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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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A	For the	2011 calen	dar year, or tax year beginning 7/01 , 2011, a	nd ending	g 6/3			2012
В	Check if ap	plicable	C		1	D Employ	yer Identifi	cation Number
,	Addre	ss change	ROTARY INTERNATIONAL DISTRICT 50/50		ļ	26-	05881	78
	Name	change	1031 STATE AVE SUITE 102		Ì	E Teleph		
	Initial	-	MARYSVILLE, WA 98270		ļ		-657-	
	\vdash				ŀ		037	2142
	Termi					_		
	Amen	ded return				G Gross		
	Applic	ation pending	F Name and address of principal officer:		H(a) is this a	•		ites? Yes X No
			SAME AS C ABOVE	!	H(b) Are all	affiliates inc attach a list		Yes No
1	Tax-exer	npt status	501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or	527	31 NO, 4	allacir a iist	(See men	uctions)
J	Websi	te: ► WW	W.CLUBRUNNER.CA/DPRG		H(c) Group e	exemption o	umber ►	0573
K		organization.		ar of Formation		~		at domicite. USA/CA
		Summar		ar or roman	MI. 1707	141	state or leg	as domicie. UDA/CA
11.5			be the organization's mission or most significant activities: <u>THE</u>	DUDDO	OF OF	mil c	DOBIT	TAMENT TO MO
	ום ו	DOMONIE	CURPORM AND THURSDON OF MOST SIGNIFICANT ACTIVITIES: _IME	L PURPU	12F OF	THE C	KCWNT	ZATION IS TO
Activities & Governance			SUPPORT, AND ENHANCE THE ROTARY CLUBS W					
뗥	سلہ	TAZONTE	ETWEEN_MEMBER_CLUBS_AND_ROTARY_INTERNATIO	ONAL.				
Ē								
<u>ွ</u>			x • I if the organization discontinued its operations or dispos					_
•			ting members of the governing body (Part VI, line 1a)					4
8			dependent voting members of the governing body (Part VI, line 1		• • • • • • • • • • • • • • • • • • • •		4	0
₹	5 10	tai numbei	of individuals employed in calendar year 2011 (Part V, line 2a).		• • • • • •	• • • • • • • •	5	0
<u>\$</u>	0 10	tai number	of volunteers (estimate if necessary). d business revenue from Part VIII column (C) in the first F.D.	∦	• • • • • • • •	• • • • • • •	6	67
•	/a 10	tai unrelati	d business revenue from Part VIII column (C) fine 12		• • • • • • •	· · · ·	7a	0.
(G)-	b Ne	t unrelated		<u></u>		<u> </u>	7b	<u> </u>
SCA!			1 1 1	ÖΪ	Pr	ior Year		Current Year
2				S		113,6		32,234.
\$	9 Pro	ogram serv	ice revenue (Part VIII, line 2g)	岛		87,4		83,040.
OBNN Bevenue			come (Part VIII, column (A), lines 3, 4, and 7d)		ļ		14.	181.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			38,1	71.	16,560.
\supset	12 To	tal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line	12)		239,6	62.	132,015.
8	13 Gra	ants and s	milar amounts paid (Part IX, column (A), lines 1-3)]			
	14 Be	nefits paid	to or for members (Part IX, column (A), line 4)				i	
			r compensation, employee benefits (Part IX, column (A), lines 5-					
203			fundraising fees (Part IX, column (A), line 11e)	-	}		· · · -	
ಡಾ ಕ್ಷ	b 101	tal fundrais	ing expenses (Part IX, column (D), line 25) >		ļ			
	17 Oth	ner expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)			117,6	15.	102,857.
	18 Tot	tal expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			117,6	15.	102,857.
			expenses. Subtract line 18 from line 12			122,0		29,158.
5.8						of Curren		End of Year
Assets or Belances	20 Tot	tal assets (Part X. line 16)			290,9		284,870.
A B			s (Part X, line 26)			2,8		12,395.
15 E				• • • • • • • • • • • • • • • • • • • •				
			fund balances Subtract line 21 from line 20	<u></u>	L	288,0	40.]	272,475.
Pa	rt II	Signatur	BIOCK					
Und	er penalties plete. Declai	of perjury, I de	clare that I have examined this return, including accompanying schedules and statemei rer (other than officer) is based on all information of which preparer has any knowledge	ents, and to the	ne best of my	y knowledge	and belief	, it is true, correct, and
		1	n control of the cont					
		P				3	0,20	13
Sig		Signatur	Of officer JOHN PSTER		Date		•	
He	re		FHOGAN		DISTR	ICT 🕳	VEDVE	or transuran
		Type or	orint name and title.					
		Print/Type p	eparer's name Pleaster's signature	PAI	1	Check	_d PT	IN
Pai	id	ROBYN	C WARREN CPA ROBYN C WARREN CPA	الم	1. ~ [self-employe	- 1	00310050
	eparer	Firm's name	► LANGABEER MCKERNAN BURNETT PS				<u> </u>	
Us	e Only	Firm's addre					_ 0117	20670
		i iriir s addre				ımı's ElN		
44	4L - 1D0	<u> </u>	MARYSVILLE, WA 98270			Phone no.	(360)	
			s return with the preparer shown above? (see instructions)	<u></u>			<u></u>	X Yes No
BA	A For Pa	perwork R	eduction Act Notice, see the separate instructions.	TEEA	0113L 08/1	8/11		Form 990 (2011)

