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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

2015Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning <u>7/01</u> , 2015, and ending <u>6/30</u> , 2016	
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ROTARY CLUB OF RUTLAND SOUTH, VERMONT INC PO BOX 511 RUTLAND, VT 05702
D Employer identification number <u>23-7446640</u>	
E Telephone number <u>(802) 775-1984</u>	
F Group Exemption Number <u>0573</u>	
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ <u>N/A</u>	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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. ▶ \$ <u>92,047.</u>	

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 ☒

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 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) 6c Less: direct expenses from gaming and fundraising events 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 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) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: right;">11,679.</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: right;">3.</td></tr> <tr><td style="text-align: center;">5c</td><td></td></tr> <tr><td style="text-align: center;">6a</td><td style="text-align: right;">80,365.</td></tr> <tr><td style="text-align: center;">6b</td><td></td></tr> <tr><td style="text-align: center;">6c</td><td style="text-align: right;">45,034.</td></tr> <tr><td style="text-align: center;">6d</td><td style="text-align: right;">35,331.</td></tr> <tr><td style="text-align: center;">7c</td><td></td></tr> <tr><td style="text-align: center;">8</td><td></td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: right;">47,013.</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: right;">31,162.</td></tr> <tr><td style="text-align: center;">11</td><td></td></tr> <tr><td style="text-align: center;">12</td><td></td></tr> <tr><td style="text-align: center;">13</td><td></td></tr> <tr><td style="text-align: center;">14</td><td></td></tr> <tr><td style="text-align: center;">15</td><td style="text-align: right;">82.</td></tr> <tr><td style="text-align: center;">16</td><td style="text-align: right;">12,129.</td></tr> <tr><td style="text-align: center;">17</td><td style="text-align: right;">43,373.</td></tr> <tr><td style="text-align: center;">18</td><td style="text-align: right;">3,640.</td></tr> <tr><td style="text-align: center;">19</td><td style="text-align: right;">52,015.</td></tr> <tr><td style="text-align: center;">20</td><td></td></tr> <tr><td style="text-align: center;">21</td><td style="text-align: right;">55,655.</td></tr> </table>	1		2		3	11,679.	4	3.	5c		6a	80,365.	6b		6c	45,034.	6d	35,331.	7c		8		9	47,013.	10	31,162.	11		12		13		14		15	82.	16	12,129.	17	43,373.	18	3,640.	19	52,015.	20		21	55,655.
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10 Grants and similar amounts paid (list in Schedule O) 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 16 Other expenses (describe in Schedule O) <u>See Schedule O</u> 17 Total expenses. Add lines 10 through 16	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">10</td><td></td></tr> <tr><td style="text-align: center;">11</td><td></td></tr> <tr><td style="text-align: center;">12</td><td></td></tr> <tr><td style="text-align: center;">13</td><td></td></tr> <tr><td style="text-align: center;">14</td><td></td></tr> <tr><td style="text-align: center;">15</td><td style="text-align: right;">82.</td></tr> <tr><td style="text-align: center;">16</td><td style="text-align: right;">12,129.</td></tr> <tr><td style="text-align: center;">17</td><td style="text-align: right;">43,373.</td></tr> <tr><td style="text-align: center;">18</td><td style="text-align: right;">3,640.</td></tr> <tr><td style="text-align: center;">19</td><td style="text-align: right;">52,015.</td></tr> <tr><td style="text-align: center;">20</td><td></td></tr> <tr><td style="text-align: center;">21</td><td style="text-align: right;">55,655.</td></tr> </table>	10		11		12		13		14		15	82.	16	12,129.	17	43,373.	18	3,640.	19	52,015.	20		21	55,655.																								
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">18</td><td style="text-align: right;">3,640.</td></tr> <tr><td style="text-align: center;">19</td><td style="text-align: right;">52,015.</td></tr> <tr><td style="text-align: center;">20</td><td></td></tr> <tr><td style="text-align: center;">21</td><td style="text-align: right;">55,655.</td></tr> </table>	18	3,640.	19	52,015.	20		21	55,655.																																								
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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	55,722.	56,885.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	1.	1.
25 Total assets	55,723.	56,886.
26 Total liabilities (describe in Schedule O) See Schedule O	3,708.	1,231.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,015.	55,655.

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? See Schedule O

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 MONETARY AWARDS, SCHOLARSHIPS, & DONATIONS TO YOUTH ORGANIZATIONS	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a 76,624.
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a)	32 76,624.

