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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)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

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

C Name of organization: ROTARY INTERNATIONAL LEWES-REHOBOTH BEACH ROTARY CLUB
Number and street (or P O box, if mail is not delivered to street address): P O BOX 91
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: LEWES, DE 19958

D Employer identification number: 51-6016484
E Telephone number:
F Group Exemption Number: 0573

G Accounting Method: Cash [] Accrual [x] Other (specify) _____

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.LEWES-REHOBOTHROTARY.ORG

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(4) [] (insert no) [] 4947(a)(1) [] 527 []

K Form of organization: Corporation [] Trust [] Association [x] 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total assets: \$103,144

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 [x]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 2,325, 7,440, 60, 93,319, 103,144, 34,720, 996, 100, 58,261, 94,077, 9,067, 50,974, 60,041.

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	54,205	22	65,037
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,889	24	1,122
25 Total assets	56,094	25	66,159
26 Total liabilities (describe in Schedule O)	5,120	26	6,118
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,974	27	60,041

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE THROUGH CLUB SERVICE, VOCATIONAL SERVICE, COMMUNITY SERVICE, AND INTERNATIONAL SERVICE

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

28 PROVIDED DICTIONARIES TO THIRD GRADE STUDENTS, PROVIDED MONETARY DONATIONS TO VARIOUS LOCAL NON-PROFIT ORGANIZATIONS THAT SUPPORT EDUCATION AND THE NEEDY (Grants \$ 26,720) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	84,888
29 SCHOLARSHIPS WERE AWARDED TO LOCAL AREA STUDENTS TO FURTHER THEIR EDUCATION BEYOND HIGH SCHOOL (Grants \$ 8,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	8,000
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	92,888

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
KATHY ARA TREASURER	1 00	0		
ANDREW RATNER SECRETARY/TR	1 00	0		
GEORGIANNE DEIST DIRECTOR	1 00	0		
BRUCE SOMMER PAST PRESIDE	1 00	0		
LARRY FIFER PRESIDENT	1 00	0		
RICHARD JUNDT DIRECTOR	1 00	0		
TAMARA MORGAN PRESIDENT EL	1 00	0		
MICHAEL SOUTH DIRECTOR	1 00	0		
JIM BARRETT DIRECTOR	1 00	0		
KEVIN HESTER DIRECTOR	1 00	0		
JACK HOBAN DIRECTOR	1 00	0		

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 Schedule O to respond to any question in this Part V

		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		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)		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)?		No
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		
35c	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
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, 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
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		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	No

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

42a The organization's books are in care of ANDREW RATNER Telephone no (302) 745-9659
 Located at PO BOX 91 LEWES, DE ZIP + 4 19958

		Yes	No
42b	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		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
42c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country		No

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**

		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		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		No
c	Did the organization receive any payments for indoor tanning services during the year?		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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		No

	Yes	No
46		No

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

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		
48		
49a		
49b		

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

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

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 "

(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
 Date 2015-09-24
 ANDREW RATNER SECRETARY/TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name EMILIA MCCAULEY
 Preparer's signature
 Date 2015-11-05
 Check if self-employed
 PTIN P00695216
 Firm's name RAYMOND F BOOK & ASSOCIATES PA
 Firm's EIN 51-0345018
 Firm's address 220 BEISER BLVD
 DOVER, DE 199047790
 Phone no (302) 734-5826

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

2014

**Open to Public
Inspection**

Name of the organization
ROTARY INTERNATIONAL
LEWES-REHOBOTH BEACH ROTARY CLUB

Employer identification number

51-6016484

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	PROJECT INCOME 62,355 MEALS 30,964 TOTAL 93,319
FORM 990-EZ, PART I, LINE 10	USO DELAWARE 04/07/2015 500 PURPLE HEART WAY DOVER, DE 19902 6,500 0 6,500 WOUNDED WARRIERS PROJECT 04/07/2015 1120 G STREET NW, SUITE 700 WASHINGTON, DC 20005 6,500 0 6,500
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISEMENT 215 CONFERENCES & MEETINGS 1,041 CLUB ADMINISTRATION 822 CLUB FUNCTIONS 1,905 MEALS 29,821 MEMBERSHIP DUES 5,542 PROJECT EXPENSE 18,094 SUPPLIES 728 BANK CHARGES 93 TOTAL 58,261
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,889 1,122 TOTAL 1,889 1,122
FORM 990-EZ, PART II, LINE 26	ROTARY FOUNDATION HOLD ACCOUNT 120 118 SCHOLARSHIP HOLD ACCOUNT 5,000 6,000
FORM 990-EZ, PART III	TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE THROUGH CLUB SERVICE, VOCATIONAL SERVICE, COMMUNITY SERVICE, AND INTERNATIONAL SERVICE