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## EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Inspection

Α	For	' the 20	on the calendar year, or tax year beginning and	ending		
В	Che	ck if	C Name of organization		D Employer identifi	ication number
		icable	ROTARY CLUB OF SUFFOLK			
	^^	ddress hange	CHARITABLE FOUNDATION			
		lame hange	Doing business as		31-1	775330
	]!r	nitial eturn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	F	inal eturn/	P.O. BOX 1972		757-	925-3763
	te	ermin- ted	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	43,906.
		mended eturn	SUFFOLK, VA 23439-1972		H(a) Is this a group re	
	1 tı	pplica- on	F Name and address of principal officer.WIN WINSLOW		for subordinates	
	р	ending	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax	-exem	pt status X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)
J			▶ N/A		H(c) Group exemptio	
ĸ	Fori	m of org	ganization: X Corporation Trust Association Other	L Year		M State of legal domicile: VA
	art		ummary			
	T	1 Bri	efly describe the organization's mission or most significant activities: SUPP	ORT OF	LOCAL AND	<del></del>
Governance			NTERNATIONAL CHARITIES			<del> </del>
	·	_	eck this box   if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.
1. 3			mber of voting members of the governing body (Part VI, line 1a)		. 3	10
. 6	<b>š</b> [ ]		mber of independent voting members of the governing body (Part VI, line 1b)		. 4	10
عر بر	וי		tal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
, <u>i</u>			tal number of volunteers (estimate if necessary)		6	98
Activities			tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
. ă	:		t unrelated business taxable income from Form 990-T, line 34		7 <u>b</u>	0.
_		<u> </u>	t uniciated business taxable income nontri orni 555 1, inic 54		Prior Year	Current Year
	١,	<b>8</b> Co	ntributions and grants (Part VIII, line 1h)		36,463.	43,904.
UG 🛠 .	3   3		ogram service revenue (Part VIII, line 2g)	_	0.	43,904.
<u></u>			restment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	2.	2.
	Ϊ.		• • • • • • • • • • • • • • • • • • • •	<u> </u>	0.	0.
٠,	ı		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	36,465.	43,906.
			tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,075.	
	- 1		ants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		42,939.
	Ι.		nefits paid to or for members (Part IX, column (A), line 4)	}_	0.	0.
Expenses	]		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
č	ין ן		ofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
X	<u></u>		tal fundraising expenses (Part IX, column (D), line 25)	0.		
	יי		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	0.	0.
	1	1 <b>8</b> Tot	tal expenses Add lines 13-17 (must equal Part IX-column (A) line-25)	-	33,075.	42,939.
	<u>, 1</u>	19 Re	venue less expenses Subtract line 18 from line 12/5/5/5/5/5/5		3,390.	967.
ts o	2			Be	ginning of Current Year	End of Year
SSG	2   2		tal assets (Part X, line 16)	<b>⊢</b>	20,825.	21,792.
Net Assets or	일 2		tal liabilities (Part X, line 26)	<u> </u>	0.	0.
Z.	2		t assets or fund balances Subtract line 21 from line 20		20,825.	21,792.
_	art		Signature Block		<del></del>	
			s of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
tru	e, cc	orrect, a	nd complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	
			Signature of officer		Data	Γ
Si	gn					2417
He	ere		WIN WINSLOW, PRESIDENTY  Type or print name and title		75/	<u>C41 1</u>
_				_ <del></del>	Date Check C	T DTIAL
			int/Type preparer's name		Date Check C	X PTIN
Pa			HRISTOPHER B. ROBINSON, COMPANY PICTURE		sen-employs	
	epar	-	m's name CHRISTOPHER B. ROBINSON, PLLC		Firm's EIN	54-1926092
Us	е Оп	i <b>ly</b>   Fir	m's address 709 W. WASHINGTON STREET			581005 555
		L_	SUFFOLK, VA 23434-6102		Phone no. ( 7	57)925-3763
Ma	ay th	ne IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
632	2001	11-11-16	LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.	62	<b>4</b> Form <b>990</b> (2016)

# CHARITABLE FOUNDATION 31-1775330 Page 2 Form 990 (2016) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. SUPPORT OF LOCAL AND INTERNATIONAL CHARITIES Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? 3 If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 42,939. including grants of \$\_\_\_\_\_ 42,939.) (Revenue \$ (Code ) (Expenses \$ SUPPORT OF LOCAL AND INTERNATIONAL CHARITIES (Code ) (Expenses \$ including grants of \$ 4d Other program services (Describe in Schedule O) ) (Revenue \$ including grants of \$

42,939.

