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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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 Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. ¹ For the 2016 calendar year, or tax year beginning , 2016, and ending 20 17 Inly 1 June 30 Check if applicable C Name of organization Rappahannock - Fredericksburg Rotary D Employer identification number Address change Doing business as 54-1394372 Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 540-604-7462 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Fredericksburg VA 22404-8492 G Gross receipts \$ 234394.97 Application pending F Name and address of principal officer Michael King, Treasurer H(a) Is this a group return for subordinates? Yes Vo 5713 W Kesslers Crossing, Fredericksburg, VA 22407 H(b) Are all subordinates included? Yes No √ 501(c) (4)
√ (insert no)
√ 4947(a)(1) or If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status Website: ▶ http://www.rapprotary.org H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► L Year of formation 1985 M State of legal domicite VΔ Part I 1 Briefly describe the organization's mission or most significant activities: Rotary service organization providing charitable Governance contributions to international and local community concerns. Also contributes to the Rotary Foundation. 2 Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h). 124246.80 130549.22 9 Program service revenue (Part VIII, line 2g) 80538.90 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 110.14 139.84 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 45296.60 65455 44 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 250192.44 196144.50 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 73244.84 94658.70 Benefits paid to or for members (Part IX, column (A), line 4) 14 96423.80 81278.02 Salaries, other compensation, employee benefits (Pate 18 column A), Image 15 n 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), lipe:25) 2018 b Other expenses (Part IX, column (A), lines 1 a 11d, 11f-24e) 17 436.50 Total expenses. Add lines 13-17 (must equal Part IX, column (A) Line 25 18 249713 54 176373.22 19 Revenue less expenses. Subtract line 18 from line 478.90 19771.28 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 115835.56 126287.24 21 Total liabilities (Part X, line 26) . 16157.17 6837.57 22 Net assets or fund balances. Subtract line 21 from line 20 99678.39 119449.67 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 Sign Feb 14, 2018 Here Asst. Treasurer HARLES LYNN Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check I if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

☐ Yes ☐ No Form 990 (2016)

Part	
	`Check if Schedule O contains a response or note to any line in this Part III
1.	Briefly describe the organization's mission:
	The Object of Rotary is to encourage & foster the ideal of service as a basis of worthy enterprise and to encourage and foster
	the development of acquaintance as an opportunity for service; High ethical standards in business and professions; the recognition of the worthiness of all useful occupations; and the dignifying of each Rotarian's occupation as an opportunity to serve society;
	The advancement of international understanding, goodwill, & peace through a world fellowship of business persons thru service.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$ 36844.00 including grants of \$) (Revenue \$ 35702.00)
	Contributions to the Rotary Foundation. The Rotary Foundation is organized as a public charity operated exclusively for charitable
	purposes and governed by a Board of Trustees. The operations of Rotary International, a member organization, are overseen by its
	Board of Directors.
	Our club received donations of \$35,702.00 for Rotary Foundation and the club donated \$36,844 00 to the Rotary Foundation.
	We received a Rotary District grant for \$2,500.00 which was donated to the Rappahannock Rotary Education Foundation.
	We received contributions from other local Rotary clubs for \$1,800.00 to support a housing project in Honduras.
4b	(Code:) (Expenses \$ 30057.26 including grants of \$) (Revenue \$)
	Community Service Committee. Spent \$4,680 for Dictionaries for 3rd garders in Spotsylvania County, VA to promote literacy; \$4,500
	to the Salvation Army shoe fund for shoes for children; \$3,775 for maintenance of gardens at National Park Service's Chatham Manor in Fredericksburg, VA; \$2,000 for Rebuilding Together repairing elderly people's homes; \$3,000 for community Bluemont Concert
	series; \$1,000 to Big Brothers/Big Sisters; \$3,000 to Olde Forge Junction program for at-risk children; \$1,000 to Boys & Girls Club;
	\$498.62 for community dinners primarily benefiting citizens without a home; \$500 for scholarships for Rivererside Theatre groups;
	\$1,000 for aids testing at the local Fredericksburg Area HIV Clinic; \$2,072 for computers for Friends of the Rappahannock (River);
	\$1,031.64 for a donated handicap access ramp; and \$1,000 for the Moss Free Clinic medical center. We also made a donation to
	Fredericksburg Baptist Church for \$1,000.00 which they use for missionary trips. Fredericksburg Baptist Church is our meeting
	location.
4c	(Code:) (Expenses \$12327.68 including grants of \$
	Donations to the Rappahannock Rotary Education Foundation for schlolarships totaled \$10,050.00. The donation consisted of a
	direct cash contriubuton to the Rappahannock Rotary Education Foundation, a 501c(3) non-profit organization for the funding of
	scholarshipos to college bound graduating high school seniors of \$7,550.00 \$2,500 came from a Rotary district grant.
	\$1,100 was used to send high school students to RYLA camp (Rotary Youth Leadership Awards).
	\$300 was used to conduct a high speech contest. \$877.68 was used to conduct a business ehtics seminar for area business leaders.
4d	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 70339.04

