

Short Form

Return of Organization Exempt From Income Tax

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

2016

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning July 1, 2016, and ending June 30, 20 17

B Check if applicable:

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

C Name of organization

Rotary Club of Lakeway/Lake Travis Foundation, Inc.

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

PO Box 341841

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

Lakeway, Texas 78738-0031

D Employer identification number

75-2764736

E Telephone number

512-261-0086

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ <https://portal.clubrunner.ca/7016>

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 106,136

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

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

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	179,239	179,450
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	179,239	179,450
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	179,239	179,450

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Support and Fund Rotary Charities

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>Disbursement for Lake Travis Area Community Service Activities as determined by the Board of Directors.</u> <u>(Scholarships to LT High Seniors \$39,000, LT Library \$1,000, Military Recognition \$1,000,</u> <u>Adoption Awareness \$1,734, M.A.D. Men \$600)</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	43,334
29 <u>Disbursement for Lake Travis Area Youth Services. (RYLA Leadership Training \$950,</u> <u>Scholarship Recognition Event \$1,200, LTISD Special Olympics \$1,500)</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,650
30 <u>Rotary International Service Projects. (Shelter Box Training \$4,459, Rotary 3D Limbs Project - Tanzania \$25,834,</u> <u>Rotary International \$1,125, Polio Plus Program \$41,337)</u> (Grants \$) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	32,756
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	79,740

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Patrick Easter</u> President	2	0	0	0
<u>Brian Besch</u> Treasurer	5	0	0	0
<u>Morgan McMillian</u> Secretary	2	0	0	0
<u>Doug Lindgren</u> Tax Matters Member	2	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of Brian Besch Telephone no. 281-639-6393 Located at 111 Sebastians Run, Austin, Texas ZIP + 4 78738		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

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

	Yes	No
46		✓

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

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

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

	Yes	No
47		✓
48		✓
49a		✓
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 0

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

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

Sign Here Signature of officer: Doug Lindgren Date: 8-27-17
 Type or print name and title: Doug Lindgren, Tax Matters Member

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

Rotary Club of Lakeway/Lake Travis Foundation, Inc.

75-2764736

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,323	24,413	56,190	27,057	26,487	141,470
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	87,494	74,252	77,696	71,641	79,649	390,732
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	94,817	98,665	133,886	98,698	106,136	532,202
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						532,202

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	94,817	98,665	133,886	98,698	106,136	532,202
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	94,817	98,665	133,886	98,698	106,136	532,202

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.01 %

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for providing supplemental information with horizontal dashed lines.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization

Rotary Club of Lakeway/Lake Travis Foundation, Inc.

Employer identification number

75-2764736

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- 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.

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			102,849	102,849
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			36,666	36,666
	4 Rent/facility costs				
	5 Other direct expenses			11,443	11,443
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				48,109
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				54,740

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: The rotary Club believes its car raffle is exempt from licensing.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	0 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Brian Besch, Treasurer 2016-2017 Rotary club of Lakeway/Lake Travis Foundation, Inc.

Address ▶ 111 Sebastians Run, Austin, Texas 78738

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ Brian Besch, Treasurer 2016-2017 Rotary club of Lakeway/Lake Travis Foundation, Inc.

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ None

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____
None

Part IV 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

Multiple horizontal dashed lines for providing supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

Rotary Club of Lakeway/Lake Travis Foundation, Inc.

Employer identification number

75-2764736

Form 990 - EZ Part 1 Number 10 (Grants and similar amounts paid) \$79,740 - Refer to enclosed General Ledger Pages 1 thru 3.

Total for all programs is shown on Page 3 - \$79,740.

Form 990 - EZ Part 1 Number 16 (Other Expenses) \$917 - Accounting computer software

Form 990 - EZ Part 1 Number 20 (Other changes to Net Assets or Fund Balances) \$25,235.

* The Foundation invests its uncommitted funds in a brokerage account with TD Ameritrade. On June 30, 2017 the account

balance was increased by \$25,359 to take into account unrealized gains on investments during the year ending

June 30, 2017.

** A prior year adjustment in the amount of (-\$124) was made in the previous year car raffle expenses.

*** The Total adjustment is (+\$25,359 - \$124 = \$25,235)

Form 990 - EZ Part III Number 32 (Total Program Service Expense) Refer to enclosed General Ledger Pages 1 thru 3.