Form 990 (2016)

ROTARY CLUB OF SUFFOLK

Total program service expenses

Form 990 (2016) CHARITABLE FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ĺ	i	
	public office? If "Yes," complete Schedule C, Part I	3	<b>}</b> -	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	}	}	
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ <u>.</u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	]		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	ļ	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ì	}	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<b> </b>	<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ļ i	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_	ļi	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	١_		17
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	l		
_	as applicable  Did the exceptation report on amount for land, buildings, and equipment in Part V, line 192 // "Yes, " complete Satedyle D.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		X
<b>h</b>	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	טוַ ו		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		i	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		l	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		}	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ł	4.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		}	17
	complete Schedule G, Part III	19_	990 (	<u>X</u>
		LOUIN	JJU ()	∠U I Ɗ)

Form 990 (2016) CHARITABLE FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	'	
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	}		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		ĺ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		]	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 1		
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>_X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 1	)	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	i [		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ļ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	] [		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	99U (	2016)

# 31-1775330 Page **5**

ROTARY CLUB OF SUFFOLK Form 990 (2016) CHARITABLE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (	-		1						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ł						
	(gambling) winnings to prize winners?	1c								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return  2a (	)								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O										
4a	4a 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)?	4a	.	X						
b	If "Yes," enter the name of the foreign country.									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b	,							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ĺ	X						
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1							
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.		ļ							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter	)	1							
а	Initiation fees and capital contributions included on Part VIII, line 12	.								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]	ĺ							
11	Section 501(c)(12) organizations. Enter		į							
	Gross income from members or shareholders 11a		ļ							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	ļ							
	amounts due or received from them )	12a								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?									
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<del>  -  </del>								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans  [additional content of recognized on bond or	} }								
	Enter the amount of reserves on hand  Did the experience reserves any payments for indeer temping convices during the tax year?	44=	+							
	Did the organization receive any payments for indoor tanning services during the tax year?  If "You " hou it filed a Form 720 to report these payments? If "Alo." provide an explanation in Schodule O	14a		X						
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

Form 990 (2016) CHARITABLE FOUNDATION 31-1775330 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	!								
	If there are material differences in voting rights among members of the governing body, or if the governing	1		1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ľ						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			l						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł						
	officer, director, trustee, or key employee?	2		_X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	х							
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	$\neg \neg$							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
Ū	in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	}	1							
а	The organization's CEO, Executive Director, or top management official	15a	- {	X						
	Other officers or key employees of the organization	15b	$\neg \uparrow$	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ı	ļ							
104	taxable entity during the year?	16a	İ	X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.02								
•	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		- 1							
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е							
	for public inspection. Indicate how you made these available. Check all that apply.		-							
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ual							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.									
	CHRISTOPHER B. ROBINSON, CPA - 757-925-3763									
	709 W. WASHINGTON STREET, SUFFOLK, VA 23434-6102									
	<u></u>									

CHARITABLE FOUNDATION Form 990 (2016)

31-1775330

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

X Check this box if neither the organization r	or any related	orga	anıza	ation	cor	npe	nsat	ed any current officer, o	director, or trustee	
(A) Name and Title	(B) Average hours per	(do	not c	Pos heck	c) ition more rson	) than	one h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer		Highest compensated Landra complexed complexed complexed complexed compensated complexed complex		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WIN WINSLOW	5.00					ļ		•		
PRESIDENT	5.00	-		-		-	_	0.	0.	0.
(2) SUSAN BLAIR VICE-PRESIDENT	3.00				Ì	Ì		0.	0.	0.
(3) HUGH RITCHIE CROSS SECRETARY	5.00							0.	0.	0.
(4) STEVE JACKSON TREASURER	5.00			-				0.	0.	0.
(5) BETSY TOTTEN DIRECTOR	5.00							0.	0.	0.
(6) ELIZABETH TARASKI DIRECTOR	5.00				_			0.	0.	0.
(7) REGINA BRAYBOY DIRECTOR	5.00							0.	0.	0.
(8) HOWARD HELENBROOK DIRECTOR	5.00							0.	0.	0.
(9) SCOTT NASH DIRECTOR	5.00							0.	0.	0.
(10) SARA JOHNSTON DIRECTOR	5.00		 			_		0.	0.	0.
						_				
		<u> </u>		L		<u></u>				

