

KHA Accountants, PLLC
4880 Long Prairie Road Suite 100
Flower Mound, Texas 75028
(972) 221-2500

October 26, 2017

Rotary International
Lewisville Rotary Club
Po Box 274
Lewisville, TX 75067

Rotary International Lewisville Rotary Club:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990-EZ

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

KHA Accountants, PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

June 30, 2017

| | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Prepared for | Rotary International Lewisville Rotary Club Po Box 274 Lewisville, TX 75067 |
| Prepared by | KHA Accountants, PLLC 4880 Long Prairie Road Suite 100 Flower Mound, Texas 75028 (972) 221-2500 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027 |
| Return must be mailed on or before | November 15, 2017 |
| Special Instructions | The return should be signed and dated. |

Short Form Return of Organization Exempt From Income Tax

2016

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.**

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 | |
| B Check if applicable: | C Name of organization ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB |
| <input type="checkbox"/> Address change | D Employer identification number 75-6067824 |
| <input type="checkbox"/> Name change | E Telephone number 972-221-2500 |
| <input type="checkbox"/> Initial return | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 274 |
| <input type="checkbox"/> Final return/terminated | City or town, state or province, country, and ZIP or foreign postal code LEWISVILLE, TX 75067 |
| <input type="checkbox"/> Amended return | F Group Exemption Number ▶ |
| <input type="checkbox"/> Application pending | G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ |
| I Website: ▶ LEWISVILLENOONROTARY.ORG | |
| J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | |
| K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other AFFILIATE OF NATIONAL ORGANIZA | |
| 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 ▶ \$ 138,980. | |

| 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 <input checked="" type="checkbox"/> | |
| | 1 Contributions, gifts, grants, and similar amounts received 1 1,500. |
| | 2 Program service revenue including government fees and contracts 2 |
| | 3 Membership dues and assessments 3 42,934. |
| | 4 Investment income 4 |
| | 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 \$ _____ 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 92,881. |
| | c Less: direct expenses from gaming and fundraising events 6c 34,438. |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 58,443. |
| | 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) 7c |
| | 8 Other revenue (describe in Schedule O) SEE SCHEDULE O 8 1,665. |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 104,542. |
| | 10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O 10 73,221. |
| | 11 Benefits paid to or for members 11 |
| | 12 Salaries, other compensation, and employee benefits 12 |
| | 13 Professional fees and other payments to independent contractors 13 |
| | 14 Occupancy, rent, utilities, and maintenance 14 |
| | 15 Printing, publications, postage, and shipping 15 70. |
| | 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 41,482. |
| | 17 Total expenses. Add lines 10 through 16 17 114,773. |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -10,231. |
| | 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 36,651. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 26,420. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

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 | 36,789. | 27,168. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | 36,789. | 27,168. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 138. | 748. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 36,651. | 26,420. |

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 LOCAL BUSINESS PEOPLE MEET WEEKLY TO RAISE MONEY FOR LOCAL CHARITIES AND COMMUNITY NON-PROFIT PROJECTS (Grants \$ 1,500.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 31,232. |
| 29 MONIES ARE RAISED, PRIMARILY THROUGH A CHARITY GOLF TOURNAMENT AND OTHER FUNDRAISING EFFORTS TO PROVIDE LOCAL COMMUNITY AID. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 9,511. |
| 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) | 32 | 40,743. |

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 |
|--------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| AUDREY STANSBURY | | | | |
| PRESIDENT | 4.00 | 0. | 0. | 0. |
| RICH MULLER | | | | |
| PAST PRESIDENT | 1.00 | 0. | 0. | 0. |
| STEVE COX | | | | |
| PRESIDENT ELECT | 1.00 | 0. | 0. | 0. |
| MARY JENNINGS | | | | |
| TREASURER | 4.00 | 0. | 0. | 0. |
| TOM MOORE | | | | |
| VP MEMBERSHIP | 1.00 | 0. | 0. | 0. |
| MARK PAYNE | | | | |
| SECRETARY | 1.00 | 0. | 0. | 0. |
| MARK PAYNE | | | | |
| COMMUNICATIONS | 1.00 | 0. | 0. | 0. |
| TROY KUECKER | | | | |
| SERVICE | 1.00 | 0. | 0. | 0. |
| JOHN KAZOR | | | | |
| FOUNDATION | 1.00 | 0. | 0. | 0. |
| KEITH LONG | | | | |
| YOUTH | 1.00 | 0. | 0. | 0. |
| JAMES LEE | | | | |
| FUNDRAISING | 1.00 | 0. | 0. | 0. |
| EYAD SALLOUM | | | | |
| DONATIONS | 1.00 | 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 Sch. 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) | | X |
| 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)? | | X |
| 35b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | N/A | |
| 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 | | 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 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. |
| 37b | Did the organization file Form 1120-POL for this year? | | X |
| 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? | | X |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved | N/A | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| 39a | a Initiation fees and capital contributions included on line 9 | N/A | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | N/A | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | |
| | section 4911 <input checked="" type="checkbox"/> N/A ; section 4912 <input checked="" type="checkbox"/> N/A ; section 4955 <input checked="" type="checkbox"/> N/A | | |
| 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 | | 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. |
| 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 | | X |
| 41 | List the states with which a copy of this return is filed | NONE | |
| 42a | The organization's books are in care of | MARY JENNINGS Telephone no. 214-878-6618 | |
| | Located at | PO BOX 274, LEWISVILLE, TX ZIP + 4 75057 | |
| 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)? | Yes | No |
| | If "Yes," enter the name of the foreign country: | | X |
| | 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 United States? | | X |
| | 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 | <input type="checkbox"/> | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | N/A |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44b | 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 |
| 44c | c Did the organization receive any payments for indoor tanning services during the year? | | X |
| 44d | 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)? | | X |
| 45b | 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) | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| | Yes | 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 Sch. C, Part II | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input type="checkbox"/> |