Page 3

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		√
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		√ ✓
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		<u>·</u>
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		→
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	-	√
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		→
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		✓
b	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	11b		✓
С	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	11c		✓
d	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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
D	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		✓
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		√
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		>
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 (see instructions)	17		1
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	1	
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		✓

Part IV Checklist of Required Schedules (continue	Part IV	Checklist o	f Required Sc	hedules (continue
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		- 1	163	140
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		✓
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		√
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		√
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	1
25a	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		1
þ	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		→
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		√
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		✓
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):		-	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
	Schedule L, Part IV	28b		✓
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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	_		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		Y
	19? Note. All Form 990 filers are required to complete Schedule O.	38	√	(2016)

Form **990** (2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			-3-
	`Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
_	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	V	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va	<u> </u>	
	gifts were not tax deductible?	6b	1	
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		✓
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	l _	ř	
e	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?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	<u> </u>	1
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		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		ļ	
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 . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1		
	against 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?	12a		1
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.	1		
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.		<u> </u>	
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	1		
C	Enter the amount of reserves on hand	<u> </u>	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	✓

Part	`response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. S Check if Schedule O contains a response or note to any line in this Part VI	iee ins	for a	ions.
Secti	on 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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		√
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		√
6 7a	Did the organization have members or stockholders?	6 7a		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	
a b	The governing body?	8a 8b	√	
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		✓
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	√
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?	10a		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
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	_	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Michael King; 5713 W. Kesslers Crossing; Fredericksburg, VA; 22407	cords	:▶	

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if fleither the organization no	Tarry relate	u orga	ainz			ompei	1154	Teu arry currer	Torricer, directo	r, or trustee.
					C)			1		
(A)	(B)	(do n	ot ch		ition	than o	ma	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per	office	r and			or/truste		compensation	compensation from	
	week (list any	익코	'n	Q	<u>~</u>	육포	Fo	from the	related organizations	other compensation
	related	dire	š	Officer	y e	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	Ē		Key employee	st c	4	(W-2/1099-MISC)		organization
	below dotted	7 ई	alt		oye	뺽				and related organizations
	11110)	Individual trustee or director	Institutional trustee		o o) ens				Organizations
		1	8			Highest compensated employee				
								-		
(1) Earl Baughman, President	5									
1815 Genther Lane, Fredericksburg, VA 22401		<u> </u>		✓				0	0	0
(2) Charles R. Bogue II, President-Elect (VP)	2									
8209 Twelfth Corps Dr., Fredericksburg, VA 22407				✓				0	0	0
(3) Rebecca Sperlazza, Secretary	1]	:							
113 Caroline Street, Fredericksburg, VA 22401				✓				0	0	0
(4) Michael King, Treasurer	3									
5713 W. Kesslers Crossing, Fred'burg VA 22407	T			✓				0	o	0
(5) Charles A Lynn, Assistant Treasurer	.2									
27 Monroe Farm Road, Fredericksburg, VA 22406	Ţ	1	ļ		1		1	0	0	O
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	(A) Name and title	(B) Average hours per	(do n	ot ch	Pos neck ss pe	c) ition more rson	e than o	one n an	(D) Reportable compensation	(E) Reportation	ile	Est	(F) imated	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-N	ons	comp fro orga and	other pensation im the nization related nization	n b
(15)												-		
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(17)														
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(25)												***		
c Tot	o-total	VII, Sectio	n A					>	0		0			
2 Tota	al number of individuals (including but ortable compensation from the organi	not limited			•			e) w	·	ore than \$1		of		
3 Did	the organization list any former of ployee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est compe	nsated	1	Yes	No
4 For	any individual listed on line 1a, is the anization and related organizations	sum of reparted such such such such such such such such	portal an \$1	ole (con	nper	nsatio							/
5 Did	vidual		ompe							ation or inc		5		1
	Independent Contractors													
	nplete this table for your five highest on pensation from the organization. Repr. r.													ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	sation	
		· · · · · · · · · · · · · · · · · · ·												
	al number of independent contracto							th	ose listed abo	ove) who				

