

October 30, 2018

ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB P.O. Box 274 LEWISVILLE, TX 75067

#### ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB:

Enclosed are the original and one copy of the 2017 Exempt Organization return, as follows:

2017 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 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

WHA accountante, PILC

# TAX RETURN FILING INSTRUCTIONS FORM 990-EZ

### FOR THE YEAR ENDING

June 30, 2018

Prepared For	
	ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB P.O. Box 274 LEWISVILLE, TX 75067
Prepared By:	
	KHA Accountants, PLLC 4880 Long Prairie Road, Suite 100 Flower Mound, Texas 75028
<b>Amount Due</b>	or Refund:
	Not applicable
Make Check	Payable To:
	Not applicable
Mail Tax Retu	urn 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, 2018
Special Instru	uctions:

The return should be signed and dated.

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)

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		e 2017 calendar year, or tax year beginning	JU	IL 1,	2017	and ending	CHAPTER SHOPE SHOPE		), 20				
	heck if pplicab	ole:						D Emp	loyer ident	ification number			
	Addre	ess change ROTARY INTERNATIONA											
	Name change LEWISVILLE ROTARY CLI								5-606				
	Initial	Number and street (or P.O. box, if mail is not	delive	ered to st	reet address)	Ro	om/suite		phone nun				
	Final return/ P.O. BOX 274								972-221-2500				
	Amer	City or town, state or province, country, and	ZIP or	foreign p	ostal code			F Grou	up Exempti	on			
	_	cation pending LEWISVILLE, TX 750	57					Nun	nber 🕨				
G A		nting Method: X Cash Accrual Othe	r (spe	cify)				H Che	ck 🕨 🛚 X	if the organization is			
ı v	Vebsit	te: LEWISVILLENOONROTARY.	ORG	_				not	required to	attach Schedule B			
		cempt status (check only one) — 501(c)(3) X			) <b>◄</b> (insert no.)	47(a)(1) or	527			0-EZ, or 990-PF).			
		of organization: Corporation Trust	_	Assoc	iation X Other	AFFLIA	ATE O	F NA	MOITA	AL ORGANIZA			
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. I	fgros	s receipts	are \$200,000 or more,	or if total ass	sets (Part I	١,					
		n (B) below) are \$500 000 or more, file Form 990 instead	of Fo	rm 990-F	7			1	<b>\$</b>	127,831.			
	art I		n Ne	et Asse	ets or Fund Bala	nces (se	e the instru	uctions	for Part I)				
		Check if the organization used Schedule O to respon	d to ar	ny questic	on in this Part I					X			
	1	Contributions, gifts, grants, and similar amounts receive						- 1	1				
	2	Program service revenue including government fees ar	d con	tracts .					2				
	3	Membership dues and assessments							3	55,770.			
	4	Membership dues and assessments Investment income			SEE S	CHEDUI	ŒΟ		4	404.			
	5a	Gross amount from sale of assets other than inventory			5a								
	b	Less: cost or other basis and sales expenses			5b								
	С	Gain or (loss) from sale of assets other than inventory	(Subti	ract line 5	b from line 5a)				5c				
	6	Gaming and fundraising events											
ø)	a	Gross income from gaming (attach Schedule G if great	er tha	n		.							
ň		\$15,000)			6a								
Revenue	b	b Gross income from fundraising events (not including \$ of contributions											
œ		from fundraising events reported on line 1) (attach Sch	edule	G if the s	um of such	.							
		gross income and contributions exceeds \$15,000)			6b		71,6						
	С	Less: direct expenses from gaming and fundraising even			6c		28,1	88.		40 460			
	d	Net income or (loss) from gaming and fundraising eve		6d	43,469.								
	7a	Gross sales of inventory, less returns and allowances			7a								
	b	Less: cost of goods sold						Marin A Marin Day					
	С	Gross profit or (loss) from sales of inventory (Subtract							7c				
	8								8	00 643			
	9	<b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				~			9	99,643.			
	10	Grants and similar amounts paid (list in Schedule 0)			SEE S	CHEDUI	ъ. О		10	47,356.			
	11	Benefits paid to or for members							11				
Se	12	Salaries, other compensation, and employee benefits							12				
Expenses	13	Professional fees and other payments to independent of							13				
xbe	14	Occupancy, rent, utilities, and maintenance							14	76.			
ш	15	Printing, publications, postage, and shipping				C1111			15				
	16				SEE S				16	41,342. 88,774.			
	17								17				
S	18	Excess or (deficit) for the year (Subtract line 17 from li							18	10,869.			
set	19	Net assets or fund balances at beginning of year (from							40	26 420			
As		(must agree with end-of-year figure reported on prior y							19	26,420.			
Net Assets	20	Other changes in net assets or fund balances (explain							20	37,289.			
	21	Net assets or fund balances at end of year. Combine li			20				21				
LHA	A For	r Paperwork Reduction Act Notice, see the separate in	tructi	ons.						Form <b>990-EZ</b> (2017)			

