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Department of the Treasury

EXTENDED TO FEBRUARY 15, 2017 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.

▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

Open to Public inspection

Second processing Content of the 2015 cale and year, or taxyear beginning JUI, 1, 2015 Semilography Demonstration Content of the 2015 cale and year, or taxyear beginning Content of the 2015 cale and year, or taxyear beginning Content of the 2015 cale and year o	Intern	Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/rorm990.				inspection			
ROTARY INTERNATIONAL PALESTINE T5 = 6036799							016		
ROTARY CLUB Number and stead (or Pr.O. box, if mail is not delivered to street address) Room/subt E Telephone number (903) 731 – 4288 Room/subt E Telephone number (903) 731 – 4288 Room/subt	B C	heck if	ck if Incable C Name of organization D				D Employer identification number		
Number and streat (or P.0. box, if mail is not delivered to street address) Room/suite Telephone number		7							
P.O. BOX 612 City or town, state or province, country, and ZIP or foreign postal code F. Group exemption Number P.A. ESTTINE, TX 75802 H.Check X. If the organization is not required to attach Schedule 8 Tavexempt status (Check only one) 501(c)(3) X. Solic M. Corus M. Solic		Name			75	5-603	36799		
Province Part Pa				ber and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	Telephone number			
Recording Method: X Cash]Final term:	return/	.O. BOX 612	(9	(903)731-4288			
Number N		Amer	nded return City	or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exemp	tion		
Website:		JAppiic	ation pending P.	ALESTINE, TX 75802	Num	ber 📂			
Newsite:	G A	ccour	nting Method:	X Cash	H Chec	:k ▶ 🖸	If the organization is		
Form of organization:	i V	Vebsit	te: WWW	.PALESTINEROTARY.ORG	not r	equired t	o attach Schedule B		
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-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)	JТ	ax-ex	empt status (c	neck only one) $-$ 501(c)(3) \times 501(c) (4) \triangleleft (insert no.) 4947(a)(1) or 527	(Forr	•			
Part	K F	orm a	of organization:	Corporation Trust Association X Other					
Check if the organization used Schedule 0 to respond to any question in this Part 1 Contributions, grits, grants, and similar amounts received 1 46,876.	L A	dd lin	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	 },				
Check if the organization used Schedule O to respond to any question in this Part !	c	olumr	n (B) below) are	\$500,000 or more, file Form 990 instead of Form 990-EZ			144,840.		
1 Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 97,8744. 4 Investment income SEE SCHEDULE 0 4 90. 90. 5a Gross amount from sale of assets other than inventory 5a 5b 5b 5c 6 Gaming and fundraising events 5b 5c 6 6 6 Gaming and fundraising events 6 6 6 6 6 6 6 6 6	Pε	irt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions f	or Part I)			
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less; cost or other basis and sales expenses 6 Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events 6 Gross income from garning (attach Schedule G if greater than \$15,000) 7 B Gross income from fundraising events (not including \$ of contributions from fundraising events (add lines 6a and 6b and subtract line 6c) 7 B Gross sales of inventory, less returns and allowances 7 C Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 of contributions from sales of inventory (Subtract line 7b from line 7a) 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) 17 SEE SCHEDULE O 18 72 1,173.			Check if the	organization used Schedule O to respond to any question in this Part I			\mathbf{x}		
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		17		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		17	129,600.		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	ş	ł	•	• • •	-	18	15,240.		
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) 19 44,787. 20 0.	SSe	19				.	44 505		
(must agree with end-of-year figure reported on prior year's return)	À		, -		-				
20 Other changes in net assets or fund balances (explain in Schedule O)	ž	1	-	·	<u>-</u> -				
21 Net assets or fund balances at end of year. Combine lines 18 through 20 Eng Paperwork Reduction Act Notice see the senarate instructions Form 990-F7 (2015)						21			