Form **990** (2016)

Form 99	90 (2016						<u> </u>	Page 9
Part	VIII	Statement of Reve						
	•	`Check if Schedule O	contains a resp	oonse or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ons, Gifts, Grants Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues .	1b	90547.22				
	С	Fundraising events .						
Gifts, ilar An	d	Related organizations						
ns,	e	Government grants (con						
utio	f	All other contributions, grand similar amounts not inc						
Contributions, and Other Sim	~	Noncash contributions includ		40002.00				
o E	g h	Total. Add lines 1a-1		•	30549.22			
		Total: Add lines to 1		Business Code	190-9-1-100			
Program Service Revenue	2a							
æ	b							
- Kice	С							
Ser	d							
ащ	е							
ē l	f	All other program ser	_					Ļ
-	<u>g</u> 3	Total. Add lines 2a-2 Investment income						
	J	and other similar amo	•		139.84	139.84		
	4	Income from investmen	•		100.0 7	100.01		
	5	Royalties	· ·	· · · · · · · · · · · · · · · · · · ·				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less: rental expenses						
	C	Rental income or (loss)	<u> </u>					
	d 7a	Net rental income or Gross amount from sales of	(IOSS) (I) Securities	(ii) Other				
	' a	assets other than inventory	(,, 0000,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(", "	-			
	b	Less cost or other basis						
		and sales expenses .]			
	С	Gain or (loss)						
	d	Net gain or (loss) .		<u> ▶</u>				
Other Revenue	8a	Gross income from fu	undraising 99907.91					
r Re		of contributions report See Part IV, line 18 .	ed on line 1c)	99907.91				
the	b	Less: direct expenses			-			
0	1	Net income or (loss) to			47935.69			
		Gross income from g						
		See Part IV, line 19	a	3798.00				
		Less: direct expense						
		Net income or (loss)		ivities >	3299.00			
	10a	Gross sales of in returns and allowance		,				
		Less: cost of goods						
	С	Net income or (loss)		, 				ļ. <u> </u>
	<u> </u>	Miscellaneous F		Business Code	4			
	11a				14220.75			
	b	not reflected on 6/30/2						
	d	balance sheet when fi All other revenue	ling last year					-
	l e	Total. Add lines 11a-		•	14820.75			1
	12	Total revenue. See i			196144.50			

Part IX St	atement of F	-unctional i	Expenses
------------	--------------	--------------	----------

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	iplete all columns. Al	l other organization:	s must complete co	lumn (A).
	Check if Schedule O contains a respons		e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(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 .	79228.94	79228.94		
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	15429.76	15/20 76		
4	Benefits paid to or for members	81278.02	15429.76 81278.02		
5	Compensation of current officers, directors, trustees, and key employees	61276.02	81278.02		
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	_			
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion				
13	Office expenses	436.50		436.50	·-··
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . 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.)				
а					
b					
С					
d	All all				·
e	All other expenses Total functional expenses. Add lines 1 through 24e	4	4		
25 26	Joint costs. Complete this line only if the	<u>17</u> 6373.22	175936.72	436.50	
20	organization reported in column (B) joint costs	1			
	from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)			:	

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Net Assets or Fund Balances

Form 990 (2016) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 1 1 61181.74 75853.64 2 Savings and temporary cash investments 2 50151.82 50252.08 3 3 4 4 4502.00 181.52 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 instructions). Complete Part II of Schedule L . . . **Assets** 7 7 8 8 Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 115835.56 126287.24 17 5592.17 17 -3727.43 18 18 19 10565.00 19 10565.00 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22

	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	16157.17	26	6837.57
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	

complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 99678.39

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties . . .

