



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

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2014

Open to Public
Inspection

► 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**

July 1, 2014, and ending

June 30, 2015

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**Rotary Club of Bailey's Crossroads**

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

D Employer identification number**54-1184665****P.O. Box 1510**

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

E Telephone number**703 820-3630****Falls Church, VA 22041****F Group Exemption****Number ► 0573****G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ► bxrrotary.org**J Tax-exempt status (check only one) —** 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527**H Check ► if the organization is not****required to attach Schedule B****(Form 990, 990-EZ, or 990-PF).****K Form of organization:** Corporation Trust Association Other **Charitable giving****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 ► \$ 146,982****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

SCANNED AUG 26 2015 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	21,140
	4 Investment income	4	39
	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	125,803
Expenses	c Less: direct expenses from gaming and fundraising events	6c	52,089
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	73,714
	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)		
	8 Other revenue (describe in Schedule O)		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	94,893
	10 Grants and similar amounts paid (list in Schedule O)	10	62,083
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	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	13,392
	17 Total expenses. Add lines 10 through 16	17	75,475
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,418
	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	74,510
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	►	93,928

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2014)

17P

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	74,510	22 93,928
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,510	27 93,928

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? Charitable 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 **JEB Stuart High School Educational Foundation** - This program service provides funds to support the foundation of our local High School. The foundation provides support to the school's students.

(Grants \$ 11,300) If this amount includes foreign grants, check here ► 28a 0

29 **The Michelo Project. - Our Club and the McLean Club provide financial support for the educational needs of underserved children on Swaziland**

(Grants \$ 7,900) If this amount includes foreign grants, check here ► 29a 0

30 **Wounded Warrior. This program provides funds to support the needs of wounded veterans.**

(Grants \$ 7,040) If this amount includes foreign grants, check here ► 30a 0

31 Other program services (describe in Schedule O)

(Grants \$ 35,853) If this amount includes foreign grants, check here ► 31a 0

32 **Total program service expenses (add lines 28a through 31a)**

► 32

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
Officers				
Harry Henderson - President	Volunteer	0	0	0
Patricia Boroaski - P(resident elec	Volunteer	0	0	0
John Thomas - Vice President	Volunteer	0	0	0
William Strickland - Secretary	Volunteer	0	0	0
Max Gross - Treasurer	Volunteer	0	0	0
Keven Holland - Past President	Volunteer	0	0	0
Directors				
Karen Elsbury - Club Service	Volunteer	0	0	0
Hamid Awad - Community Service	Volunteer	0	0	0
Hamid Awad - Community Service	Volunteer	0	0	0
Mona Wasfy - International Service	Volunteer	0	0	0

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

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

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

 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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 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 ► _____

42a The organization's books are in care of ► _____ Telephone no. ► _____
Located at ► _____ ZIP + 4 ► _____ 42b

 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). 42c

 c 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: ► _____

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

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

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	✓

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 Schedule 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."		

f Total number of other employees paid over \$100,000

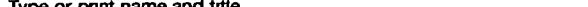
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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
	Patricia Borowski, Club President 	07/17/15

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

Form 990-EZ (2014)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.
► Information about Schedule G (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

Employer identification number

Rotary Club of Bailey's Crossroads

54-1184665

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

2a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 Raffle Mustang Car (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	125,803		125,803
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)			125,803
Direct Expenses	4 Cash prizes	21,000		21,000
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	31,089		31,089
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►			52,089
	11 Net income summary. Subtract line 10 from line 3, column (d) ►			73,714

Part III Gaming. Complete if the organization answered "Yes" to 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			
	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
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: Virginia plus mail form any state

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: Club licensed in Virginia

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain:

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** 0 %

b An outside facility **13b** 100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Henry McCaulley

Address ► 3516 Pinetree Terrace, Falls Church, VA 22041

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 ► \$ 0

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).

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

2014Open to Public
Inspection

Name of the organization

Rotary Club of Bailey's Crossroads

Employer identification number

54-1184665

Page 1, Part 1, Line 10, Grants and similar amounts paid

Service-Community		Service-International	
A.C.C.A	\$500	Haiti-Stop Hunger Now	\$2,800
Afghanistan Literacy Program	3,600	International Service Grant	500
Asian-American Leadership Council	500	Michelo Project	7,900
Bailey's Crossroads Volunteer Fire Dept.	2,000	New Generations	250
Celebrate Great Falls, VA	1,000	Safe Blood Committee	500
Community Service Other	1,000	Sea Point RC, Capetown S. Africe	300
Culmore Cleanup	500	TOTAL \$12,250	
SERVICE-VOCATIONAL			
FFX Park Authority Foundation	1,800	Career Day	500
Gifts For Seniors	500	Dictionary Project	1,080
Glasgow Foos Drive	500	JEB Stuart HS Educational Foundation	11,300
Homestretch, Inc	500	Outstanding Teachers Awards	2,500
Jills House	450	Rotary Speech Contest	450
Literacy Council of Northern Virginia	500	Rotary Youth Leadership Conf.	500
Mason CAC Police Officer of the Year	210	Vocational Service Grant	1,000
Our Dailey Bread	1,200	TOTAL \$17,330	
SERVICE-YOUTH			
Rotary Float	100	Boys Lacrosse Program	\$500
Special Olympics	250	Bus Driver Appreciation	867
Support Local Police Awards	500	Essay Contest	400
Thanksgiving Meal	2,964	Summer School Camp Program	1,000
Toys For Tots	1,923	TOTAL \$2,767	
Wounded Warrior	7,040	TOTAL \$29,746	

SUM TOTAL \$62,093

Name of the organization

Rotary Club of Bailey's Crossroads

Employer identification number

54-1184665**Page 1, PART 1, LINE 16, OTHER EXPENSES - AND PAGE 2 PART 3 PROGRAM SERVICES**

OTHER EXPENSES		PROGRAM SERVICE EXPENSE	
Bank Charges	89	CLTS	\$396
Club Supplies	882	District Annual Dues	2,295
Insurance	129	Annual Conference	1,078
Credit Card Service Charges	770	RI Annual Dues	4,458
Post Office Box	102	TOTAL	\$8,227
Presidents Gifts	692		
Other Expenses	1,529		
TOTAL	\$5,165		
SUM TOTAL \$13,392			