Form	n 990 (2011) ROTARY INTERNATIONAL DISTRICT	50/50	26-0588178	Page 2
Par	<u> </u>			
	Check if Schedule O contains a response to any ques	tion in this Part III		
7	Briefly describe the organization's mission: THE PURPOSE OF THE ORGANIZATION IS TO	PROMOTE SUPPORT AND ENHANCE	E THE ROTARY	CLUBS
	WITHIN DISTRICT 5050 AND SERVE AS A LI			
	INTERNATIONAL.			
2	Did the organization undertake any significant program service			⊡
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O.		\ Yes	X No
3	Did the organization cease conducting, or make significant cl	nanges in how it conducts, any program serv	ices? . Yes	X No
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishment Section 501(c)(3) and 501(c)(4) organizations and section 49	s for each of its three largest program servic	es, as measured by	expenses.
	others, the total expenses, and revenue, if any, for each prog	gram service reported.	ount of grants and a	liocations to
4a	a (Code:) (Expenses \$100,713. inclu		venue \$)
	THE PURPOSE OF THE ORGANIZATION IS TO			CLUBS
	WITHIN DISTRICT 5050 AND SERVE AS A LI INTERNATIONAL.	ASON DETWEEN MEMBER CLOBS AF	ID KOTAKI	
				
				
4b	(Code:) (Expenses \$ inclu	ding grants of \$) (Re	venue \$)
			-	
				~
4c	: (Code:) (Expenses \$ inclu	ding grants of \$) (Rev	/enue \$)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		<b></b>		
	1011			<del></del>
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of	\$ ) (Revenue \$		`
	Total program service expenses ► 100,713			/
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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7				х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
	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.	11 b		х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	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		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		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	111		<u>x</u>
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
	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		х
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
1	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	m 990 (2011) ROTARY INTERNATIONAL DISTRICT 50/50 26-058817	8	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)		<del>,</del> ,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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		Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) 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		Х
	b 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		_X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<b></b>	_X_
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
1	c 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		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> X</u>
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		_X_
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	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,' complete Schedule R, Part V, line 2	35b		х

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**37** 

Form 990 (2011)

X

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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.............