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ROTARY INTERNATIONAL LEWISVILLE ROTARY CLUB

Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to resp	ond to any questi					X
		(A) E	Beginning of year	_	<b>(B)</b> Er	nd of year
22 Cash, savings, and investments			27,168.	22		38,969.
23 Land and buildings				23		
24 Other assets (describe in Schedule O)				24		
25 Total assets			27,168.	_		38,969.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O			748.			1,680.
Net assets or fund balances (line 27 of column (B) must agree with line 21)			26,420.	27		37,289.
Part III Statement of Program Service Accomplishmen					Ex	penses
Check if the organization used Schedule O to resp	ond to any questi	ion in	this Part III	X	(Required ) 501(c)(3)	for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O					orgànizatio	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program service.	ervices, as measured by expen	ises. In a	clear and concise	- 1	others.)	
manner, describe the services provided, the number of persons benefited, and other relevant informat				_		
28 LOCAL BUSINESS PEOPLE MEET WEEKLY TO		CY F	OR LOCAL			
CHARITIES AND COMMUNITY NON-PROFIT I	PROJECTS					
						4 0 000
(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>		28a	10,000.
29 MONIES ARE RAISED, PRIMARILY THROUGH						
TOURNAMENT AND OTHER FUNDRAISING EFF	FORTS TO PRO	DVID	E LOCAL			
COMMUNITY AID.						00 000
(Grants \$ ) If this amount includes foreign g	rants, check here		<b>&gt;</b>		29a	20,000.
30					1	
(Grants \$ ) If this amount includes foreign g				;	30a	
31 Other program services (describe in Schedule O)						
(Grants \$ ) If this amount includes foreign of	rants, check here			-	31a	30,000.
32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Er	mployoos				32	
Thank IV I LIST OF CHICCES, DIRECTORS, Trustees, and Nev El		one even	if not compensated - s	ee the in	structions to	r Part IV)
Check if the organization used Schedule O to resp	ond to any quest	ion in	this Part IV			X
Check if the organization used Schedule O to resp	oond to any quest (b) Average hours	ion in	this Part IV (c) Reportable compensation (Forms	(d) Hea	Ith benefits, butions to	
	ond to any quest	ion in	this Part IV	(d) Hea contrib employ plans, as	Ith benefits, outions to ree benefit and deferred	(e) Estimated
Check if the organization used Schedule O to respond to the company of the compan	ond to any quest (b) Average hours per week devoted to	ion in	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contrib employ plans, as	Ith benefits, outions to ree benefit	(e) Estimated amount of other
Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX	(b) Average hours per week devoted to position	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)	(d) Hea contrib employ plans, as	Ith benefits, butions to ree benefit and deferred ensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to the control of the contro	ond to any quest (b) Average hours per week devoted to	ion in	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contrib employ plans, as	Ith benefits, outions to ree benefit and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to respond to the state of the control of the state of the control of the state of the control of t	(b) Average hours per week devoted to position	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)	(d) Hea contrib employ plans, as	ith benefits, butions to ree benefit and deferred ensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT	(b) Average hours per week devoted to position	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)	(d) Hea contrib employ plans, as	Ith benefits, butions to ree benefit and deferred ensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT MELISSA DEWITT	(b) Average hours per week devoted to position  4.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.	(d) Hea contrib employ plans, as	outh benefits, butions to ree benefit and deferred ensation	(e) Estimated amount of other compensation  0.
Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT MELISSA DEWITT PRESIDENT ELECT	(b) Average hours per week devoted to position	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)	(d) Hea contrib employ plans, as	ith benefits, butions to ree benefit and deferred ensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT MELISSA DEWITT PRESIDENT ELECT MARY JENNINGS	(b) Average hours per week devoted to position  4.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.	(d) Hea contrib employ plans, as	Ith benefits, butions to receive benefit nd deferred ensation  O •  O •	(e) Estimated amount of other compensation  0.  0.
Check if the organization used Schedule O to responsible to the control of the co	(b) Average hours per week devoted to position  4.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.	(d) Hea contrib employ plans, as	outh benefits, butions to ree benefit and deferred ensation	(e) Estimated amount of other compensation  0.
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Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT MELISSA DEWITT PRESIDENT ELECT MARY JENNINGS TREASURER ANGIE COX VP MEMBERSHIP DENNIS SONG	(b) Average hours per week devoted to position  4.00  1.00  4.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.	(d) Hea contrib employ plans, as	other in the second of the sec	(e) Estimated amount of other compensation  0.  0.  0.
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Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT MELISSA DEWITT PRESIDENT ELECT MARY JENNINGS TREASURER ANGIE COX VP MEMBERSHIP DENNIS SONG SECRETARY MARK PAYNE	(b) Average hours per week devoted to position  4.00  1.00  4.00  1.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.  0.	(d) Hea contrib employ plans, as	Uth benefits, butions to ree benefit nd deferred ensation  O.  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
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Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT MELISSA DEWITT PRESIDENT ELECT MARY JENNINGS TREASURER ANGIE COX VP MEMBERSHIP DENNIS SONG SECRETARY MARK PAYNE COMMUNICATIONS TROY KUECKER SERVICE JOHN KAZOR	(b) Average hours per week devoted to position  4.00  1.00  1.00  1.00  1.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.  0.  0.	(d) Hea contrib employ plans, as	Uth benefits, butions to vere benefit nd deferred ensation  O.  O.  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.
Check if the organization used Schedule O to responsible (a) Name and title  STEVE COX PRESIDENT AUDEY STANSBURY PAST PRESIDENT MELISSA DEWITT PRESIDENT ELECT MARY JENNINGS TREASURER ANGIE COX VP MEMBERSHIP DENNIS SONG SECRETARY MARK PAYNE COMMUNICATIONS TROY KUECKER SERVICE	(b) Average hours per week devoted to position  4.00  1.00  1.00  1.00  1.00  1.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) Hea contrib employ plans, as	Uth benefits, butions to rever benefit not deferred ensation  O.  O.  O.  O.  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.
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Check if the organization used Schedule O to respect to the control of the contro	(b) Average hours per week devoted to position  4.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	(d) Hea contrib employ plans, as	Ulth benefits, butions to vere benefit not deferred ensation  O.  O.  O.  O.  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.
Check if the organization used Schedule O to responsible to the second s	(b) Average hours per week devoted to position  4.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) Hea contrib employ plans, as	Uth benefits, butions to rever benefit not deferred ensation  O.  O.  O.  O.  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.
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Check if the organization used Schedule O to responsible to the second s	(b) Average hours per week devoted to position  4.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	ion in	this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	(d) Hea contrib employ plans, as	Use benefits, butions to receive benefit and deferred ensation  O.  O.  O.  O.  O.  O.  O.  O.  O.  O	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.

