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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. ✓ 1

Open to Public

Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 C Name of organization D Employer identification number Check if applicable ROTARY CLUB OF LANCASTER-WEST Address change LANCASTER, CALIFORNIA Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 44288 LOWTREE AVENUE 661-722-0716 termin-ated 190,905. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LANCASTER, CA 93534 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer DEAN FOURR for subordinates? ition pending C/O J. FOURR 44288 LOWTREE AVENUE, LANCASTER H(b) Are all subordinates included? 301(c)(3) **X** 501(c)(4) (insert no.) 301(c)(1) or 301(c)(3)Tax exempt status If "No," attach a list (see instructions) J Website: ► NONE H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Year of formation: 1966 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities ORGANIZED TO PROVIDE FUNDS TO Activities & Governance VARIOUS CHARITIES. YOUTH ORGANIZATIONS AND SCHOOLS Check this box I if the organization discontinued its operations or dis than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1 4 0 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 33. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7**a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** 94,081 40,408. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0 0. 33. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 78,645 109,939. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 800, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal part VIII Columnia) 172,726 150,380. 88,327 Grants and similar amounts paid (Part IX, column (A) lines 1:3) 107,813. 0. Benefits paid to or for members (Part IX, column (A), lime A) 0. 15 Salaries, other compensation, employee benefits (Part IX, committé). 0. 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 54.800. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 67.149. 143,127. 174,962. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 29,599. -24,582. 50 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 183,001 158,419. Total liabilities (Part X, line 26) 0 0. 183,001. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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. gnature of officer Sign DEAN FOURR TREASURER Here Type or print name and title Print/Type preparer's name Paid JENNIFER ALDEN, CPA P00505689 self-employed Firm's name FOURR ALDEN & ASSO Preparer Firm's EIN 46-5495538 Firm's address 44288 LOWTREE AVENUE Use Only LANCASTER, CA 93534 Phone no. 661 - 945 - 8602

May the IRS discuss this return with the preparer shown above? (see instructions)

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

X Yes No

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

Total program service expenses > 174,962.

) (Revenue \$

Form 990 (2016) LANCASTER, CALIFORNIA
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_1_		X
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			
	public office? If "Yes," complete Schedule C, Part I	3		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		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			**
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			v
_		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
А	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	11c	<u> </u>	X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	<u> </u>	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ X_
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2016)

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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		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	İ		
	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			l
	Part IX, column (A), line 27 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	1	ļ	
	Schedule J	_23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	l	į
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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			
	Schedule L, Part I	25b	Ì	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	1	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		1	
	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)			
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	<u></u>	X
С	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> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	!		
	contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ĺ	
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u></u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	į	į .
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	1	İ
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
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		<u> </u>
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		l	[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
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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 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1	,	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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			}
	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	3b		
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)			ļ
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		
6a	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		LX_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		l
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u>L</u> .
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u></u>
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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	<u> </u>	L
10	Section 501(c)(7) organizations. Enter	ļ	ļ	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	ļ	ļ	1
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1	Į	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	[[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
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]]	
c	Enter the amount of reserves on hand	<u> </u>		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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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			\mathbf{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							
	If there are material differences in voting rights among members of the governing body, or if the governing) ì						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ì						
	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?	3_		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X				
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:							
а	The governing body?	8a	X					
b	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			1				
	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				
b	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		L				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u>	<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b		12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın 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?			l				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	}		:				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			i				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
_	exempt status with respect to such arrangements?	16b	L	<u> </u>				
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►CA							
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)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X 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	d finan	cial					
	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							
	JAMES O. FOURR, CPA - 661-945-8602		_					
	44288 LOWTREE AVENUE, LANCASTER, CA 93534							

632006 11-11-16

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 (Ď), (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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GJIOVANNI SIMI	2.00	x						0.	0.	0
SECRETARY	2.00	^					-	<u>U.</u>	<u>U.</u>	
(2) HOWARD HARRIS	4.00	X						0.	o.	(
VICE PRESIDENT	2.00	<u>^</u>	 	-	\vdash				0.	
(3) DEAN FOURR TREASURER	2.00	X						0.	0.	
(4) BRIAN MARQUEZ	2.00			 		\vdash	ļ			<u></u>
PRESIDENT	2.00	\mathbf{x}			ŀ		;	_ 0.	0.	
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LANCASTER,	CALIFORNIA
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Part VII Section A. Officers, Directors, Trus		ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)						
(A)	(B)			(C	>)			(D)	(E)			(F)			
Name and title	Average	_ l (do		Position (do not check more than one					one	Reportable	Reportable		Estimate		
	hours per	box	, unle:	ss pe	rson	ıs bot	h an	compensation	compensation	ו	am	ount c	of		
	week L			d a d	recto	ritrus	iee)	from	from related			ther			
	(list any hours for	52						the	organizations	- 1		ensat			
	related	0	, as			sated		organization	(W-2/1099-MIS	⁽⁾		m the			
	organizations	Eğ.	Itrus		왕	nedu		(W-2/1099-MISC)		i	_	ınızatı relate			
	below	를	tiona		oldr	15 g	<u></u>			i		nızatıc			
	line)	Individual trustee or director	institutional trustee	Officer	ey en	Highest compensated employee) E				0.94				
			_	<u> </u>	_ <u>×</u>										
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							ì								
1b Sub-total							•	0.		0.			0.		
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.		
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.		
2 Total number of individuals (including but r compensation from the organization	iot limited to tr	nose	IIST	ed a	DOV	e) w	no r	eceived more than \$100	0,000 of reportable	е			0		
Compensation from the organization									· · · · · · · · · · · · · · · · · · ·			Yes	No		
3 Did the organization list any former officer,	director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on						
line 1a? If "Yes," complete Schedule J for s	auch individual	1									_3		X		
4 For any individual listed on line 1a, is the st									the organization						
and related organizations greater than \$15										l	4		<u>X</u>		
5 Did any person listed on line 1a receive or a					-		relat	ed organization or indiv	idual for services		_		v		
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J 1	01.5	<u>ucri</u>	pers	SOII					5	!	<u> </u>		
Complete this table for your five highest co										pens	ation fr	om			
the organization Report compensation for	the calendar y	<u>ear</u>	end	ing v	vith	or w	/ithir I		year.						
(A) Name and business	address	N	ON	E				(B) Description of s	services	С	Omper		n		
							_								
						_									
					4-							_			
2 Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to		se li O	stec	above) who received n	nore than						
						<u> </u>					Form 9	390 m	2016		