Form 990 (2011) ROTARY INTERNATIONAL DISTRICT 50/50 26	-0588178		Page !
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V			[
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		1
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming 1	с	x
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2	ь	<u></u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<u>3</u>	b	<u> </u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)	y over, a	a X	
<b>b</b> If 'Yes,' enter the name of the foreign country: <b>CANADA</b>			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	s		]
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>. 5</u>	a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5	b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5	с	<u> </u>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organisolicit any contributions that were not tax deductible?	zation 6	a X	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gif not tax deductible?	ts were 6	ЬΧ	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods are services provided to the payor?	nd 7	a	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	ed to file 7	С	
d if 'Yes,' indicate the number of Forms 8282 filed during the year			}
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	··· · · · · · · · · · · · · · · · · ·	е	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\dots$	7	<u> </u>	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7</u>	g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?		h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busin holdings at any time during the year?.	Did the less		x
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9	a	L
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9	ь	
10 Section 501(c)(7) organizations. Enter:	Γ		
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
h Gross receipts uncluded on Form 990. Part VIII, time 12, for public use of club facilities.		1	}

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b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	
14a Did the organization receive any payments for indoor tanning services during the tax year?	148	X
c Enter the amount of reserves on hand		
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		
Note. See the instructions for additional information the organization must report on Schedule O.	1 1	
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
a Gross income from members or shareholders	↓	
11 Section 501(c)(12) organizations. Enter:		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]	

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section 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. b 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents 4 Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Х Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х .... . . . . . . . . . . . . . **b** Each committee with authority to act on behalf of the governing body? ...... ... X 86 Is there any officer, director or 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 Q. 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?...... Х ******* *** ** ** ** ** c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. .... SEE SCHEDULE . 0 ...... 120 X X 13 Did the organization have a written document retention and destruction policy? Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. 15 a 15_b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) Х 16a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JOHN PETERS 21764 - 95A AVENUE LANGLEY BC V1M4E9 604-376-3811

Form <b>990</b> (2	011) ROTARY	INTERNATIONAL	DISTRICT	50/50	26-0588178	Page
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII....

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A) Name and title	(B) Average hours per week					nan one h an offi rustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2)1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_DENIS_BOYD	0							0.	0.	0.
(2) JANE HELTEN PAST DIST GOV	0							0.	0.1	0.
(3) DENNIS RATCLIFF SECRETARY	0							0.	0.	0.
(4) JOHN A PETERS TREASURER	0							0.	0.	0.
(5) SEAN HOGAN PRESIDENT	0							0.	0.	
(6)	0							0.	U.	0.
(8)										
<u></u>										
(11)										
(12)										
(13)	-									
(14)							1			

Part VII   Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average hours	(C) Position (do not check more the box, unless person is to officer and a director/to			than is bot or/trus	one h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	a	(F) Estimated amount of othe compensation		
	per week (describ e hours for related organi- zations in Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relation and relation and relations and relations are seen and relations and relations are seen and relations and relations are seen are seen and relations are seen are seen and relations are seen are	tion ated
<u>(16)</u>												
(18)							<u> </u>					
(19)							 					
(20)				_								
(21)				-		_				-		
(22)											<del>-</del>	
(23)					_							
(24)									<u> </u>	-		
(25)											<del></del>	<u></u>
1 b Sub-total	A			,		  	<b>A A b</b>	0. 0. 0.	0. 0.			0. 0. 0.
<ul> <li>Total number of individuals (including but not limited from the organization</li> <li>□ 0</li> </ul>	to the	se l	stec	i ab	ove)	who	o re	ceived more than	\$100,000 of report	able c	omper	sation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus dividua	tee, al	key	emp	oloy	ee, (	or hi	ighest compensate	ed employee	. 3	Yes	No X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	• • • • • • •	• • • •					• • • •			. 4		х
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' co	ompens omplet	satio e So	n fre hed	om a lule .	any <i>J tol</i>	unre Suc	late ch p	d organization or erson	individual	. 5		X
Section B. Independent Contractors  1 Complete this table for your five highest compensate compensation from the organization. Report compensation from the organization.	ed inde	pen	dent	COL	itrac	tors	tha	t received more the	nan \$100,000 of			
(A) Name and business address		101	ine (	Laiei		yea	ar er	(B) Description of	)	_	(C) pensati	on
2 Total number of independent contractors (including t \$100,000 in compensation from the organization		lımı	ted	to th	ose	liste	ed a	bove) who receive	ed more than			