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# ROTARY INTERNATIONAL

Form 990-EZ (2017)

LEWISVILLE ROTARY CLUB 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		X
			Yes	No
3	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
25.2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
o a	on lines 2, 6a, and 7a, among others)?	35a		X
	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	N/	A
	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			
C		35c		X
	requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	- 000		
36		36		X
_	complete applicable parts of Schedule N	00	2 160	
	Enter amount of political experientures, direct of indirect, as described in the historicalis	37b		X
	Did the organization file Form 1120-POL for this year?	376		
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	38a		X
	in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes " complete Schedule L. Part II and enter the total amount involved	Jour		
	11 105, complete concedito 2,7 art ii and chesi and countries and concedit and chesi and countries and countries and countries and countries and countries are concedit and countries and countries and countries are concedit and conc			
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  N/A			
	militation roos and capital contributions moladed on the c			
	di ossi receipto, incidada en inte e, foi pasile dece el elas identidos			
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			
121.	3000011111			
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		Х
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	102		
C	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
4	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u	by the organization			
۵	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 NONE			
	The organization's books are in care of ► ALEX BUCK  Telephone no. ► 214-90	8-5	940	
	Located at ▶ PO BOX 274, LEWISVILLE, TX ZIP+4 ▶ 7	505	7	
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		Yes	
	account)?	42b		X
	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 United States?	42c		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		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	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			v
	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	4		X
	of Form 990-EZ	44b	-	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		_
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44.		
	in Schedule O	44d	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		A
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	AEL		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1 00-E7	(2017)
		LOUIL !	39U-EZ	(2017)

ROTARY INTERNATIONAL Page 4 75-6067824 LEWISVILLE ROTARY CLUB Form 990-EZ (2017) Yes No 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 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 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 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a 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? 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." (d) Health benefits (e) Estimated (b) Average hours (a) Name and title of each employee (C) Reportable contributions to mpensation (Forms amount of other per week devoted to employee benefit plans, and deferred W-2/1099-MISC) compensation position N/A compensation Total number of other employees paid over \$100,000 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." (c) Compensation (b) Type of service (a) Name and business address of each independent contractor d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations must attach a completed Schedule A 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. Signature of officer Sign Here ALEX BUCK, TREASURER Type or print name and title Check [ Preparer's signature Date Print/Type preparer's name self- employed Paid 10/30/18 P00118326 MELISSA DEWITT MELISSA DEWITT Preparer Firm's EIN ▶ 81-4277254 Firm's name ► KHA ACCOUNTANTS, PLLC Use Only (972)221-2500 Firm's address ▶ 4880 LONG PRAIRIE ROAD, SUITE 100 FLOWER MOUND, TX 75028

X Yes

Form 990-EZ (2017)

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

#### 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, line 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Go to www.irs.gov/Form990 for the latest instructions
ROTARY INTERNATIONAL

Employer identification number

75-6067824 LEWISVILLE ROTARY CLUB Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants h Internet and email solicitations Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) have custody or control of contributions? (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 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.

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990 EZ) 2017 LEWISVILLE ROTARY CLUB

