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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

▶ 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 Club of Warren County, VA
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO Box 702
 City or town, state or province, country, and ZIP or foreign postal code
 Front Royal, VA 22630

D Employer identification number
 75-3182346

E Telephone number

F Group Exemption Number ▶

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ www.warrencountyrotary.org

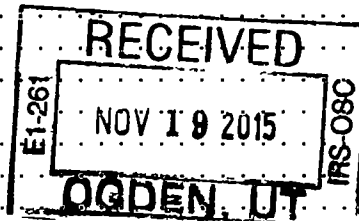
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 63,131

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	13,209
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	6,942
	4	Investment income	5
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	30,960
6c	Less: direct expenses from gaming and fundraising events	15,305	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	15,655	
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)	12,015	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	47,826	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	27,306
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	61
	16	Other expenses (describe in Schedule O)	10,013
	17	Total expenses. Add lines 10 through 16	37,380
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	10,446
	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)	47,305
	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	57,751



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

SCANNED 7/27/2015

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	47,305	22 66,932
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	47,305	25 66,932
26 Total liabilities (describe in Schedule O)	0	26 9,181
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,305	27 57,751

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? **Encourage and foster ideal of 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.

Expenses

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

28 The Club was successful in encouraging and fostering the ideal of service as a basis of worthy enterprise evidenced by its support of numerous local, district and intl projects

(Grants \$ 27,306) If this amount includes foreign grants, check here ☐

28a	37,380
-----	--------

29 _____

(Grants \$ _____) If this amount includes foreign grants, check here ☐

(Grants \$) If this amount includes foreign grants, check here ☐

29a	
-----	--

30

(Grants \$) If this amount includes foreign grants, check here

(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

(Grants \$) If this amount includes foreign grants, check here ☐

31a	
-----	--

32	Total program service expenses (add lines 28a through 31a)	32	37,380
----	--	----	--------

Check if the organization used Schedule O to respond to any question in this Part IV

• ☐

[illegible]

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	33	X
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	X
35 a 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	X
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	X
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	X
37 a 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	X
38 a 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	X
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	
40 a 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	X
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	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of Rob Grimm, Treasurer Telephone no. 703-868-8115 Located at PO Box 702, Front Royal, VA ZIP + 4 22630		
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).	42b	X
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:	42c	X
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	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	X

- 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 Schedule C, Part II

	Yes	No
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

- 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 Rob Grimm	Date 10-21-2015			
	Type or print name and title Rob Grimm, Treasurer				
Paid Preparer Use Only	Print/Type preparer's name Michael B Noble CPA	Preparer's signature Michael B Noble CPA	Date 11-13-2015	Check <input type="checkbox"/> if self-employed	PTIN P00355367
	Firm's name Noble & Noble Fin Assoc Inc			Firm's EIN	
	Firm's address 830-B John Marshall Highway			Phone no 540-636-3838	
	Front Royal VA 22630				

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

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" 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

Rotary Club of Warren County, VA

Employer identification number

75-3182346

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.

- | | |
|--|---|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> 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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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	(b) Event #2	(c) Other events	(d) Total events
		Gala (event type)	Golf Tourney (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	22,045	6,805	2,110	30,960
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	22,045	6,805	2,110	30,960
Direct Expenses	4 Cash prizes		200		200
	5 Noncash prizes				
	6 Rent/facility costs	11,485	2,409		13,894
	7 Food and beverages				
	8 Entertainment	400			400
	9 Other direct expenses	811			811
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,305
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				15,655

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))
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: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

Rotary Club of Warren County, VA

Employer identification number

75-3182346

01. Description of other revenue (Part I, line 8)

Description	Amount
Sponsorships	12,015

02. List of grants and similar amounts paid (Part I, line 10)

Activity	Grant
Grantee	The Rotary Foundation-Global Grants
Street	14280 Collections Center Drive
City, State, Zip	Chicago, IL 60693
Relationship	None
Amount	1,000

Activity	Grant
Grantee	Liberia Orphanage Education Project
Street	370 Browntown Road
City, State, Zip	Bentonville, VA 22610
Relationship	None
Amount	200

Activity	Grant
Grantee	Project Uere
Street	Rua Tancredo Neves
City, Province, Country, Postal	Bonsucesso, Rio de Janeiro Brazil
Relationship	None
Amount	2,045