Pa	rt VIII   Statement of Revenue				<del></del>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e       f All other contributions, gifts, grants, and similar amounts not included above     1f       18,59				
₹.0	g Noncash contributions included in Ins 1a-1f: \$	3.			
8₹	h Total. Add lines 1a-1f	. 32,234.	<u></u>		
E REVENUE	2a MEMBERSHIP DUES & ASSESSMENTS b	83,040.	83,040.		
AM SERVIC	c				
OGR,	f All other program service revenue				
<u>Ř</u>		*	<b></b>		-
	Investment income (including dividends, interest and other similar amounts)     Income from investment of tax-exempt bond proceed.	s <b>181</b> .			181.
	5 Royalties (i) Real (ii) Personal 6a Gross rents	1			
	7 a Gross amount from sales of assets other than inventory.  b Less: cost or other basis			:	
	and sales expenses c Gain or (loss)				
	d Net gain or (loss)	<u>.                                    </u>		<del></del>	<del>                                     </del>
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18 a 48,94  b Less: direct expenses b 58,90				
٥	c Net income or (loss) from fundraising events	▶ -9,966.			-9,966.
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b  c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
ļ	b Less cost of goods sold b  c Net income or (loss) from sales of inventory	<u> </u>			1
ŀ	Miscellaneous Revenue Business Code		·	<del></del>	
Ì	11a INSURANCE REFUND 900099	26,526.	26,526.		j
ı	b				
	c				
	d All other revenue.	25 505			<b></b>
- 1	e Total. Add lines 11a-11d	26,526.	100 566		0.705
	12 Total revenue. See instructions	► 132,015.	109,566.	<u> </u>	<u>-9,785.</u>

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a i	response to any questio	n in this Part IX		<u> </u>
	not include amounts reported on lines 7b, 8b, 9b, 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 governments and organizations in the United States. See Part IV, line 21			_	
2					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7					
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	· -				
	Fees for services (non-employees):		<del></del>		
	· · · · · · · · · · · · · · · · · · ·				
•	Management		····		
	b Legal				
	c Accounting			2,144.	<del></del>
	Lobbying			·. <u></u>	
	Professional fundraising services. See Part IV, line 17.				
	Investment management fees				
	g Other				
12	Advertising and promotion	1,580.	1,580.		
13	Office expenses	394.	394.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		· · · · · · · · · · · · · · · · · · ·		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
23	Insurance	26,505.	26,505.		
24			20,70001		
а	DG, DGN, AND AG EXPENSES	48,201.	48,201.		
	CLERICAL SUPPORT	15,000.	15,000.		
	MERCHANT SERVICE FEE	3,566.	3,566.		
	ROTARY FOUNDATION EXP	1,956.	1,956.		·
	All other expenses	3,511.	3,511.		
	Total functional expenses. Add lines 1 through 24e	102,857.	100,713.	2 144	
	Joint costs. Complete this line only if	102,037.	100, /13.	2,144.	0.
40	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following	ĺ			
	SOP 98-2 (ASC 958-720)				

Page 11

Pa	ηX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	206,682.	_1	175,304.
	2	Savings and temporary cash investments	61,086.	2	61,267.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,203.	4	15,765.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
S	7	Notes and loans receivable, net		7	
S S E T S	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	12,954.	9	32,534.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
ļ		Less. accumulated depreciation		10 c	
	11	Investments — publicly traded securities		11	
- 1	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	284,870.
_	17	Accounts payable and accrued expenses		17	3,000.
	18	Grants payable		18	
	19	Deferred revenue	2,885.	19	9,395.
L	20	Tax-exempt bond liabilities		20	
Ā	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ABILIT	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
ŀ	26	Total liabilities. Add lines 17 through 25	2,885.	26	12,395.
N	_ <del></del>	Organizations that follow SFAS 117, check here   X   and complete lines			
P N		27 through 29 and lines 33 and 34.			
§	27	Unrestricted net assets	185,662.	27	181,679.
A-LIMENAND	28	Temporarily restricted net assets.		28	
Ĭ	29	Permanently restricted net assets	102,378.	29	90,796.
R		Organizations that do not follow SFAS 117, check here ► and complete			
		lines 30 through 34.			
חשבם	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	······································
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	<del> </del>
Ñ		Total net assets or fund balances	288,040.	33	272,475.
AZCES	33	r	290, 925.	34	
BAA	34	Total liabilities and net assets/fund balances	470,343.	34	284,870. Form <b>990</b> (2011)