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 |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 **N/A**

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." **N/A**

| (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 **N/A**

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 MARY JENNINGS, TREASURER <small>Type or print name and title</small> | Date _____ |
|------------------|--------------------------------------------------------------------------------------------------------|---------------|

| | | | | | |
|-------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|-------------------------------------------------|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name MELISSA DEWITT | Preparer's signature MELISSA DEWITT | Date 10/26/17 | Check <input type="checkbox"/> if self-employed | PTIN P00118326 |
| | Firm's name ▶ KHA ACCOUNTANTS, PLLC | | | Firm's EIN ▶ 81-4277254 | |
| | Firm's address ▶ 4880 LONG PRAIRIE ROAD, SUITE 100 FLOWER MOUND, TX 75028 | | | Phone no. 972-221-2500 | |

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

ROTARY INTERNATIONAL

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 col. (a) through col. (c)) | |
|-----------------|--------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------|---------------------|-----------------------------------------------------|---------|
| | | GOLF TOURNAMENT (event type) | HIGH NOON SHOOT OUT (event type) | 6 (total number) | | |
| Revenue | 1 | Gross receipts | 44,019. | 18,625. | 30,237. | 92,881. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 44,019. | 18,625. | 30,237. | 92,881. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 9,511. | 5,021. | 19,906. | 34,438. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 34,438. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 58,443. | |

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 col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 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: _____

ROTARY INTERNATIONAL

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

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____

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

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information input.

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

2016

Open to Public
Inspection

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB | Employer identification number 75-6067824 |
|------------------------------------------------------------------------------------|-----------------------------------------------------|

FORM 990-EZ, ITEM K, OTHER FORM OF ORGANIZATION:

AFFILIATE OF NATIONAL ORGANIZATION

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
|-------------------------------|---------|
| INTERACT DUES | 1,665. |

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: PEDIPLACE

GRANTEE ADDRESS: 502 S OLD ORCHARD LANE #126 LEWISVILLE, TX 75067

AMOUNT GIVEN: 16,504.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: VARIOUS OTHER NONPROFITS

GRANTEE ADDRESS: VARIOUS LEWISVILLE, TX 75067

AMOUNT GIVEN: 45,454.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: PAUL HARRIS FOUNDATION

GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201

AMOUNT GIVEN: 11,263.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 73,221.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

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.

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2016

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| | |
|------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB | Employer identification number 75-6067824 |
|------------------------------------------------------------------------------------|-----------------------------------------------------|

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------|---------|
| OFFICE EXPENSE | 2,913. |
| CONFERENCES AND MEETINGS | 3,858. |
| CHAMBER DUES | 200. |
| WEBSITE SUPPORT | 192. |
| MISCELLANEOUS | 5,453. |
| MEAL COST | 24,414. |
| PLAQUES, AWARD AND PINS | 2,562. |
| DISTRICT DUES | 1,890. |
| TOTAL TO FORM 990-EZ, LINE 16 | 41,482. |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------|--------------|-------------|
| PREPAID DUES | 138. | 748. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENCOURAGE AND FOSTER
THE IDEAL OF SERVICE AS A MEANS TO BETTER OUR COMMUNITY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

| | |
|---------------------------------------------------------------------------------|------------------------------------------------------------|
| Name of the organization ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB | Employer identification number 75-6067824 |
|---------------------------------------------------------------------------------|------------------------------------------------------------|

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for 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 |
|--------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| KEITH BRADLEY | 1.00 | 0. | 0. | 0. |
| AT LARGE | | | | |
| RAY HERNANDEZ | 1.00 | 0. | 0. | 0. |
| SERGEANT AT ARMS | | | | |
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