Form **990-EZ** (2015)

orn	m 990-EZ (2015) ROTARY CLUB			<u>75-60367</u>	99 Page:
Pa	art II Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to res	pond to any questio	n in this Part II		X
		(/	A) Beginning of year	(B) E	nd of year
22	Cash, savings, and investments		42,999	. 22	59,216
23	Land and buildings			23	
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		1,788	. 24	810.
25			44,787		60,026.
26			0		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		44,787		60,026.
	art III Statement of Program Service Accomplishmen		ons for Part III)	Ex	penses
	Check if the organization used Schedule O to res	pond to any questio	n in this Part III	(Required	for section
Wha	at is the organization's primary exempt purpose? CIVIC ORGANIZA	TION		1 , , , ,	and 501(c)(4) ons; optional for
	onbe the organization's program service accomplishments for each of its three largest program		s in a clear and concise	others.)	ons, optional to
	ner, describe the services provided, the number of persons benefited, and other relevant inform		5 I/I E 5154		
28	TO PROVIDE THROUGH THE ROTARY CLUB,	A MEANS TO E	NCOURAGE		
		RAINING TO YO		-	
	ASSISTANCE WITH OTHER PROJECTS TO B			-	
	(Grants \$) If this amount includes foreign of			28a	50,436.
29	Talanto \$\frac{1}{2} \tag{1.5}		······		30, 130.
				-	
				-	
	(Grants \$) If this amount includes foreign of	rants check here		29a	
ลก	(draits w	ranto, oricon noro			
50			*********	-	
				-	
	(Grants \$) If this amount includes foreign g	rants check here		30a	
	(Grants \$) If this amount includes foreign of	urante chock hara		31a	
	Total program service expenses (add lines 28a through 31a)	rants, check here		. ▶ 32	50,436.
P	art IV List of Officers, Directors, Trustees, and Key E	mplovees (list each one e	ven if not compensated -		or Part IVA
	Check if the organization used Schedule O to res				X
		 	T		
	(a) Name and title	(b) Average hours	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated
	(a) Name and title	 	(C) Reportable compensation (Forms	(d) Health benefits, contributions to employee benefit plans, and deferred	
CII		(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
	JSAN HARRIS	(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
PR	JSAN HARRIS RESIDENT	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
PR GR	ISAN HARRIS RESIDENT REG LAUDADIO	(b) Average hours per week devoted to position 6 • 0 0	(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
PR GR PR	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT	(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
PR GR PR MA	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS	(b) Average hours per week devoted to position 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0.
PR GR PR MA	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT	(b) Average hours per week devoted to position 6 • 0 0	(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
PR GR PR MA PA CA	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON	(b) Average hours per week devoted to position 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deterred compensation 0.	(e) Estimated amount of other compensation 0.
PR GR PR MA PA CA SE	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY	(b) Average hours per week devoted to position 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0.	(e) Estimated amount of other compensation 0.
PR GR PR MA PA CA SE BR	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY	(b) Average hours per week devoted to position 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
PR GR PR MA PA CA SE BR	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER	(b) Average hours per week devoted to position 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deterred compensation 0.	(e) Estimated amount of other compensation 0.
PR GR PR MA PA CA SE BR TR MI	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PR GR PR MA PA CA SE BR TR MI	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR	(b) Average hours per week devoted to position 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0.
PR GR PR MA PA CA SE BR TR MI FO JO	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
PR GR PR PA CA EBR TR MI JO JO	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PR GR PR MA PA CA SE BR TR MI JO SE SE	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O.
PR GR PR MA PA CA SE BR MI FO JO SE SL PU	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR JOAN SHUFFLER JBLIC RELATIONS DIRECTOR	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
PR GR PR MA PA CA SE BR TR JO SE SL PU GR	JSAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER JBLIC RELATIONS DIRECTOR REG LINDSEY	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O.
PR GR PR MA PA PA SE BR TR JO SE SL PU GR ME	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER IBLIC RELATIONS DIRECTOR REG LINDSEY EMBERSHIP DIRECTOR	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O.
PR GR PR PA PA PA PA PA PA PU GR ME ME	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER IBLIC RELATIONS DIRECTOR REG LINDSEY EMBERSHIP DIRECTOR ICHAEL PAGE	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O.
PR GR PR PA PA PA PA PA PA PU GR ME ME	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER IBLIC RELATIONS DIRECTOR REG LINDSEY EMBERSHIP DIRECTOR	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O.
PR GR PR PA PA CA EBR TR IFO JO GR ME MI YO	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER IBLIC RELATIONS DIRECTOR REG LINDSEY EMBERSHIP DIRECTOR ICHAEL PAGE	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O.
PR GR PR PA PA CA SE BR TR TO JO SE SL PU GR ME MI YO JA	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER CHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER JBLIC RELATIONS DIRECTOR REG LINDSEY EMBERSHIP DIRECTOR CHAEL PAGE DUTH SERVICES DIRECTOR	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O. O
PR GR PR PA PA PA PA PA PA PA PA PA PA PA PA PA	ISAN HARRIS RESIDENT REG LAUDADIO RESIDENT-ELECT ARK DAVIS AST PRESIDENT AROL HERRINGTON ECRETARY RENDA BEAZLEY REASURER ICHAEL DAVIS DUNDATION DIRECTOR DRDAN BYRD ERVICE DIRECTOR LOAN SHUFFLER IBLIC RELATIONS DIRECTOR REG LINDSEY EMBERSHIP DIRECTOR ICHAEL PAGE DUTH SERVICES DIRECTOR AKE MIENK	(b) Average hours per week devoted to position 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O.