Total of all programs was \$79,740.

Rotary Club of Lakeway/Lake Travis Foundation, Inc.

GENERAL LEDGER

July 2016 - June 2017

DATE	NUM	NAME	MEMO/DESCRIPTION	AMOUNT	BALANCE
6140 Contributions					
6141 Scholarships Paid					
07/09/2016	629620562	Iowa State University	Scholarship for: Max Minard from: Lake Travis Rotary:TexStar Insurance Scholarship ID#629620562	1,000	1,000
07/09/2016	125007954	Texas A&M University	Scholarship for Sydney DeNisio 125007954 / From - Lake Travis Rotary: American Bank of Texa and Serve Aces Gary Weldon Scholarship	2,000	3,000
07/09/2016	A04722650	Texas State University	Kayla German Student ID# A04722650 / From: Lake Travis Rotary: Vicky & Ned Rollins and Bee Cave Family Practice Dr. Freeland Scholarship	2,000	5,000
07/09/2016	101858	Southwestern University	Scholarship for Bryce Sinclair 101858 / From: Lake Travis Rotary: Amber Hart Realtor adn Lakeway Regional Medical Center Scholarship	3,500	8,500
07/09/2016	KAK065	Sam Houston State University	Scholarship for Kaylym Keith/KAK065 from Lake Travis Tom Keel - Monsignor McCabe Memorial Scholarship	1,000	9,500
07/09/2016	636622064	Texas A&M University	Scholarship for Kennan Peacock/ From - Lake Travis Rotary: Engle & Voelkers Turnquist Partners Realtors Excellence Award	5,000	14,500
07/09/2016	100004369	Kilgore College	Scholarship for Lindy Foster 100004369 From: Lake Travis Rotary: Gerry Groden Community Service Scholarship	3,500	18,000
07/09/2016	R1744350	Austin Community College	Raleigh Kelley - Lake Travis Rotary:Buzz & Joan Buzzard Scholarship	1,000	19,000
11/25/2016		Texas State University	Deposit _ Refund for G Tropea	-1,000	18,000
06/28/2017	t1714662	Austin Community College	Buzz & Joan Buzzard Scholarship FBO Tlalli Vargas Student # t1714662	1,000	19,000
06/28/2017	gkd248	The University of Texas at Austin	Lake Travis Rotary: RBC Wealth Management - Patrick Easter and William Curtis Scholarships FBO Gabriel Darnell Student # gkd248	2,000	21,000
06/28/2017	606-11-9098	University of Texas at San Antonio	Lake Travis Rotary: TexStar Interga Insurance - Brian Besch & O'neill's Pools - Englemann Family Scholarships FBO Katerina Del Carmen 606-11-9098	2,000	23,000
06/28/2017	33202604	University of Nebraska-Lincoln	Lake Travis Rotary: Monsignor McCabe Memorial - Tom Keel, Brookdale Senior Living - Wesley Burris & Gerry Groden Community Service / FBO Camile Halfmann Student # 33202604	3,000	26,000
06/28/2017	110325944	Texas Christian University	Lake Travis Rotary: First United Bank Lakeway & Gene Savoie Memorial adn his World of Tennis Partners Scholarship FBO Hunter Hundley Student # 110325944	2,000	28,000
06/28/2017	644-02-5133	University of Houston	Lake Travis Rotary: Buzz & Joan Buzzard Scholarship FBO Huong Nguyen Student #	1,000	29,000