Other liabilities (including federal income tax, payables to related third

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

126287.24 Form **990** (2016)

119449.67

119449.67

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99678.39

115835.56

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Page		4

33, column (B))	Part	XI Reconciliation of Net Assets			
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Revenues Prior period adjustments Revenues Prior period adjustments Revenues Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3 financial Statements and Reporting Revenue less expenses. Subtract line 2 from line 3 financial Statements and Revolution in this Part XII Revenue Revenues and Revenue lines 3 through 9 (must equal Part X, line 3 great X, line 3 great Revenues and Reporting Revenues 1 Revenue Revenues and Revolution 1 Revenues Revenues Interest line 2 from line 1 from Revenues Interest Revenues Int		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Investment expenses. Pror period adjustments. Net assets or fund balances (explain in Schedule 0). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?. 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 u	1	Total revenue (must equal Part VIII, column (A), line 12)		1961	44.50
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total experiese (mast equal t art m) estatum (), mis = e)		1763	73.22
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses	3	Revenue less expenses. Subtract line 2 from line 1		197	71.28
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 119449.6: Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	4	The december of faile balances at beginning of your (mast equal tarter) and early and any		996	78 39
7 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 7 Investment expenses 9 Investment expe	5	The dimediazed game (1995) of the section of the se			
8 Prior period adjustments	6	Donated Convinces and Good in Administration			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	investment expenses			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	The period adjustments	.,		
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b	9	Other changes in her assets of fund balances (explain in concease o)			
Check if Schedule O contains a response or note to any line in this Part XII	10	,			
Check if Schedule O contains a response or note to any line in this Part XII				1194	49.67
Accounting method used to prepare the Form 990: \ Cash \ Accrual \ Other \ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part				
Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII		. ;	_Ц
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ☐	.		
Were the organization's financial statements compiled or reviewed by an independent accountant?					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?					,
reviewed 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Act and OMB Circular A-133?	2a				
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?					
b Were the organization's financial statements audited by an independent accountant?		·			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Act and OMB Circular A-133?			0.5		,
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Act and OMB Circular A-133?	þ		_ 		
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Act and OMB Circular A-133?		•	·		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Act and OMB Circular A-133?			1		
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Act and OMB Circular A-133?					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 Act and OMB Circular A-133?	С	of the audit review or compilation of its financial statements and selection of an independent accountant?			1
Schedule O. 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 Act and OMB Circular A-133?					-
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
the Single Audit Act and OMB Circular A-133?	32		,		
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 3b ✓	Ja				1
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b 4	h				Ť
	U				✓
			For	m 990	(2016)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Name of the organization					Employer id	dentification	number
Rappahannock-Fredericksburg Rotar	y Club	<u> </u>	<u>. </u>			4-1394372	
Part I General Information Form 990, Part IV, line		ies Outside t	the United States. Comp	olete if the organ	ization ans	wered "Ye	s" on
1 For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for th						□No
2 For grantmakers. Describ assistance outside the Unit		the organizati	on's procedures for monit	oring the use o	of its gran	ts and oth	ner
3 Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	ded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lists a program se describe specifi service(s) in th	ervice, ic type of	(f) To expenditu and inves in the re	ures for stments
(1) Door of Hope South Africa	0	0	Donation	Orphanage supp	ort		2000.00
(2) Kenya, Africa	0	0	Donation	Support library g	project		2310 51
(3) Kathmandu Education, Nepal	0	0	Donation	School support			1800.00
(4) HIV home in Equador	0	0	Donation	Medical project			1500 00
(5) Children w/ AIDS San Pablo BF	0	0	Donation	Medical project			500.00
(6) Elderly home Otavalo Ecuador	0	0	Donation	Eldercare projec	t		500.00
(7) Compost toilets in Belieze	0	0	Donation	Health & poverty	/ relief		1000.00
(8) Honduras Habitat for Humanit	0	0	Donation	Shelter needs	" -		5819.25
(9)					<u>-</u> _	<u> </u>	
(10)							<u></u> .
(11)							
(12)			1				
(13)							
(14)							
(15)							
(16)						ļ	
(17)							
3a Sub-total						<u></u>	<u>15429.76</u>
c Totals (add lines 3a and 3b)							15429.76

Page 2

Schedule F (Form 990) 2016

	Part IV,	line 15, for an	y recipient who re	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if a	dditional space is	needed.	,
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(6)									
4									
(2)									
<u>(9</u>									
E									
8									
<u>6</u>									
10)									
13									
12)									
(13)									
(14)									
(5)									
16)									
2	Enter total nur	mber of recipier	nt organizations list	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	ognized as charities	by the foreign coun	try, recognized as t	ax-exempt	
ď	by the IRS, or	for which the gamper of	by the IRS, or for which the grantee or counsel has Enter total number of other organizations or entities	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	501(c)(3) equivalen	cy letter	•		

Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(f) Amount of (g) Description (h) Method of noncash noncash assistance (book, FMV, assistance appraisal, other)																	
(e) Manner of cash disbursement																	
(d) Amount of cash grant																	
(c) Number of recipients																	
(b) Region																	
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	6	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(11)

ı	Pa	α	6	4

Раπ	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes 📝 No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes 🗸 No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes 🗸 No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	l Yes ☑ No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes ☑ No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	l Yes ☑ No	

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
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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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Rappahannock-Fredericksburg Rotary Club 54-1394372 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants Phone solicitations g

Special fundraising events ☐ In-person solicitations 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 b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts custody or control of contributions? (or retained by) organization (ii) Activity from activity or entity (fundraiser) col (i) Yes No 1 3 5 6 7 8 9 10 **Total** 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.

