

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning July 1, 2016, and ending June 30, 2017

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Rotary Club of Coatesville</b>		<b>D</b> Employer identification number <b>23-6390802</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>279 Hurley Road</b>		<b>E</b> Telephone number <b>610-383-4197</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Coatesville, PA 19320</b>		<b>F</b> Group Exemption Number ▶ <b>0573</b>
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		

**I** Website: ▶ \_\_\_\_\_

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

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

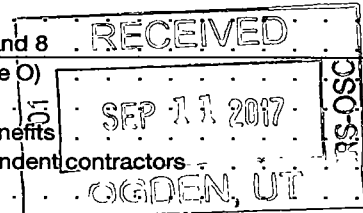
**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ \_\_\_\_\_

**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	Contributions, gifts, grants, and similar amounts received . . . . .		28,411																											
	2	Program service revenue including government fees and contracts . . . . .		0																											
	3	Membership dues and assessments . . . . .		34,267																											
	4	Investment income . . . . .		41																											
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0																											
	b	Less: cost or other basis and sales expenses . . . . .	5b	0																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0																											
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a																												
	b	Gross income from fundraising events (not including \$ <u>12,530</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	5,943																											
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	0																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	6,887																												
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0																												
b	Less: cost of goods sold . . . . .	7b	0																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0																												
8	Other revenue (describe in Schedule O) . . . . .	8	0																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	69,606																												
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	40,392																											
	11	Benefits paid to or for members . . . . .	11	0																											
	12	Salaries, other compensation, and employee benefits . . . . .	12	0																											
	13	Professional fees and other payments to independent contractors . . . . .	13	0																											
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	0																											
	15	Printing, publications, postage, and shipping . . . . .	15	0																											
	16	Other expenses (describe in Schedule O) . . . . .	16	32,234																											
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	72,626																												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-3,020																											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	9,440																											
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0																											
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	6,420																											

SCANNED SEP 13 2017



For Paperwork Reduction Act Notice, see the separate instructions.

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	9,440	6,420
23 Land and buildings . . . . .	0	0
24 Other assets (describe in Schedule O) . . . . .	0	6,420
25 <b>Total assets</b> . . . . .	9,440	0
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	9,440	6,420

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

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

What is the organization's primary exempt purpose? Charitable giving

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

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

28 <b>Provided grants to 15 nonprofit organizations benefiting over 10,000 individuals in the Coatesville area.</b>		
(Grants \$ <u>24,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,000
29 <b>Provided non-competitive financial support to 5 local organizations benefiting over 500 individuals in the Coatesville area.</b>		
(Grants \$ <u>3,143</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,143
30 <b>Provided scholarships and financial support to local students and student organizations benefiting over 500 students.</b>		
(Grants \$ <u>11,249</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	11,249
31 <b>Other program services</b> (describe in Schedule O) . . . . .		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32	38,392

**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
Francesca Crane President	5	0	0	0
Roger Taylor President Elect	3	0	0	0
Joye Wentz Secretary	10	0	0	0
Michael Givler Treasurer	10	0	0	0
Renee Fairconecture Board Member	3	0	0	0
Sandra Simmons Board Member	3	0	0	0
Judy Skolnik Board Member	3	0	0	0
Ross Darlington Board member	3	0	0	0
Kevin Mountain Board Member	3	0	0	0
David Seegers Board member	3	0	0	0
Alissa Griffith Board member	3	0	0	0
Denise James Board Member	3	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 . . . . .		✓
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) . . . . .		✓
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)? . . . . .		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		✓
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
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			
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			
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
42b			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <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			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
45a			
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓
45b			

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
		46	<input checked="" type="checkbox"/>

**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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

<b>Sign Here</b>	Signature of officer	Date
	Michael S. Givler	9/3/2017
	Type or print name and title	

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

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



**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
		Festival (event type)	Auction (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	9380	3150	12530
	2	Less: Contributions . . . . .	0	0	0
	3	Gross income (line 1 minus line 2) . . . . .	9380	3150	12530
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	5943	0	5943
	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 . . . . .		
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

- 9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_



**SCHEDULE Q  
(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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**Rotary Club of Coatesville**

Employer identification number

**23-6390802**

**Provided support to 15 local nonprofit organizations:**

**Art Partners Studio \$ 2,000; Coatesville Youth Initiative \$ 2,500; Coatesville Public Library \$ 1,500; Checter County OIC \$ 2,000;**

**Bridge of Hope \$ 2,000; Brandywine YMCA \$ 500; Coatesville Kids to College \$ 1,000; Calne Partners for Life \$ 2,000; ChesPenn Clinic \$ 2,000**

**Atkinson Memorial Homeless Shelter \$ 2,000; Arts Holding Hands \$ 2,000; Salvation Army of Coatesville \$ 2,000; Boy Scout Troop 117 \$ 500;**

**NAACP \$ 2,000.**

**Provided financial support to 5 local organizations serving a wide variety of individuals**

**Chester County Half marathon \$ 500; Olivet Church Food Ministry \$ 15000; Coatesville Kids to College \$ 500;**

**Womens League for Minority Education \$ 500; Chester County Food Bank \$ 143**

**Provided support to local student organizations and scholarships to individual students:**

**Four Way Test Oratory Contest \$ 578; Rotary Youth Leadership Association \$ 825; Honers Luncheon for Graduation Students \$ 473**

**Meistersingers Music Program \$ 688; SAT Preparation \$ 3194; Student recognition Lunches \$ 915; Senior Student Scholarship Fund \$ 100;**

**World of Work Scholarship \$ 1000; Interact Scholarships \$ 2000; Student Dictionary Program \$ 826;**

**Other Expenses:**

**Meals \$ 19,976; Rotary District 7450 Assessments \$ 8547; Misc. Administrative Expenses \$ 2050; Rotary Convention Expenses \$ 2050**

**Mis Committee Expenses \$ 1966; Rotary International Dues \$ 3547**