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Short Form

Return of Organization Exempt From Income Tax

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2016 calendar year, or tax year beginning**

July 1 , 2016, and ending

June 30 , 2017

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**Rotary Club of Bailey's Crossroads**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

P. O. Box 1510

City or town, state or province, country, and ZIP or foreign postal code

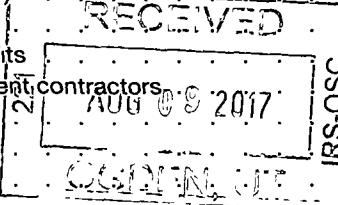
Falls Church, VA 22041**54-1184665****703 970-3867****F Group Exemption
Number ► 0573****G Accounting Method** Cash Accrual Other (specify) ►**I Website:** ► bxrrotary.org**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K Form of organization** Corporation Trust Association Other **Charitable giving****L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **154,656****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue Jul 1 2017	1 Contributions, gifts, grants, and similar amounts received	1 29
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 20,894
	4 Investment income	4 114
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 133,548
Expenses Jul 1 2017	c Less: direct expenses from gaming and fundraising events	6c 54,929
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 78,719
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 99,727
	10 Grants and similar amounts paid (list in Schedule O)	10 85,677
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 0
Net Assets Jul 1 2017	13 Professional fees and other payments to independent contractors	13 0
	14 Occupancy, rent, utilities, and maintenance	14 0
	15 Printing, publications, postage, and shipping	15 0
	16 Other expenses (describe in Schedule O)	16 18,161
	17 Total expenses. Add lines 10 through 16 ►	17 103,838
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -4,111
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 113,909
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 109,798

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2016)



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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	113,909	22 109,798
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	113,909	27 109,798

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Charitable Service

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	<u>JEB Stuart High School Pyramid Program - This program is a resource fair to assist students in starting the school year.</u>		
	(Grants \$ 14,500) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29	<u>JEB Stuart High School Scholarships Program - This program provides scholarships for students.</u>		
	(Grants \$ 9,600) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	<u>The Michelo Project - Our Club and the McLean Club provide financial support for the education needs of underserved children in Swaziland.</u>		
	(Grants \$ 6,000) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	<u>Other program services (describe in Schedule O)</u>		
	(Grants \$ 55,577) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32 85,677

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Officers				
<u>Steven E. Wasko-President</u>	10	0	0	0
<u>William Strictland-President elect</u>	10	0	0	0
<u>Curtis M. Anderson-Vice President</u>	10	0	0	0
<u>Sarah M. Flores-Shannon-Secretary</u>	10	0	0	0
<u>Yonas Atoma-Treasurer</u>	10	0	0	0
<u>M. David Feld-Past President</u>	10	0	0	0
		0	0	0
Directors				
<u>Amy Suzanne O'Malley-Club Service</u>	10	0	0	0
<u>Katherine T. Walker-Community Service</u>	10	0	0	0
<u>Ava B. Nguyen-International Service</u>	10	0	0	0
<u>Carl E. Newberg-Vocational Service</u>	10	0	0	0
<u>Carol L. Kelley-Youth Service</u>	10	0	0	0

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
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)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	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	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
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 ►	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	40e	✓
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Yonas Atoma - Treasurer Located at ► 825 S.Walter Reed Drive, Arlington, VA	Telephone no. ► 703 536-4487 ZIP + 4 ► 22204	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	 Date 
	Steven E. Wasko Club President	
	Type or print name and title	

7. Print or type firm name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no. ►			

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

Form 990-EZ (2016)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Employer identification number

Rotaract Club of Bailey's Crossroads

54-1184655

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Mustang Raffle (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	133,648			133,648
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	133,648			133,648
Direct Expenses	4 Cash prizes	1,000			1,000
	5 Noncash prizes	28,500			28,500
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,429			25,429
	10 Direct expense summary. Add lines 4 through 9 in column (d)				54,929
	11 Net income summary. Subtract line 10 from line 3, column (d)				78,719

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Yonas Atoma

Address ► 825 South Walter Reed Drive, Arlington, VA 22204

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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.