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
MATTHEW GETTY President	3	0.	0.	0.
LEONARD SEMP President	1	0.	0.	0.
ROBERT MARTEL Treasurer	2	0.	0.	0.
RANDEE LINDHOLM Secretary	2	0.	0.	0.
DAVID CORRELL Director	1	0.	0.	0.
MARGARET LUCCI Director	1	0.	0.	0.
SARAH TRAVERSE Director	1	0.	0.	0.
ROGER LOUISELLE Director	1	0.	0.	0.
RICHARD BAILEY Director	1	0.	0.	0.
APRIL KUHL Director	1	0.	0.	0.
ROBERT ARONSON Director	1	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		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). See Schedule O	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)?		X
35 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		
35 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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
37 b Did the organization file Form 1120-POL for this year?		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?		X
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
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		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 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		X
41 List the states with which a copy of this return is filed None		

42 a The organization's books are in care of CHRISTINE MESSER Telephone no (802) 345-8721 Located at 20 NEWPORT DR RUTLAND VT ZIP + 4 05701		
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	Yes	No
		X
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		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 <input type="checkbox"/> N/A		
	Yes	No
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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		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		
49 a		
49 b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49 a 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 <u>Leonard Semp</u>	Date			
	LEONARD SEMP Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Randee Lindholm	Randee Lindholm			P01029404
	Firm's name ▶	SANBORN TUEPKER ASSOCIATES, PC			Firm's EIN ▶
	Firm's address ▶	43 Crescent Street Rutland, VT 05701			030332596 Phone no (802) 775-1984

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' on 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

2015**Open to Public
Inspection**Name of the organization **ROTARY CLUB OF RUTLAND SOUTH, VERMONT
INC**

Employer identification number

23-7446640**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on 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 column (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' on 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 (add column (a) through column (c))
		(event type)	(event type)	None (total number)	
REVENUE	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary: Add lines 4 through 9 in column (d)			
	11	Net income summary: Subtract line 10 from line 3, column (d)			

Part III Gaming. Complete if the organization answered 'Yes' on 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 column (a) through column (c))
REVENUE	1	Gross revenue		80,365.	80,365.
	2	Cash prizes		20,000.	20,000.
DIRECT EXPENSES	3	Noncash prizes			
	4	Rent/facility costs		1,250.	1,250.
	5	Other direct expenses		23,784.	23,784.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	
	7	Direct expense summary: Add lines 2 through 5 in column (d)			45,034.
	8	Net gaming income summary: Subtract line 7 from line 1, column (d)			35,331.

9 Enter the state(s) in which the organization conducts gaming activities: VT

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☒ No

b If 'No,' explain:

NOT REQUIRED

10 a 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 | 13 a | % |
| b An outside facility | 13 b | 100.0 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ CHRISTINE MESSERAddress ▶ PO BOX 511, RUTLAND, VT 05702

- 15 a 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 ▶ RICHARD BAILEY

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ OVERALL SUPERVISION OF RAFFLE☒ 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 ▶ \$ _____

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 G - Additional Information

VERMONT REQUIRES ALL PROCEEDS RAISED BY A GAME OF CHANCE TO BE USED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL OR CIVIC UNDERTAKINGS AFTER DEDUCTING DIRECT EXPENSES.

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

2015

**Open to Public
Inspection**

ROTARY CLUB OF RUTLAND SOUTH, VERMONT
INC

Employer identification number

23-7446640

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$	1,991.
DISTRICT & INTERNATIONAL DUES		5,604.
FELLOWSHIP & GUEST SPEAKERS		2,662.
Office Expenses		1,872.
Total	\$	12,129.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
ROUNDING	\$ 1.	\$ 1.
Total	\$ 1.	\$ 1.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
50/50 LIABILITY	\$ 357.	\$ 0.
Accounts Payable and Accrued Expenses	246.	336.
DUES IN ADVANCE	3,105.	675.
RAFFLE RECEIPTS IN ADVANCE	0.	220.
Total	\$ 3,708.	\$ 1,231.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

TO ASSIST YOUTH WITH EDUCATION SCHOLARSHIPS, ETC. AND GIVE MONETARY AWARDS TO
OTHER NON-PROFIT ORGANIZATIONS

Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents

AMENDED BYLAWS TO ESTABLISH TERM LIMITS FOR DIRECTORS AND MORE CLOSELY RELATE WITH
THE CONSTITUTION OF ROTARY INTERNATIONAL.