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" on and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more nd 6b. List events with
	,	group ground the	(a) Event #1 Beach MusicFestival (event type)	(b) Event #2 Pancake Dinner (event type)	(c) Other events 5 other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	46279.91	23815.00	29813.00	99907.91
<u>ar</u>	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Orrect Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	32491.29	3545.00	15935.93	51972.22
	10 11	Direct expense summary. Ad Net income summary. Subtra	dd lines 4 through 9 in co	olumn (d)		51972.22
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer	red "Yes" on Form 99	90, Part IV, line 19, or i	47935.69 reported more
Revenue		· /	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
B	1	Gross revenue			3798.00	4-4
ses	2	Cash prizes			499.00	
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %	☐ Yes % ☐ No	✓ Yes 100 %	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		3299.00
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states		☐ Yes ☑ No
10		ere any of the organization's g "Yes," explain:			ated during the tax year?	

Schedu	lle G (Form 990 or 990-EZ) 2016
11 12	Does the organization conduct gaming activities with nonmembers?
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility
b 14	An outside facility
	Name ► Rappahannock-Fredicksburg Rotary Club
	Address ► P. O. Box 8492; Fredericksburg, VA; 22404
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
	a 50/50 raffle for tickets purchased at the door at the beginning of the meeting. Collectivelly over 100 club members have won the
6499 ti	hrough the course of a year. This is a small and fun way to raise a little extra money for the club.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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Open to Public Inspection

Name of the organization Employer identification number Rappahannock - Fredericksburg Rotary 54-1394372 Form 990, Part III details \$94658.70 of charitable program services including \$36,844 to the Rotary Foundation (Line 4a); Community Service projects totaling \$30,057.26 (Line 4b); donations to youth related projects totaling \$1,400; contributions to the Rappahannock Rotary Education Foundation, a seperate 501c(3) organization totaling \$10,050.00; and ehtics seminars for local business leaders totaling \$877.68. Schedule F (attached) details the contributions of \$15,429.76 for international (foreign) service projects. Form 990, Part V, Question 3b - I answered NO because we did not file a Form 990-T. Our club has no "unrelated business gross income". Form 990, Part V, Question 13a - Our organization is not involved in the issuance of qualified health plans, therefore we have no reserves on hand (question 14b). Form 990, Part VI - There are no material differences in voting rights amoung members of the governing body. Form 990, Part VI, Section B, Question 11a/11b - A complete copy of the completed Form 990 is forwarded by the volunteer preparer (me) to the Immediate past president, current president, secretary and treasuser of the club Board for distribution and review by the club. Our club consisiting of non-compensated members does not have a written conflict of interest policy (question 12a). Regarding question 15, no member of the club receives any form of compensation, so there is no process to review. Public disclosure of tax documents are available uopn request (question 19). Form 990, Part VII - No officer or member of this club receives any form of compensation. This organization of a vounteer organization. Form 990, Part VII - No officer or member of this club receives any form of compensation. This organization of a vounteer organization. Form 990, Part VIII - Income from member dues totals \$90547.22; contributions to Rotary Foundation total \$40,002.00; interest income totals \$139.84; net proceeds of fundrasing totals \$47935.60; a members only 50/50 raffle has net proceeds of \$3,299.00. Total NET - \$181923.75 Program expenses for members are \$66,163.11 of which \$51,258.75 is for weekly meeting meals & social functions; Progarm expenses for members are \$80,783.02 of which \$58,938.47 is for weekly meeting meals & social functions; \$8,293.18 is club administration including public relations, members badges & awards, bad debt and club supplies; \$13,551.37 are for dues to Rotary International of \$8,056.13, dues of \$4,700.00 to Rotary District 7610, and the balance for member training. Postage is \$436.50 Form 990, Part IX - Not applicable as Line 11g and Line 24e do not apply. Form 990, Part XI - Not applicable as Line 9 does not apply.

Form 990, Part XII - Line 2a & 2b are not applicable. Line 3b no audit has been required and our board has not requested an audit.

Name of the organization	Employer identification number
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