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	<u>d Hi</u>	<u>ighe</u>	st C	compensated Employe	es (continued)			
	(A) Name and title	(B) Average	(C) Position (do not check more than one						( <b>D</b> ) Reportable	<b>(E)</b> Reportable		(F) Estima	
	Name and the	hours per week (list any hours for related organizations below line)	tee or director og	i, unle	ss pe	erson i directo	is bo	th an istee)	1 ' .	compensation from related organizations (W-2/1099-MISO	(C)	amoun othe compens from t organiza and rela organiza	t of er sation he ation ated
			<u>-</u> =	5	-	2	= 55	3			-		
			_	-	-	-	$\vdash$	-	-				
			-	_	-	-	├-	-					
				<u> </u>		-	$\vdash$	-		<u></u>			
			_	<del> </del>	_	<u> </u>	╀	-					
			<u></u>										
			-			]							
	· · · · · · · · · · · · · · · · · · ·		1	-		-		$\vdash$			_	<del></del>	
		<del> </del> -		-	-	-	-	├	<u> </u>				
							<u> </u>				$\perp$		
	Sub-total  Total from continuation sheets to Part V	II Coation A							0.		0.		0.
	Total (add lines 1b and 1c)	n, Section A							0.		0.		0.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bove	e) wl	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization			_								Yes	( No
3	Did the organization list any former officer			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omp	ensa	atıor	n and	d otl	her compensation from	the organization	- <del> </del>	3	X
_	and related organizations greater than \$15										-	4	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		relat	ed organization or indivi	dual for services	,	5	x
	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization Report compensation for	•									ensatio	on from	
	(A) Name and business								(B) Description of s		Corr	(C)	20
	Name and business		N	INC	<u> </u>				Description of s	ervices		perisatio	
								4					
		<del></del>								<del></del>			
					_			$\dashv$					
2	Total number of independent contractors (	=	ot li	mite	d to		_	sted	above) who received m	ore than			
	\$100,000 of compensation from the organ	ization –					0					QQO	(2016)

Form **990** (2016)

ROTARY CLUB OF SUFFOLK Form 990 (2016) CHARITABLE FOUNDATION

Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
		Check ii deneddio o cam	au response	or note to any mi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts ts	1 a	Federated campaigns	1a					
rar	ь		1b					
ğ,	С	F d	1c					
ar /	d	Dal tall is a train	1d					1
S, G	e	0	<del> </del>					
Sign	f	All other contributions, gifts, gran	· -			I		
her	•	similar amounts not included abo	1 1	43,904.				
ਰੂ <u>ਵ</u>								
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1f	s la- ii \$		43,904.			]
				Business Code	23,3020			<del>                                     </del>
စ္က	2 a				i	,		į
اء ػ	b				<del></del>			
Se	c							
am	d	,						
Program Service Revenue	e							f
ڄ	f	All other program service reve	enue		<del></del>			
	q			<b></b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	2.	2.		
	4	Income from investment of ta	x-exempt bond r	oroceeds ►		-		
	5	Royalties	, , , , , , , , , , , , , , , , , , , ,	<b>•</b>				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	c	<b>D</b>						
İ	ď			<b>•</b>		ĺ		
- 1	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
1	• -	assets other than inventory	W ======		Ì			
- 1	b	Less: cost or other basis						
	_	and sales expenses			ĺ			
- {	С	0						
	d	, , , , , , , , , , , , , , , , , , ,		<b>•</b>				
	8 a		a events (not					
Jue		including \$	of	[				
Other Reven		contributions reported on line		)		1		
Œ		Part IV, line 18	а					
事	b	Less direct expenses	b					
0		Net income or (loss) from fund						
		Gross income from gaming ad	=					
- {		Part IV, line 19	а	ļ	ļ			,
	b	Less direct expenses	b					
- 1		Net income or (loss) from gam		<b>•</b>				
		Gross sales of inventory, less						
1		and allowances	а	1				
	b	Less cost of goods sold	b					
1		Net income or (loss) from sale	s of inventory	<b></b>				
		Miscellaneous Revenu		Business Code				
Ì	11 a				1			
	b							
	Ç							_
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b></b>				
	12	Total revenue. See instructions.	·	<b>▶</b> [	43,906.	2.	0.	0.