BAA

Form 990 (2011)

Form	990 (	2011)	ROTARY	INTE	RNATI	ONAL D	IST	RICT	50/	50					26-	<u>0588178</u>	3	Pa	age 12
Par	t XI		nciliation						_		,								
		Check	if Schedule	e O cor	itains a r	esponse	to an	y questic	on in	this Pa	<u>rt XI</u>		· · · · · ·	<u>.</u>	<u></u>		<u></u>	<u> </u>	X
															,				
1			e (must equ															<u>32, (</u>	
2	Total	expense	es (must ed	qual Pa	rt IX, col	umn (A),	line 2	25)	• • • •			• • • • • •					1	02,8	
3			expenses.															<u> 29, 1</u>	
4	Net a	ssets or	fund balan	ices at	beginnin	g of year	(mus	t equal i	Part 2	X, line 3	3, colu	A) nmı	))					88,0	
5	Other	change	s in net as	sets or	fund bala	ances (ex	(plain	in Sche	dule	O)SE	E.SC	HEDU	LEO			5	<b>.</b>	44,	<u> 123.</u>
6	Net a	ssets or	fund balan	nces at	end of ye	ear. Comb	bine (	ines 3, 4	4, and	d 5 (mu:	st equa	el Part	X, lıne	33,		6	2	72,4	175.
Par	t XII	Finan	icial State	ement	s and I	Reporti	ng									·			
		Check	if Schedule	O con	tains a re	esponse to	o any	questio	n in	this Par	t XII.	<u> </u>							
								_										Yes	No
1	Accou	unting m	nethod used	i to pre	pare the	Form 990	D: [	Cash	2	K Accru	al	□ Oth	er _						ĺ
	If the	organiza hedule C	ation chang O.	ged its	method o	of account	ting f	rom a pr	rior y	ear or c	hecked	d 'Othe	r,' exp	ain					
2a	Were	the orga	anization's	financia	al statem	ents com	piled	or revie	wed I	by an in	depen	dent a	count	ant?			2a		X
b	Were	the orga	anization's	financia	al statem	ents audi	ited b	y an ind	epen	dent ac	counta	nt?					2b		X
C	If 'Ye:	s' to line	2a or 2b,	does th	e organi: ancial sta	zation hav	ve a d	committe selection	ee tha	at assur n indep	nes re	sponsil accou	oility fo	r oversi	ght of t	he audit,	2c		
	If the in Scl	organiza hedule C	ation chang ).	ged eith	er its ove	ersight pr	ocess	or sele	ction	proces	s durin	g the t	ax yea	r, expla	in				
d	separ	ate basi	2a or 2b, is, consolidate te basis	ated ba		oth:		whether						year we	ere issu	ed on a			İ
3a	As a d Audit	result of Act and	a federal a OMB Circu	award, v ular A-1	was the c 33?	organizati	ion re	- quired to	o und	dergo ar	audit	or aud	its as :	set forth	in the	Single	3a		<u> x</u>
b	If 'Ye:	s,' did th dits, exp	ne organiza Ilain why in	tion un Sched	dergo the	required d describe	d audi e any	t or audi steps ta	its? I aken	f the org to unde	ganızal igo su	lion dic ch aud	not u	ndergo i	he requ	ired audit	36		
BAA																	Form	990 (	2011)

TEEA0112L 07/06/11

#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

2011
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer Identification number** 

ROTARY INTERNATIONAL DISTRICT 50/50 26-0588178

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... Yes No.

