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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

▶ 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.

OMB No 1545-1150

2015**Open to Public
Inspection****A For the 2015 calendar year, or tax year beginning** July 1, 2015, and ending June 30, 2016**B** Check if applicable:

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

C Name of organization

Rotary eClub One

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

5602 Jenni Lane

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

White Bear Lake, MN 55110-5777

D Employer identification number

46-0722729

E Telephone number

612-810-6776

F Group Exemption
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.rotaryclubone.org**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**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. ▶ \$ 124,963

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	86,851	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	0	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)
3	Membership dues and assessments	3	33,041	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
b	Less: cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0		
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0		
c	Less: direct expenses from gaming and fundraising events	6c	0		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
7a	Gross sales of inventory, less returns and allowances	7a	0		
b	Less: cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	5,071		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	124,963		
10	Grants and similar amounts paid (list in Schedule O)	10	57,037		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	0		
13	Professional fees and other payments to independent contractors	13	0		
14	Occupancy, rent, utilities, and maintenance	14	0		
15	Printing, publications, postage, and shipping	15	320		
16	Other expenses (describe in Schedule O)	16	39,991		
17	Total expenses. Add lines 10 through 16	17	97,348		
		18	27,615		
		19	242,503		
		20	0		
		21	270,119		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

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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	244,337	22 270,119
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	244,337	25 270,119
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	244,337	27 270,119

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? International, community and vocational service projects

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 Establishment of a water supply to a village and orphanage in Mullippadi, India		
(Grants \$ 4,000) If this amount includes foreign grants, check here ☒	28a	0
29 Provision of rural transportation to help meet medical needs of citizens of Lake Verdon, France area		
(Grants \$ 3,500) If this amount includes foreign grants, check here ☒	29a	0
30 Cleft Surgery Mission in Lima, Peru		
(Grants \$ 3,000) If this amount includes foreign grants, check here ☐	30a	0
31 Other program services (describe in Schedule O)		
(Grants \$ 46,537) If this amount includes foreign grants, check here ☒	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	0

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
Emmanuel Serriere, President				
P.O. Box 66, Inverness, CA 94937		0	0	0
Buchi Akpeh, President Elect				
2400 Business Center Dr., Apt. 735, Pearland, TX 77584		0	0	0
Tracy Adams, Past President				
P.O. Box 1617 Wexford, OK 73096		0	0	0
Chris Thomas, Secretary				
44 Cockburn Rd., Jamestown, South Australia		0	0	0
Janet Newberg, Treasurer				
5602 Jenni Lane, White Bear Lake, MN 55110		0	0	0
Amy Hing-Young, Service Projects Director				
23 Pauling Avenue, Coogee, New South Wales, Australia		0	0	0
Harshad Raveshia, Club Administration Chair				
D-203/303, Savitri Sadan Coop Society, Umargam, Gujarat,		0	0	0
Gwendolyn Barnhart, Public Relations Chair				
300B Woodland Vista, La Honda, California		0	0	0
Charles Tegarden, Foundation Chair				
18051 Alps Dr., Tehachapi, CA 93561		0	0	0
Cheonhee Sohn, Membership Chair				
P.O. Box 76, Broadway, New South Wales, Australia		0	0	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		✓
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)		✓
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)?		✓
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		✓
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		✓
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		✓
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?		✓
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?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a 0		
b Gross receipts, included on line 9, for public use of club facilities 39b 0		
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		✓
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 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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 ▶ <u>Janet Newberg, Treasurer</u> Telephone no. ▶ <u>612-810-6776</u> Located at ▶ <u>5602 Jenni Lane, White Bear Lake, MN</u> ZIP + 4 ▶ <u>55110-5777</u>		
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 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		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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)?		✓
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)		✓

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

2015

**Open to Public
Inspection**

Name of the organization

Rotary eClub One

Employer identification number

46-0722729

Part I, Line 8 -- Other Revenue

Happy Bucks - 891

Banner Sales - 40

Annual Dinner Income - 4140

Part I, Line 10 -- Grants and Similar Amounts Paid

International Projects - 31,002

Disaster Relief - 6,972

Community Service Projects -- 9,816

Professional Excellence Award -- 3,500

Youth Grants -- 1,747

Twin Clubs -- 4,000

Part I, Line 16 -- Other Expenses

Club expenses - 365

Rotary International dues - 5,930

Colorado Secretary of State registration - 10

Rotary District 5450 dues - 3,645

Member dues bad debt - 300

Club expenses - other - 266 88

In memorium donations - 1,000

Authorize net gateway - 359 and 49

Go to Meeting/Webinair - 614 35

Plaques, name tags, memory sticks - 2,349

Club advertising - 500

Web site mgmt and hosting - 1,875 and 1075 and 450

Labels - 327

Bank fees and wire transfer fees - 1,867 and 4971

Name of the organization

Employer identification number

Rotary eClub One

46-0722729

Domain name - 15

Intercompany transfer to Charitable account - 23

Conference, convention and meeting travel - 1614

Lodging - 2,139

Travel - 4,552

Travel - Twin Clubs - 330

Annual Dinner - 5,364

Part III, Line 31 - Other Program Services

Professional Excellence Award - 3500

International Service Projects - 20,502

Disaster Relief - 6,972

Community Service Projects - 9,816

Youth Grants - 1,747

Twin Clubs - 4,000