Name of the organization

Employer identification number

Rotary Club of Warren County, VA

75-3182346

Activity Grant

Grantee Stop Hunger Now

Street 615 Hillsborough Street No. 200

City, State, Zip Raleigh, NC 27603

Relationship None

Amount 1,861

Activity Grant

Grantee Shelter Box USA

Street 8374 Market Street, No. 203

City, State, Zip Bradenton, FL 34202

Relationship None

Amount 1,050

Activity Grant

Grantee The Rotary Foundation-Water Project

Street 14280 Collections Center Drive

City, State, Zip Chicago, IL 60693

Relationship None

Amount 2,500

Activity Grant

Grantee RMA Operation Christmas Hope

Street 200 Academy Drive

City, State, Zip Front Royal, VA 22630

Relationship None

Name of the organization	Employer identification number
Rotary Club of Warren County, VA	75-3182346

Amount 909

Activity Grant

Grantee Big Brothers Big Sisters

Street 121 Youth Development Center

City, State, Zip Winchester, VA 22602

Relationship None

Amount 100

Activity Grant

Grantee Boy Scouts of America

Amount 150

Activity Playground Grant

Grantee E Wilson Morrison Elementary School

Street 40 Crescent Street

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 9,000

Activity Grant

Grantee Warren County Educational Endowment

Street PO Box 1314

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 100

Name of the organization

Employer identification number

Rotary Club of Warren County, VA

75-3182346

Activity Grant

Grantee Interact Club-Skyline HS

Street 151 Skyline Vista Drive

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 269

Activity Grant

Grantee RMA - Interact Club

Street 200 Academy Drive

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 532

Activity Scholarship

Grantee Chase Lenz - Univ of Virginia

Street PO Box 400160

City, State, Zip Charlottesville, VA 22904

Relationship None

Amount 1,000

Activity Scholarship

Grantee Diana Rivera-Virginia Tech

Street 925 Prices Fork Road

City, State, Zip Blacksburg, VA 24061

Relationship None

Amount 1,000

Name of the organization

Employer identification number

Rotary Club of Warren County, VA

75-3182346

Activity RYLA Grant

Grantee Rotary District 7570

Street 1755 East Ridge Drive

City, State, Zip Blacksburg, VA 24060

Relationship None

Amount 1,550

Activity RYLA

Grantee Northern VA 4-H Educational Center

Street 600 4H Center Drive

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 125

Activity Grant

Grantee Rotary Club of Winchester

Street PO Box 412

City, State, Zip Winchester, VA 22602

Relationship None

Amount 375

Activity Grant - Holiday Fuel

Grantee HN Funkhouser

Street 2026 S Commerce Avenue

City, State, Zip Front Royal, VA 22630

Relationship None

Name of the organization

Employer identification number

Rotary Club of Warren County, VA

75-3182346

Amount 1,065

Activity Grant

Grantee House of Hope

Street PO Box 1624

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 200

Activity Grant

Grantee Phoenix Project

Street 1914 East 9400 South 416

City, State, Zip Sandy, UT 84093

Relationship None

Amount 500

Activity Grant

Grantee Blue Ridge Hospice

Street 449 South Street

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 50

Activity Grant

Grantee UP Project

Street PO Box 7808

City, State, Zip Merrifield, VA 22116

Name of the organization

Employer identification number

Rotary Club of Warren County, VA

75-3182346

Relationship None

Amount 200

Activity Grant

Grantee United Way

Street 128 N Royal Avenue

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 100

Activity Grant

Grantee Womens Resource Center

Street 316 N Royal Avenue

City, State, Zip Front Royal, VA 22630

Relationship None

Amount 200

Activity Grant

Grantee The Rotary Foundation-Polio Plus

Street 14280 Collections Center Drive

City, State, Zip Chicago, IL 60693

Relationship None

Amount 1,175

Activity Memorial

Grantee The Florida UM Childrens Home

Street 51 Main Street

Name of the organization

Employer identification number

Rotary Club of Warren County, VA

75-3182346

City, State, Zip

Deltona, FL 32725

Relationship

None

Amount

50

03. Description of other expenses (Part I, line 16)

Description

Amount

Merchant service fees

365

Conferences and training

3,326

Bank charges

1,500

District and international dues

3,700

Awards and recognition

317

Supplies

329

Website

415

Membership committee

61

04. Description of total liabilities (Part II, line 26)

Category

Beginning of Year

End of Year

Prepayments

0

9,181