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
			THE SAME ACTIVITIES ARE		
(2)			CONDUCTED IN THIS AREA. OUR		
(3)			DISTRICT COVERS PART OF WASHINGTON		
(4)			STATE, USA AND PART OF BRITISH		
(5)			COLUMBIA. THE ACTIVITIES ARE TO		
_(6)			PROMOTE, SUPPORT, AND ENHANCE THE		
7)			ROTARY CLUBS WITHIN DISTRICT		
(8)		· ·	5050 AND SERVE AS A LIASON BETWEEN		
(9)			MEMBER CLUBS AND ROTARY		
(10)			INTERNATIONAL.		
(11) VANCOUVER			THE TWO AGENTS ARE THE CURRENT	OFFICERS OF DISTRICT 5050	
BRITISH COLUMBIA (12) CANADA	1	2	PRESIDENT AND CURRENT TREASURER.	FOR THIS FISCAL YEAR.	0.
(13)					<u>.</u>
(14)					
<u>(15)</u>					
(16)					
(17)	1	2			
<b>3a</b> Sub-total	1				
sheets to Part I	1	2			0.

Page 2 Schedule F (Form 990) 2011 ROTARY INTERNATIONAL DISTRICT 50/50

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to
Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000... • X

Part II can be duplicated if additional space is needed.

1 (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 non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(2)								
(4)								
(5)								
(9)								
6								
(8)								
(6)								
(10)								
(11)								-
(12)								
(13)								
(14)								
(51)								
(16)					:			
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	zations listed above the section 501(c)(3) equ	nat are recognized a	as charities by th	e foreign country,	recognized as tax	exempt by the IRS	RS, or for which	0

3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2011

Page 3

Schedule F (Form 990) 2011 ROTARY INTERNATIONAL DISTRICT 50/50

Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
9							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(เล)							
(14)							
(15)							
(16)							
(1)							
(18)							
ВАА			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Schedule F	Schedule F (Form 990) 2011

BAA	TEEA3505L 01/17/12	Schedule F (F	orm 990) 2011
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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X 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	ΧNο
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)		X 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)	n Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to 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)	n	X No
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)	<u> </u>	X No
_	t IV Foreign Forms	-0388178	Page 4

Schedule F	(Form 990) 2011	ROTARY	INTERNATIONAL	DISTRICT	50/50	26-0588178	Page <b>5</b>
Part V	Supplemental Complete this 3, column (f) ( (accounting m recipients), as	Informati part to pro- accounting ethod); Parapplicable	on ovide the informa g method; amoun art III (accounting e. Also complete	tion required ts of investm method); an this part to p	by Part I, line 2 nents vs expend d Part III, colum provide any addi	2 (monitoring of funds); Pa litures per region); Part II, In (c) (estimated number of tional information (see inst	rt I, line line 1 if ructions).
	·						
		<b></b>			<b></b>		
	· <b></b>						
					<b></b>		
							• <del></del>
BAA			TEEA3504	L 05/26/11	<del></del>	Schedule F (Fo	rm 990) 2011

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

# Supplemental Information Regarding Fundraising or Gaming Activities

Regarding 201

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ► See separate instructions.