DATE	NUM	NAME	MEMO/DESCRIPTION	AMOUNT	BALANCE
06/28/2017	cub6717	University of Texas at San Antonio	644-02-5133 Lake Travis Rotary: Artsenig Designs - Jane Ginestra Scholarship FBO Will Smith Student # cub717	1,000	30,000
06/28/2017	041-13-4021	Boston University	Lake Travis Rotary: Vicky & Ned Rollins and Bee Cave Family Practice Dr. Freeland Scholarships FBO Simone Whooley Student # 041-13-4021	2,000	32,000
06/28/2017	10353278	Pomona College	Lake Travis Rotary: Amber Hart Realtor and Baylor Scott & White Medical Lakeway Scholarships	2,000	34,000
06/28/2017	626002667	Texas A&M University	FBO Daniel Tamkin Student # 10353278 Scholarship for Kennan Peacock/ From - Lake Travis Rotary: Engle & Voelkers Turnquist Partners Realtors Excellence Award - Alexandra Benker 626002667	5,000	39,000
Total for 6141 Scholarships Paid				\$39,000	
6142 Community Service					
6142.3 LakeTravis Community Library					
09/27/2016	Matching	Lake Travis Community Library	Matching Grant with Tocker Foundation to be used for Mobile Library (Van) program	1,000	1,000
Total for 6142.3 LakeTravis Community Library				\$1,000	
6173 Military Recognition Projects					
10/13/2016	Christmas Hope	Air Warrior Courage Foundation	Christmas Hope Lake Travis Texas	1,000	1,000
Total for 6173 Military Recognition Projects				\$1,000	
6199 Adoption Awareness					
02/13/2017	PayPal		PayPal Partyn San Jose CA #3126	449	449
02/13/2017	Amazon		AMAZON.COM	6	455
02/13/2017	Amazon		AMAZON.COM	10	465
02/13/2017	Magdalena		Magdalena Holdings	344	809
02/13/2017	Amazon		Magdalena Holdings	96	904
02/13/2017	Magdalena		Magdalena Holdings	296	1,200
02/28/2017	2239	Domino's Pizza Lakeway	Pizza for Adoption Awareness	289	1,489
03/06/2017	AdoptionAwareness	Patrick Easter	Reimbursement Purchase of food, cookie and chips for Adoption Awareness Event	280	1,769
03/06/2017			PAYPAL Reversal Partyn	-34	1,734
Total for 6199 Adoption Awareness				\$1,734	
6320 M.A.D. Men					
03/06/2017	Donation	M.A.D. Men	Donation to local service group	600	600
Total for 6320 M.A.D. Men				\$600	
Total for 6142 Community Service				\$4,334	
6150 Youth Services					
6151 RYLA					
10/27/2016	120272016	Rotary District 5870	RYLA in the Rough 2017	950	950
Total for 6151 RYLA				\$950	
6155 Scholarship Recognition Lunch					
06/19/2017			Internet Transfer W/D to account #8621 Scholarship Lunch	1,200	1,200
Total for 6155 Scholarship Recognition Lunch				\$1,200	
6196 LTISD -Special Olympics Banquet					
04/18/2017	Special Olympics	Lake Travis I.S.D.	Special Olympics Banquet	1,500	1,500
Total for 6196 LTISD -Special Olympics Banquet				\$1,500	

DATE	NUM	NAME	MEMO/DESCRIPTION	AMOUNT	BALANCE
Total for 6150 Youth Services				\$3,650	
6180 International Service					
4062 Shelter Box Expenses					
08/04/2016	05112016	Patrick Arindell	Shelter Box Field Expenses Food & Beverages	691	691
08/04/2016	05112016	Alan Davies	Gas for Big Truck & Two Trips to Ranch Shelter Box Ambassador Field	265	955
08/04/2016	06012016	Patrick Arindell	Shelter Box Training Meal for 25+ People	197	1,152
08/04/2016	05092016	Tim Osburn	Shelter Box Ambassador Field Expense Food & Beverage	206	1,358
04/18/2017	ShelterBox	Tim Osburn	Shelter Box Supplies	1,273	2,631
05/02/2017	ShelterBox	Tim Osburn	Shelter Box Supplies	1,829	4,459
Total for 4062 Shelter Box Expenses				\$4,459	
6183.1 Rotary 3D Limbs Project					
09/12/2016	09122016	Donna Gunn	Need GL Expense #	3,000	3,000
10/20/2016	3D Limbs Program	The Lakeway Church	Rotary 3D Limbs Contribution Form	100	3,100
10/20/2016	3D Limbs Program	The Lakeway Church	Rotary 3D Limbs Brochure	150	3,250
11/18/2016	11/18/2016	Barker Keith		1,249	4,499
04/13/2017	3D Limb Program	Trifusion	Rotary 3D Limb Program	18,025	22,524
05/01/2017			ACH Payment BankCard Merchant Fees	27	22,551
05/09/2017	05092017	Barker Keith	Travel to Tanzania for 3D Limbs project	1,619	24,170
06/02/2017			ACH Payment Bankcard Merch Fees	24	24,194
06/04/2017	Tanzania/3D	Donna Gunn	50% of travel expense to Tanzania for Donna Gunn	1,140	25,334
06/04/2017	Tanzania/3D	Donna Gunn	\$500.00 for transportation and other expenses for children	500	25,834
06/14/2017			ACH Payment PayPal Verify bank	0	25,834
Total for 6183.1 Rotary 3D Limbs Project				\$25,834	
6400 Rotary Intl					
6409 Rotary Intl LW Club Contribution					
08/21/2016	08212016	Rotary International Foundation	Annual Fund Member Contributions - Attached Member Form	1,125	1,125
Total for 6409 Rotary Intl LW Club Contribution				\$1,125	
6410 Polio Plus Grant					
11/04/2016	2876547	HALO Branded Solutions Inc.	Cost to have Pints for Polio glasses made for event on 10-22-2016 requested by Richard Reinap II	337	337
03/09/2017	Polio Plus-2017	Rotary International Foundation	Polio Plus Grant	1,000	1,337
Total for 6410 Polio Plus Grant				\$1,337	
Total for 6400 Rotary Intl				\$2,462	
Total for 6180 International Service				\$32,756	
Total for 6140 Contributions				\$79,740	