Form 990 (2016) CHARITABLE FOUNDATION
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	38,439.	38,439.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				···-
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,500.	4,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<del></del>		·····
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				<del></del>
12	Advertising and promotion				<del></del> ·
13	Office expenses				
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings			V	
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a					
b	-				
c d					<del></del>
_	All other expenses				
	Total functional expenses Add lines 1 through 24e	42,939.	42,939.	0.	0.
25 26	Joint costs Complete this line only if the organization	44,333.	44,333.	<u> </u>	U.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here  following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X | Balance Sheet CHARITABLE FOUNDATION

Ра	τX	Balance Sneet	<del></del>		<del></del>
		Check if Schedule O contains a response or note to any line in this Part		· · ·	<u></u>
			(A) Beginning of year		(B) End of year
		Cook non-interest hearing		-	
	1	Cash - non-interest-bearing Savings and temporary cash investments	20,825.	2	21,792.
	2		20,025.	3	21,192.
	3	Pledges and grants receivable, net Accounts receivable, net	<del></del>	4	
	4	Loans and other receivables from current and former officers, directors,		-	
	5	trustees, key employees, and highest compensated employees Complet			
		Part II of Schedule L		5	
		Loans and other receivables from other disqualified persons (as defined	under	-	
	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri			
Assets		employers and sponsoring organizations of section 501(c)(9) voluntary	isating	•	
		employees' beneficiary organizations (see instr) Complete Part II of Sch	1	6	
	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	<del></del>
	10a			9_	
	loa	basis. Complete Part VI of Schedule D			
	ь			10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,825.	16	21,792.
	17	Accounts payable and accrued expenses	20,023	17	<u> </u>
	18	Grants payable		18	<del>-</del>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, truste	ees,		
Liabilities		key employees, highest compensated employees, and disqualified perso			
abil		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶	and		
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	
Sala	28	Temporarily restricted net assets		28	·
Fund Balances	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here	·X		
6		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	20,825.		21,792.
Z	33	Total net assets or fund balances	20,825.		21,792.
	34	Total liabilities and net assets/fund balances	20,825.	34	21,792. Form <b>990</b> (2016)

Form	990 (2016) CHARITABLE FOUNDATION	31-17	75330	Pa	ge <b>12</b>			
Pa	rt XI Reconciliation of Net Assets	_						
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4		39.			
3	Revenue less expenses Subtract line 2 from line 1	3			67. 25.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	_5						
6	Donated services and use of facilities	6						
7	Investment expenses	7	_					
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				$\perp \perp$			
				Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	] ]		1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2016)

# SCHEDÜLE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

ROTARY CLUB OF SUFFOLK

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Employer identification number

CHARITABLE FOUNDATION 31-1775330 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