Name of the organization					1	eridendiica NEOO370	
ROTARY INTERNATIONAL DIST	RICT 50/5	oU nization a	newered '\	Ves' to Form 990 Part		0588178	3
Form 990-EZ filers are not re	quired to comp	lete this p	art.				
1 Indicate whether the organization	raised funds th	rough any	of the foll	<del></del>			
a Mail solicitations			e	<b>—</b>	-		
<b>b</b> Internet and email solicitation	S		f	Solicitation of gove	_	J	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations	_						
2a Did the organization have a written employees listed in Form 990, Par	n or oral agreer rt VII) or entity	ment with in connec	any individual tion with p	dual (including officers, professional fundraising	services?	tees or ke	Yes X No
b if 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en	tities (fund					
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount		(vi) Amount paid to
or entity (fundraiser)			dy or control ibutions?	from activity	(or retaine fundraiser li column	sted in	(or retained by) organization
		Yes	No				
1					1		
							· · · · · · · · · · · · · · · · · · ·
2							
3							
4							
5							
6							
7	-						
8							
9							
10							***
10							
Total	<del> </del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>
3 List all states in which the organiz or licensing.	ation is register	ed or lice	nsed to so	dicit contributions or ha	s been notified	l it is exer	mpt from registration
	<del></del> -						

Pai	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, lir on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE			(a) Event #1  DISTRICT TRAIN  (event type)	(b) Event #2 DISTRICT ASSEM (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	19,992.	14,220.	14,641.	48,853.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	19,992.	14,220.	14,641.	48,853.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
X P	8	Entertainment				<u> </u>
EXPERSES	9	Other direct expenses	20,907.	8,882.	21,997.	51,786.
S	10					51,786.
لـــــــ	11	Net income summary. Combine line 3, co	lumn (d), and line 10		<u></u> ►	-2,933.
Par	t III	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	orted more than
REVENU			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1	Gross revenue				
ε	2	Cash prizes				
DIRECT	3	Non-cash prizes			· · · · · · · · · · · · · · · · · · ·	<u> </u>
C S T E	4	Rent/facility costs				
	5	Other direct expenses	7			
	6	Volunteer labor	Yes%	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•	
	8	Net gaming income summary. Combine li	nes 1, column (d) and	line 7	▶	
a	Is th	er the state(s) in which the organization op ne organization licensed to operate gaming o,' explain:	activities in each of the	ese states?		
		e any of the organization's gaming licenses	s revoked, suspended (	or terminated during the	tax year?	Yes No
BAA			TEEA3702L 0	1/24/12	Schedule G (For	m 990 or 990-EZ) 2011

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Page 2

Schedule G (Form 990 or 990-EZ) 2011 ROTARY INTERNATIONAL DISTRICT 50/50

Sche	edule G (Form 990 or 990-EZ) 2011 ROTARY INTERNATIONAL DISTRICT 50/50 26	-0588178	Page 3
11	Does the organization operate 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 for administer charitable gaming?	med to Yes	No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility		<u></u>
	An outside facility		<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records:	
	Name >	<b></b>	
	Address •		
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue	? Yes	No
	o If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and the		<b>L</b>
	of gaming revenue retained by the third party > \$		
C	: If 'Yes,' enter name and address of the third party:		
	Name •		7
	Address ►		 
16	Gaming manager information:		
	Name •	<b>-</b>	<del></del> -
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	Yes	No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in the	
Dar	organization's own exempt activities during the tax year > \$ t IV Supplemental Information. Complete this part to provide the explanations required	by Part I line 2	)h
r ai	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applica this part to provide any additional information (see instructions).	able. Also comp	lete
			<del></del> -
			<del></del>

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public** Inspection

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. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 26-0588178 ROTARY INTERNATIONAL DISTRICT 50/50 FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS AN ASSOCIATED CPA OF THE TREASURER CHECKS OVER THE 990. THE SIGNING OFFICER THEN LOOKS OVER THE 990 PRIOR TO SUBMISSION. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ALL POLICIES ARE ANNUALLY REVIEWED, DISCUSSED, AND AMENDED (AS NECESSARY) BY THE BOARD. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS A GENERAL RULE; BUT WOULD UPON REQUEST.

2011 **SCHEDULE O - SUPPLEMENTAL INFORMATION** PAGE 2 26-0588178 **CLIENT 1851 ROTARY INTERNATIONAL DISTRICT 50/50** 2/01/13 FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES PRIOR PERIOD ADJUSTMENT..... -44,723. -44,723. TOTAL §

09:18AM