ROTARY INTERNATIONAL PALESTINE ROTARY CLUB 75-6036799 Form 990-EZ (2015) Page 3 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 \mathbf{x} Yes No 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 0 33 X 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 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)? <u>35a</u> b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 N/A 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X 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 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0 b Did the organization file Form 1120-POL for this year? 37b 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? 38a X b If "Yes." complete Schedule L, Part II and enter the total amount involved 38b 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 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A ; section 4912 \blacktriangleright _ _ _ N/A ; section 4955 \blacktriangleright b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 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 List the states with which a copy of this return is filed NONE 42a The organization's books are in care of ► CAROL HERRINGTON Telephone no. $\triangleright 903 - 731 - 4288$ Located at ► 400 N, QUEEN ST, SUITE 205, PALESTINE, ZIP+4 ► 75801 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 No account)? 42b 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 of the U.S.? If "Yes," enter the name of the foreign country: 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			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		1	
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	l	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		- 1	
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1 1	- [
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

ROTARY INTERNATIONAL PALESTINE ROTARY CLUB

FUIII	990-62 (2)	ROTARY CLUB					15-6036		Page 4
		•					-	Y	s No
46		janization engage, directly or indirectly, in po	olitical campaign activitie	s on behalf of	or in opposition	on to candidates for p	ublic office?	ł	-
	If Yes, co	mplete Schedule C, Part I						46	<u> </u>
Pa		Section 501(c)(3) organizations							
		All section 501(c)(3) organizations must a				te the tables for line	es 50 and 51.		
		Check if the organization used Schedule	O to respond to any	question in	this Part VI		 	120	<u>L_</u> J
						01/2/ 1			es No
47	•	ganization engage in lobbying activities or ha	• •				e Sch. C, Part II	47	
48		inization a school as described in section 170						48	
		ganization make any transfers to an exempt n					• • • • • •	49a	
		as the related organization a section 527 orga this table for the organization's five highest c				truetage and key or	J L	49b	
50	•	,000 of compensation from the organization.			nocia, un coloi	s, austees and key er	iipioyees/ wiio ea	ICII I ECEIVI	eu more
	than wido	(a) Name and title of each employee			age hours	(C) Reportable	(d) Health benefits	(a) Fs	tımated
		(a) Harmo and this of egon employee			devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	1	t of other
		N/A	A	pos	sition	W-2/1089-MISC)	plans, and deferred compensation		ensation
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						<u> </u>			
	 								