Rotary Club of Lakeway/Lake Travis Foundation, Inc.

PROFIT AND LOSS

July 2016 - June 2017

	TOTAL	
	JUL 2016 - JUN 2017	JUL 2015 - JUN 2016 (PY)
INCOME		
4030 Contributions Income		
4056 Rotary 3D Limbs Income	1,905.17	
4230 Grants		
4231 Distrist Grant 5870	1,382.00	507.00
4236 Rotary GG 1525449 Tanzania		9,550.00
Total 4230 Grants	1,382.00	10,057.00
Total 4030 Contributions Income	3,287.17	10,057.00
4100 Car Raffle		
4110 Car Raffle Receipts		
4120 Car Raffle Sponsors	23,200.00	17,000.00
4140 Tickets - Other Rotary Clubs		
4141 Ticket Sales - Other Rotaries	45,000.00	23,180.00
4144 Ticket Comm - Other Rotary Club	-22,440.00	-11,590.00
Total 4140 Tickets - Other Rotary Clubs	22,560.00	11,590.00
4150 Car Raffle Ticket Sales	57,089.37	60,051.41
4182 Auction Revenues		
4184 Auction Sponsors		0.00
Total 4182 Auction Revenues		0.00
Total 4110 Car Raffle Receipts	102,849.37	88,641.41
4160 Car Raffle Expenses		
4162 Car Raffle - Golf Trnmt Expense	-300.00	-300.00
4165 Car Raffle Tictet Drawing Event	-6,663.61	-5,470.90
4166 Car Raffle Kick-Off Event	-1,509.60	-950.00
4170 Car & trip cost	-36,666.00	-36,666.00
4171 Marketing	-2,521.37	-2,574.16
4172 Credit card processing fees	-448.27	-872.21
Total 4160 Car Raffle Expenses	-48,108.85	-46,833.27
Total 4100 Car Raffle	54,740.52	41,808.14
Total Income	\$58,027.69	\$51,865.14
GROSS PROFIT	\$58,027.69	\$51,865.14
EXPENSES		
5001 Operating Expenses		
5010 Professional Fees		
4174 Club Accounting	1,103.90	1,155.00
5011 Accounting	1,200.00	1,200.00
5012 Consulting	0.00	
Total 5010 Professional Fees	2,303.90	2,355.00
5040 Supplies		
5042 Office		391.00
5043 Computer Software	916.66	916.66

