLEY TREASURER Type or print name and title									
Daid		Print/Type preparer's name RODNEY W BOLYARD CPA EA	Preparer's signature		Date 2021-05-13	Check L if Po	TN 01371891				
Paid Prepa	arer	Firm's name ► MOSS & RIGGS PLL				self-employed Firm's EIN ▶ 26-1	864497				
Use (	Only	Firm's address ▶ PO BOX 275				Phone no. (804) 75	58-0526				
		LOCUST HILL, VA 2	LOCUST HILL, VA 230920275								
Marri	TDC 4"	- This was well as the state of	saum abayes Central								
riay the	= 1KO alsci	uss this return with the preparer sh	lowii abover See Instruc	LIUIIS		· · · · ·	☑ Yes	□ No			

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 54-6053668

Name: ROTARY CLUB OF WILLIAMSBURG INC

DAVID JOLLEY

## Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by expens	ram service accomplishments for each of its three largest program es. In a clear and concise manner, describe the services provided, the d other relevant information for each program title.	` (c	Expenses quired for section 501 )(3) and 501(c)(4) panizations; optional for others.)
	ILLIAMSBURG ROTARY FOUNDATION, A NON-PROFIT WHOSE MISSION IS TO IIA STUDENTS ATTENDING VIRGINIA COLLEGES AND UNIVERSITIES.	28a	4,000
(Grants \$ 4,000)	If this amount includes foreign grants, check here $\ldots$ $\blacktriangleright$ $\Box$		

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29 29a 23,359 THESE CONTRIBUTIONS SUPPORT THE MISSION OF THE ROTARY INTERNATIONAL FOUNDATION. THE MISSION

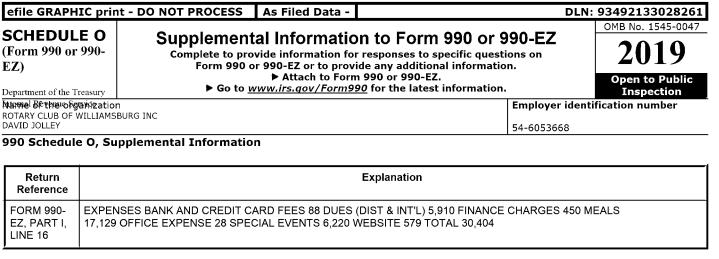
Form 990EZ, Part III - Statement of Program Service Accomplishments

ı	OF THE ROTARY INTERNATIONAL FOU	IDATION IS TO ENABLE ROTARIANS TO ADVANCE WORLD				
ı	UNDERSTANDING, GOODWILL, AND PI	ACE THROUGH THE IMPROVEMENT OF HEALTH, THE SUPPORT OF				
ı	EDUCATION, AND THE ALLEVIATION C	F POVERTY. THE ROTARY CLUB OF WILLIAMSBURG FOUNDATION				
		ON OF ROTARY INTERNATIONAL FOUNDATION, A NOT-FOR-PROFIT				
ı	CORPORATION, SUPPORTED SOLELY B	Y VOLUNTARY CONTRIBUTIONS FROM ROTARIANS AND FRIENDS OF THE				
ı	FOUNDATION WHO SHARE ITS VISION	OF A BETTER WORLD.				
	(Grants \$ )	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright \ \Box$				

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.

Form 990EZ, Part III - Statement of Program Service Accomplishments

number of persons benefited, and other relevant information for each program title.			for others.)	
30		30a		400
CONTRIBUTIONS TO A VARI	ETY OF LOCAL NON-PROFITS DEDICATED TO THE ENRICHMENT OF THE COMMUNITY.			
(Grants \$ 400)	If this amount includes foreign grants, check here 🕨 🗌			



990 Schedule O, Supplemental Information Return Explanation

Reference	
FORM 990-	ACCOUNTS RECEIVABLE 12,102 15,801 ORGANIZATIONAL COSTS 150 150 LESS ACCUMULATED AMORTIZATION 120
EZ, PART II,	130 TOTAL 12,132 15,821

LINE 24

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART II, LINE 26

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990-	THE ORGANIZATION'S PRIMARY FUNCTION IS TO PROVIDE FUNDING TO A RELATED FOUNDATION WHICH GR
EZ, PART III	ANTS SCHOLARSHIPS TO STUDENTS MATRICULATING AT VIRGINIA COLLEGES AND UNIVERSITIES.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 29	THESE CONTRIBUTIONS SUPPORT THE MISSION OF THE ROTARY INTERNATIONAL FOUNDATION. THE MISSIO N OF THE ROTARY INTERNATIONAL FOUNDATION IS TO ENABLE ROTARIANS TO ADVANCE WORLD UNDERSTAN DING, GOODWILL, AND PEACE THROUGH THE IMPROVEMENT OF HEALTH, THE SUPPORT OF EDUCATION, AND THE ALLEVIATION OF POVERTY. THE ROTARY CLUB OF WILLIAMSBURG FOUNDATION CONTRIBUTIONS SUPP ORT THE MISSION OF ROTARY INTERNATIONAL FOUNDATION, A NOT-FOR-PROFIT CORPORATION, SUPPORTE D SOLELY BY VOLUNTARY CONTRIBUTIONS FROM ROTARIANS AND FRIENDS OF THE FOUNDATION WHO SHARE ITS VISION OF A BETTER WORLD.

990 Schedule O, Supplemental Information

Return Explanation

Reference	·
FORM 990- EZ, PART III,	CONTRIBUTIONS TO A VARIETY OF LOCAL NON-PROFITS DEDICATED TO THE ENRICHMENT OF THE COMMUNITY.
LINE 31	