31-1775330 Page 2

P	Support Schedule for	_					• • •
	(Complete only if you checke fails to qualify under the tests			_	n failed to quality (	under Part III, If	the organization
Se	ction A. Public Support	<del></del>	<del></del>	·			
$\overline{}$	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and			(0)		(0)	(1) 10
·	membership fees received. (Do not						
	include any "unusual grants.")	55,473.	38,429.	47,096.	36,465.	43,906	<u>5. 221,369.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	55,473.	38,429.	47,096.	36,465.	43,906	221,369.
5	The portion of total contributions						-
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					!	
	amount shown on line 11,						1
	column (f)						
	Public support. Subtract line 5 from line 4	<u> </u>				<u> </u>	221,369.
<u>Se</u>	ction B. Total Support	r <del></del>		<del></del>	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	55,473.	38,429.	47,096.	36,465.	43,906	<u>. 221,369.</u>
8	· · · · · · · · · · · · · · · · · · ·	1					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	<u> </u>					<del></del>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<del>                                     </del>	<del></del>		<del></del> ,		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )	<del></del>				<del></del>	201 260
	Total support. Add lines 7 through 10						221,369.
	Gross receipts from related activities,			formal and the to		12	<del></del>
13	First five years. If the Form 990 is for		tirst, second, third	, τουπη, or τιπη τα	x year as a section	n 501(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publ		centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	100.00 %
15	Public support percentage from 2015	Schedule A, Part I	II, line 14			15	100.00 %
16	33 1/3% support test - 2016. If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this	box and
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright \mathbf{X}$
ŀ	33 1/3% support test - 2015. If the o	organization did not	t check a box on lir	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check	this box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17	a 10% -facts-and-circumstances tes	<b>t - 2016.</b> If the orga	anızatıon dıd not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10	% or more,
	and if the organization meets the "fac	ts-and-circumstant	ces" test, check thi	s box and stop h	ere. Explaın ın Paı	rt VI how the org	janization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	ublicly supported	organization		▶∟
ŀ	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the	ne "facts.and.circi ir	nstances" test, chi	eck this hox and s	ston here. Evoluin	in Part VI how	tho

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CHARITABLE FOUNDATION

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						1
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			· · · · · · · · · · · · · · · · · · ·			
7 a	Amounts included on lines 1, 2, and						-
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	•					
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					,,,,,	
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (In	ne 8, column (f) d	livided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	15 is more than	<del></del>	
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2015. If the cline 18 is not more than 33 1/3%, check	organization did r	not check a box on	line 14 or line 19a	i, and line 16 is m	ore than 33 1/3%, a	and
20	Private foundation. If the organization					=	
		110. 011001 0	,,,,,,,,,	م, ت ، ت ت ب ب ب الت ب الت ب الت		011 U0110113	

### Schedule A (Form 990 or 990 EZ) 2016 CHARITABLE FOUNDATION

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
	_ 3b	_	
	3c		
	_4a		
	4b		
	4c_		
	5a		
		_	
	5b 5c		
	6		
	ľ		
	7		
	8	-	
	9a		
	9b		
	9c		
	_10a		
	10b		
n 9	90 or 99	0-F71	2016

Schedule A (Form 990 or 990-EZ) 2016 CHARITABLE FOUNDATION

Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions). The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) Activities Test Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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Sche	edule A (Form 990 or 990-EZ) 2016 CHARITABLE FOUNDATION		:	31-1775330 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
•	other Type III non-functionally integrated supporting organizations must co	_		,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	_ 6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
<u>_b</u>	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
<u>3</u> _	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	,		
	see instructions)	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
<u> </u>	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2	·- · · · · · · · · · · · · · · · · · ·	
<u>_3</u> _	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Schedule A (Form 990 or 990 EZ) 2016 CHARITABLE FOUNDATION 31-1775330 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 1 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016. b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3) and 4c 8 Breakdown of line 7. b Excess from 2013 c Excess from 2014

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d Excess from 2015
e Excess from 2016

	Form 990 or 990-E2) 2016 CHARTTABLE FOUNDATION 31-1775330 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section B, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
<del></del>	

Schedule I (Form 990) (2016) % X Employer identification number 31-1775330 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 38,439, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ROTARY CLUB OF SUFFOLK Enter total number of other organizations listed in the line 1 table CHARITABLE FOUNDATION Part I General Information on Grants and Assistance (b) EiN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II

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CHARITABLE FOUNDATION Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 632102 11-01-16

## SCHEDULE O

(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.

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY CLUB OF SUFFOLK CHARITABLE FOUNDATION

**Employer identification number** 31-1775330

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PRESENTED TO THE OFFICERS AND BOARD OF DIRECTORS AT THEIR
MONTHLY MEETING AND REVIEWED BEFORE ITS FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST AT THE
OFFICES OF THE ORGANIZATION'S BOOKKEEPER.