	TOTAL	
	JUL 2016 - JUN 2017	JUL 2015 - JUN 2016 (PY)
Total 5040 Supplies	916.66	1,307.66
6250 Postage and Delivery	90.00	66.00
Total 5001 Operating Expenses	3,310.56	3,728.66
6140 Contributions		
6141 Scholarships Paid	39,000.00	23,287.13
6142 Community Service		
6142.3 LakeTravis Community Library	1,000.00	
6145 Healthcare Volunteer Assoc Clin		1,500.00
6173 Military Recognition Projects	1,000.00	2,000.00
6199 Adoption Awareness	1,734.38	975.75
6320 M.A.D. Men	600.00	
Total 6142 Community Service	4,334.38	4,475.75
6150 Youth Services		
5090 Interact		800.00
6151 RYLA	950.00	1,000.00
6155 Scholarship Recognition Lunch	1,200.00	1,080.00
6196 LTISD -Special Olympics Banquet	1,500.00	1,500.00
Total 6150 Youth Services	3,650.00	4,380.00
6180 International Service		
4062 Shelter Box Expenses	4,459.27	2,513.48
6183.1 Rotary 3D Limbs Project	25,834.26	
6400 Rotary Intl		
6409 Rotary Intl LW Club Contribution	1,125.00	1,350.00
6410 Polio Plus Grant	1,337.14	1,000.00
6426 Rotary GG 1525449 Tanzania		21,170.20
Total 6400 Rotary Intl	2,462.14	23,520.20
Total 6180 International Service	32,755.67	26,033.68
Total 6140 Contributions	79,740.05	58,176.56
Total Expenses	\$83,050.61	\$61,905.22
NET OPERATING INCOME	\$ -25,022.92	\$ -10,040.08
OTHER INCOME		
7000 Unrealized Gain on Investments	25,358.46	-2,332.12
Total Other Income	\$25,358.46	\$ -2,332.12
NET OTHER INCOME	\$25,358.46	\$ -2,332.12
NET INCOME	\$335.54	\$ -12,372.20

Rotary Club of Lakeway/Lake Travis Foundation, Inc.

BALANCE SHEET

As of June 30, 2017

	TOTAL	
	AS OF JUN 30, 2017	AS OF JUN 30, 2016 (PY)
ASSETS		
Current Assets		
Bank Accounts		
1100 Prosperity Checking 51008191	8,336.65	34,213.52
1105 Prosperity - Rotary 3D Limb Funds	1,853.95	1,000.00
Total Bank Accounts	\$10,190.60	\$35,213.52
Other Current Assets		
1400 TD Ameritrade	169,259.85	143,901.39
Total Other Current Assets	\$169,259.85	\$143,901.39
Total Current Assets	\$179,450.45	\$179,114.91
TOTAL ASSETS	\$179,450.45	\$179,114.91
LIABILITIES AND EQUITY		
Liabilities		
Total Liabilities		
Equity		
3099 Retained Earnings	0.00	12,247.85
3100 Funds Uncommitted	179,114.91	159,239.26
200 Funds Committed	0.00	0.00
3201 Funds Reserved - Scholarships	0.00	20,000.00
Total 3200 Funds Committed	0.00	20,000.00
Net Income	335.54	-12,372.20
Total Equity	\$179,450.45	\$179,114.91
TOTAL LIABILITIES AND EQUITY	\$179,450.45	\$179,114.91

AMERITRADE

1 OF 2

6/30/17

\$ 169,259

6/30/16

\$ 143,901

INCREASE

\$ 25,358

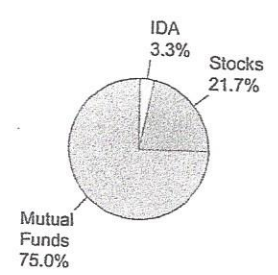


Statement Reporting Period:
06/01/17 - 06/30/17

800-669-3900
TD AMERITRADE
DIVISION OF TD AMERITRADE INC
PO BOX 2209
OMAHA, NE 68103-2209
TD Ameritrade Clearing, Inc., Member SIPC

Statement for Account # 886-976703
LAKEWAY/LAKE TRAVIS ROTARY
ATTN JEFFERY S. LAMB
PO BOX 341841
LAKEWAY, TX 78734

Investment	Current Value	Prior Value	Portfolio Summary		Estimated Income	Estimated Yield	Portfolio Allocation
			Period Change	% Change			
Cash	\$ -	\$ -	\$ -	-	\$ -	-	
Insrd Dep Acct (IDA)	5,597.09	5,369.35	227.74	4.2%	-	0.01%	
Money Market	-	-	-	-	-	-	
Short Balance	-	-	-	-	-	-	
Stocks	36,747.00	36,666.00	81.00	0.2%	849.60	2.3%	
Short Stocks	-	-	-	-	-	-	
Fixed Income	-	-	-	-	-	-	
Options	-	-	-	-	-	-	
Mutual Funds	126,915.76	125,291.02	1,624.74	1.3%	2,556.60	2.0%	
Other	-	-	-	-	-	-	
Total	\$169,259.85	\$167,326.37	\$1,933.48	1.2%	\$3,406.20	2.0%	