OMB No 1545-0047

2016Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► 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.

Name of the organization

Rotary Club of Bailey's Crossroads

Employer identification number

54-1184555**Page 1, Part 1, Line 10, Grants and similar amounts paid****SERVICE COMMUNITY****SERVICE INTERNATIONAL**

ACCA (Annandale Christian Comm)	500.00	Polio Plus Program	3,000.00
Backpacks for schools	1,200.00	Safe Blood	2,000.00
Bailey's Crossroads Fire Department	2,000.00	Disaster Relief - Peru	1,008.00
Bailey's Crossroads School Lice Project	350.00	District 7610 Pease Initiative	500.00
Celebrate Great Falls Foundation	1,000.00	Sister Club Sea Point South Africa	500.00
lifton Lions Club	250.00	Stop Hunger Now - Annandale	250.00
Culmore Cleanup	500.00	Stop Hunger Now - McLean	300.00
airfax County Park Foundation	500.00	Tungfangwittya School, Thailand	1,000.00
Fairfax County Animal Shelter	500.00	International Human Trafficking	1,000.00
Gifts for Seniors	500.00	Kabultec, Inc.	1,800.00
Go Baby Go	2,500.00	Michelo Project	6,000.00
Helpingg Hands	200.00	Montego High School Inter.	250.00
Homestretch	500.00	Post BA and BS Scholarships At.	500.00
JEB High School Pyramid	14,500.00	Walk On Water	950.00
Langley Residential Support Services	150.00	TOTAL \$19,058.00	
Law Enforcement Explorer Post 1742	1,000.00	SERVICE COMMUNITY (continued)	
Mason District Citizen Advisory Co.	500.00	Thanksgiving Gift Cards	990.00
Mason District Officer of the Year	105.96	Thanksgiving Meals	2,942.61
Mason District Special OLympics Be.	500.00	Toys for Kids	1,500.90
Northern Virginia Literacy Council	1,000.00	USA France Community Comm.	100.00
Outreach (Hunger Free Fairfax)	3,000.00	Wounded Warrior Project	5,000.00
PRE, Inc. - Crisis	500.00	TOTAL \$46,789.47	
Spinal Cord Rehab. at GMU	1,500.00		

Continued next page

Name of the organization

Rotary Club of Bailey's Crossroads

Employer identification number

54-1184555**Page 1, Part 1, Line 10, Grants and similar amounts paid - Continued****SERVICE VOCATIONAL**AVID **\$750.00**Glasgow MS Career Day and Com. **750.00**Glasgow Teacher Awards **300.00**Happy Schools **1,000.00**JEB Stuart Pyramid Teacher Awards **1,225.42**Key Center Teacher Awards **500.00**Skills USA **1,945.00**Staff Appreciation **521.17****SERVICE YOUTH**Dictionary Project **1,140.00**Essay Contest **125.00**Interact Club **253.04**JEB Stuart HS Scholarships **9,600.00**Poe MS Build Your Own Computer **500.00**Poe MS Dictionary Project **375.00**Rotary UN Day **395.00**Speech Contest **450.00****TOTAL \$6,991.59****TOTAL \$12,838.04****SUM TOTAL \$85,677.10****Page 1, Part 1, Line 16 Other expenses - and Page 2, Part 3, Program Services****OTHER EXPENSES**Advertisements **25.00**Bank Charges **205.96**Supplies **887.50**Insurance total **129.00**Post Office Box **200.00**Warbler Weekly News **1,215.39**Credit Card Charges **989.88****PROGRAM SERVICES**Rotary District Dues **3,413.75**Rotary International Dues **3,934.50**District Governor Meeting **1,197.00****TOTAL \$8,545.25****TOTAL \$3,652.73****SUM TOTAL \$18,161**