1 0	rt I	of fundraising event contributions and gr	oss in	come	on Forn		EZ, lines 1 a	nd 6b. Lis		ents with gross receipt			
			1	100	vent #1		(b) Eve			(c) Other events	, ,	al events	
			GOL		N N A T T I N T A		HIGH NO	The state of the s		7		(a) through	
				_	AMEN' nt type)	ī.	SHOOT OUT (event type)			(total number)	col. <b>(c)</b> )		
Pe				(evel	it type)		(event	турсј	+	(total rialisol)			
Revenue	1	Gross receipts		:	28,1	39.	1	5,398	•	27,120.	7	1,657.	
	2	Less: Contributions							4				
	3	Gross income (line 1 minus line 2)			28,1	39.	1	6,398		27,120.	7	1,657.	
	4	Cash prizes											
(0	5	Noncash prizes											
penses	6	Rent/facility costs											
Direct Expenses	7	Food and beverages											
	8	Entertainment			9,1	96	,	4,776		14,216.		28,188.	
	9	Other direct expenses  Direct expense summary. Add lines 4 throug		oolun	THE RESERVE AND PERSONS ASSESSED.	NAME OF TAXABLE PARTY.	A STATE OF THE PARTY OF THE PAR	CONTRACTOR OF THE PARTY OF	Name and Address of the Owner, where the Owner, which the	<u> </u>		28,188.	
	10	Net income summary. Subtract line 10 from										13,469.	
Pa	irt	III Gaming. Complete if the organization	answ	ered '	Yes" or	Forn	n 990, Part IV	, line 19, d	or re	ported more than			
		\$15,000 on Form 990-EZ, line 6a.											
Revenue				(a)	Bingo		(b) Pull ta bingo/progre		0	(c) Other gaming		gaming (add ough col. <b>(c)</b> )	
Re	1	Gross revenue					2/94		_				
ses	2	Cash prizes							1				
Expenses	3	Noncash prizes	_						+				
Direct	4	Rent/facility costs							$\perp$				
	5	Other direct expenses											
	Ŭ			Yes		_ %	Yes_		% [	Yes %			
	6	Volunteer labor		No			No			No			
	7	Direct expense summary. Add lines 2 throug	jh 5 in	colun	nn (d)					<b>&gt;</b>			
	8	Net gaming income summary. Subtract line	7 from	line 1	I, colum	ın (d)							
16		Not garming meeting community, successful	CONTRACTOR OF STREET		or constant and store								
9	En	nter the state(s) in which the organization cond	lucts g	aming	g activiti	ies: _							
á	ls '	the organization licensed to conduct gaming a	activitie	es in e	each of	these	states?				Ye	s No	
ł	lf '	"No," explain:											
									-				
		ere any of the organization's gaming licenses r "Yes," explain:		d, sus	spended	d, or to	erminated du	ring the ta	ax ye	ear?		es No	
				-									
	_	0.40.47								Schedule G (Fo	orm 990 or (	990-EZ) 201	
7320	82 0	9-13-17		1.0						Constant of (i	555 51 (		

## ROTARY INTERNATIONAL

Sch	edule G (Form 990 or 990-EZ) 2017 LEWISVILLE ROTARY CLUB	75-6067824	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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
10	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility		%
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	15.	
	Name		
	Address		
150	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
100	a Does the organization have a contract with a time party men and a significant and		
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount	
k		Zarit	
	of gaming revenue retained by the third party > \$		
(	lf "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Name -		
	Coming manager companation		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	s 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 > \$		
Pa	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.		
	100, 10, and 110, as applicable. The provide any assertion as a second s		
_			
		- O (E	00 EZ\ 0045
7320	083 09-13-17 Schedul	le G (Form 990 or 9	90-EZ) 2017

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information ROTARY INTERNATIONAL

**Employer identification number** 

Name of the organization 75-6067824 LEWISVILLE ROTARY CLUB ITEM K, OTHER FORM OF ORGANIZATION: AFFLIATE OF NATIONAL ORGANIZATION FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: AMOUNT: DESCRIPTION OF PROPERTY: 404. INTEREST INCOME FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: VARIOUS OTHER NONPROFITS GRANTEE ADDRESS: VARIOUS LEWISVILLE, TX 75067 31,000. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: CHARITABLE GRANTEE NAME: PAUL HARRIS FOUNDATION GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201 16,356. AMOUNT GIVEN: 47,356. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 2,901. OFFICE EXPENSE 2,192. CONFERENCES AND MEETINGS 300. CHAMBER DUES 751. WEBSITE SUPPORT Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) Page 2 ROTARY INTERNATIONAL Name of the organization Employer identification number LEWISVILLE ROTARY CLUB 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.) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated per week devoted to compensation (Forms amount of other (a) Name and title W-2/1099-MISC) position compensation (If not paid, enter -0-) ALEX BUCK AT LARGE 0. 0. 1.00 0. DIRK DALKE SERGEANT AT ARMS 1.00 0. 0. 0.