6/30/2017

Cash Activity Summary			Income & Expense Summary			Performance Summary	
	Current	YTD		Reportable	Non Reportable	YTD	
Opening Balance	\$ 0.00	\$ -	Income				Cost Basis As Of - 06/30/17 **
Securities Purchased	(853.81)	(1,146.87)	Dividends	\$1,081.51	\$ -	\$1,438.47	\$36,243.95
Securities Sold	-	-	Interest	-	-	-	Unrealized Gains
Funds Deposited	-	-	Other	-	-	-	503.05
Funds Disbursed	-	-	Expense				Unrealized Losses
Income	1,081.51	1,438.47	Interest	-	-	-	Funds Deposited/(Disbursed) ^{YTD}
Expense	-	-	Fees	-	-	-	Income/(Expense) ^{YTD}
Other	(227.70)	(291.60)	Other	-	-	-	1,438.47
Closing Balance	\$ 0.00	\$ 0.00	Net	\$1,081.51	\$ 0.00	\$1,438.47	Securities Received/(Delivered) ^{YTD}
							0.00

**To view realized gains and losses for your account, login at www.tdameritrade.com and visit My Account > Gain/Loss.

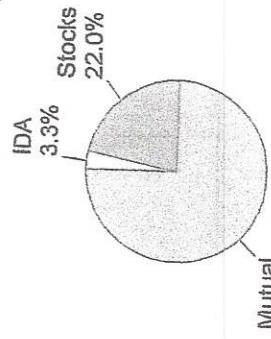


Statement Reporting Period:
06/01/16 - 06/30/16

800-669-3900
TD AMERITRADE
DIVISION OF TD AMERITRADE INC
PO BOX 2209
OMAHA, NE 68103-2209
TD Ameritrade Clearing, Inc., Member SIPC

Statement for Account # 886-976703
LAKEWAY/LAKE TRAVIS ROTARY
ATTN: JEFFERY S. LAMB
PO BOX 341841
LAKEWAY, TX 78734

Investment	Portfolio Summary			Estimated Income	Estimated Yield	Portfolio Allocation
	Current Value	Prior Value	Period Change %			
Cash	\$ -	\$ -	-	\$ -	-	
Insrd Dep Acct (IDA)	4,746.99	4,546.25	200.74 4.4%	-	0.01%	
Money Market	-	-	-	-	-	
Short Balance	-	-	-	-	-	
Stocks	31,707.00	30,420.00	1,287.00 4.2%	800.10	2.5%	22.0%
Short Stocks	-	-	-	-	-	
Fixed Income	-	-	-	-	-	
Options	-	-	-	-	-	
Short Options	-	-	-	-	-	
Mutual Funds	107,447.40	107,728.12	(280.72) (0.3%)	2,274.32	2.1%	74.7%
Other	-	-	-	-	-	
Total	* \$143,901.39	\$142,694.37	\$1,207.02 0.8%	\$3,074.42	2.1%	



* \$143,901.39
6/30/2016

Cash Activity Summary		Income & Expense Summary		Performance Summary	
Current	YTD	Reportable	Non Reportable	YTD	
Opening Balance	\$ 0.00				
Securities Purchased	(821.70)	\$1,022.40	\$ -	\$1,361.24	Cost Basis As Of - 06/30/16 ** \$36,243.95
Securities Sold	-	-	-	-	Unrealized Gains (4,536.95)
Funds Deposited	-	-	-	-	Funds Deposited/(Disbursed) YTD -
Funds Disbursed	-	-	-	-	Income/(Expense) YTD 1,361.24
Income	1,022.40	-	-	-	Securities Received/(Delivered) YTD 0.00
Expense	-	-	-	-	**For cost-basis information, refer to www.tdameritrade.com
Other	(200.70)	-	-	-	
Closing Balance	\$ 0.00	\$1,022.40	\$0.00	\$1,361.24	

AMERITRADE

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