ROTARY CLUB OF LANCASTER-WEST LANCASTER. CALIFORNIA 95-9141139 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1<u>a</u> 37,520. **b** Membership dues 1b 10 c Fundraising events d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) f All other contributions, gifts, grants, and 2,888 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 40,408 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 33. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 a 150,464 b Less. direct expenses 109,939 109,939. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19

11 a

150,380

Business Code

Total revenue. See instructions.

d All other revenue e Total. Add lines 11a-11d

b Less: direct expenses

and allowances b Less. cost of goods sold

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns

> Net income or (loss) from sales of inventory Miscellaneous Revenue

Form 990 (2016) LANCASTER, CA
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon		this Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	107,813.	<u> </u>		
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	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)		l	İ	
а	Management				
b	Legal				
С	Accounting			 .	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	375.	375.		
13	Office expenses	3/3.	3/5.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel Payments of travel or entertainment expenses				<u> </u>
18					
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
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 O.) MEETING EXPENSE	26,550.	26,550.		
a	SUPPLIES	21,797.	20,330.		
b	DUES	9,197.	9,197.	<u> </u>	
C	CLUB SERVICE	5,898.	5,197.		
d	All other expenses	3,332.	3,332.		
25 25	Total functional expenses. Add lines 1 through 24e	174,962.	174,962.	0.	0.
<u>25</u>	Joint costs. Complete this line only if the organization		1/2/2040		0.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

LANCASTER, CALIFORNIA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 158,419. 183,001. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 158,419. 183,001 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 183,001. 158,419. 32 Retained earnings, endowment, accumulated income, or other funds 32 183,001. Total net assets or fund balances 33 **158,419.** 183,001. 34 158,419. Total liabilities and net assets/fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

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Act and OMB Circular A-133?

1 Does the organization maintain reco Name of the organization ROTARY LANCAST Part I General Information on Gra Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

SCHEDULEI	Grants and Other Assistance to Organizations,	OMB No 1545-0047
(Form 990)	Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2016
Department of the Treasury	► Attach to Form 990.	Open to Public
Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organizat	Name of the organization ROTARY CLUB OF LANCASTER-WEST	Employer identification number
•	LANCASTER, CALIFORNIA	95-9141139
Part I General li	Part I General Information on Grants and Assistance	
1 Does the organia	1 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	
criteria used to	criteria used to award the grants or assistance?	X Yes No
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	,
Part II Grants an	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	/, line 21, for any
recipient t	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	
	to bodtoM (i)	

	of grant ance					
	(h) Purpose of grant or assistance					A A
	(g) Description of noncash assistance					
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	(f) Method of valuation (book, FMV, appraisal, other)					
	(e) Amount of non-cash assistance	,				
	(d) Amount of cash grant					e line 1 table
	(c) IRC section (if applicable)					ganizations listed in the Ltable
	(b) EIN					id government org
recipient that received more than \$	1 (a) Name and address of organization or government					2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table
					AS AN	

932101 11-01-18

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 95-9141139 (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. 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 (d) Amount of non-cash assistance (c) Amount of cash grant 15 (b) Number of recipients LANCASTER, CALIFORNIA FORMAL FORMS ON FILE FOR FUNDS DISBURSED (a) Type of grant or assistance Schedule | (Form 990) (2016) PART I, LINE 2: 632102 11-01-16 Part III

ROTARY CLUB OF LANCASTER-WEST

SCHEDULE 0

Department of the Treasury

(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

Internal Revenue Service Name of the organization

ROTARY CLUB OF LANCASTER-WEST LANCASTER, CALIFORNIA

Employer identification number 95-9141139

FORM 990, PART VI, SECTION B, LINE 11B:	
YEAR END FINANCIALS ARE REVIEWED ALONG WITH THE FORM 990 I	PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL INFORMATION IS AVAILABLE ON GUIDESTAR AND AVAILABLE U	PON REQUEST.
	111.11