				L		<u> </u>	L		
f		ber of other employees paid over \$100,000			<u> </u>	 .			
51		this table for the organization's five highest c		nt contractors	who each rece	eived more than \$100,	,000 of compensa	ition from	the
		on. If there is none, enter "None." N/2				\ T (
	(a) Na	ame and business address of each independe	ent contractor		<u>(D</u>) Type of service	(c) (Compensa	tion
							}		
							1		
							1		
							Í		
d	Total num	ber of other independent contractors each re	cerving over \$100,000			>			
52		ganization complete Schedule A? Note: All se		ations must at	tach a				
	-	Schedule A						Yes	☐ No
Unde	r penalties	of perjury, I declare that I have examined this	s return, including accor	npanying sche	edules and stat	tements, and to the be	st of my knowled	ge and be	lief, it is
true,	correct, an	d complete, beclaration of prepare tother th	an officer) is based on a	II Information	of which prepa	arer has any knowledg	je.		
							1/2/13/20	717	
Sig		Signature of officer	\mathcal{Y}_{\cdot})			Date /		
Hei	re	CAROUA HERRING	TON, SEC	RETA	ry				
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·		·				
		Print/Type preparer's name	Preparer's signature	\wedge ./	Date	Check] if PTIN		
Pai	d		Tour.	111/	DEC 22	2 2016 self-emplo	yed		
	parer	LARRY J. WEBER	/ lung	yw_	<u></u> Ŀ			58236	
	Only	Firm's name BOLTON, SULL		& WEB	ER, L.		▶ 75-118		
		Firm's address P. O. BOX/8	1			Phone no	<u>. 903-729</u>	9-222	9
		PALESTINE,	TX 75802						
May	the IRS dis	cuss this return with the preparer shown abo	ove? See instructions				_ _	Yes	No
							F	orm 990-l	F 7 (2015)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

ROTARY CLUB

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 Open to Public

<u>75-6036799</u>

Inspection ROTARY INTERNATIONAL PALESTINE Employer identification number

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	ICOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
CITIZENS NATIONAL BANK		33.
PROSPERITY BANK		<u>57.</u>
TOTAL INCLUDED ON FORM 990-EZ, LINE 4		90.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, U		
DESCRIPTION OF EXPENSES:	·	AMOUNT:
DEPRECIATION		978.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
DISTRICT & INTERNATIONAL DUES		9,824.
CONFERENCE AND CONVENTIONS		3,704.
CLUB SUPPLIES		2,048.
CLUB MEAL EXPENSE		49,814.
SOCIAL EVENT EXPENSE	·	4,979.
MEMORIAL EXPENSE		300.
MID YEAR MEETING		210.
PARADE EXPENSE		410.
FUNDRAISER EXPENSE		885.
TOTAL TO FORM 990-EZ, LINE 16		72,174.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15	1,788. Schedule O (Form	810. m 990 or 990-EZ) (2015)

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
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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.

ROTARY INTERNATIONAL PALESTINE

Employer identification number

Open to Public Inspection

ROTARY CLUB 175-6036799
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.
<u> </u>

Name of the organization

Employer identification number

ROTARY CLUB 75-6036799 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 W-2/1099-MISC) amount of other (a) Name and title position compensation (If not paid, enter -0-) STEVE SPENCER SGT. AT ARMS 6.00 0 0 0. MARK HENDERSON 6.00 0 SGT. AT ARMS 0. 0. DAVID HENNESSEE SGT. AT ARMS 6.00 0 0 0. HUGH SUMMERS AT LARGE 6.00 0 0. 0.

ROTARY INTERNATIONAL PALESTINE