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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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) Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

OMB No 1545-1150 2011

Open to Public Inspection

Form 990-EZ

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

Α	For the	2011 calend	lar year, or tax year beginning $07/01/11$, and ending $06/30/12$					
В	Check if a		D Em	D Employer identification number				
$\bar{\Box}$	Address							
	Name cha	-	3	36-3986051				
П	Initial retu	•	ROTARY INTERNATIONAL 7430 DISTRICT Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Tele	ephone number			
П	Terminate		6	610-691-0113				
\Box	Amended	return	City or town, state or country, and ZIP + 4	F Gro	oup Exemption			
\prod	Application	n pending		mber				
G	Accour	iting Method	X if the organization is not					
1	Websit	te: ▶ <u>WW</u>	to attac	h Schedule B				
J	Тах-өхө				EZ, or 990-PF)			
K	Check		organization is not a section 509(a)(3) supporting organization or a section 527 organization and its					
			00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be requi	ired (se	e instructions) But if			
	_		oses to file a return, be sure to file a complete return					
L			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		450 404			
_			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 178,431			
F	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ons for	r Part I.)			
	<u>r </u>		f the organization used Schedule O to respond to any question in this Part I	Т.	X 0 522			
	1	•	gifts, grants, and similar amounts received	1	8,522 92,065			
	2	-	vice revenue including government fees and contracts dues and assessments See Statement	2				
	3	•		3				
	4	Investment i	1 . 1	4				
	5a		nt from sale of assets other than inventory	\dashv				
	b		r other basis and sales expenses 5b 5b	ᅴ 5c				
	ي		from sale of assets other than inventory (Subtract line 5b from line 5a) fundraising events	- 30	<u></u>			
•	6	Gross incom						
Revenue	a	\$15,000)	e from gaming (attach Schedule Gil greater han					
e ve	b	•	e from fundraising events (ந்லு பற்பெறும் இதி இதி of contributions					
Œ			sing events reported on line 1) (attach Schedule 💢 the					
			gross income and contributions exceeds \$15,000) 6b					
	c		expenses from gaming and fundraising events 6c					
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
		line 6c)		60	d			
	7a	Gross sales						
	ь	Less cost o						
Ø	· c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	:			
201	8		ue (describe in Schedule O)	8				
=	I -	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	178,431			
ക	10	Grants and	sımılar amounts paid (list in Schedule O)	_10)			
	11	Benefits par	d to or for members	1	!			
	12	Salaries, oth	er compensation, and employee benefits	12				
SCANEXERSEDEC	13		fees and other payments to independent contractors	1:				
E C	14		rent, utilities, and maintenance	14				
	15	0.1	olications, postage, and shipping	19				
A	16	•	ses (describe in Schedule O)					
$\frac{Q}{W}$	17		ises. Add lines 10 through 16	13				
	'0	-	deficit) for the year (Subtract line 17 from line 9)	11	7,819			
sse(19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		43,721			
Net Assets		-	figure reported on prior year's return)	19				
Š	20		ges in net assets or fund balances (explain in Schedule O)	▶ 2				
	21	Net assets of	or fund balances at end of year Combine lines 18 through 20	- 14	1 31,340			

Part II Balance Sheets. (see the instructions for Part II.)	TRICT 36	3-3986051				Page 2
Check if the organization used Schedule O to respond to any	question in this F	art II				
		(A) Beginning of year			(B)	End of year
22 Cash, savings, and investments		43,7		22		51,540
23 Land and buildings	<u></u>		<u> </u>	23		
24 Other assets (describe in Schedule O)	ļ	40 7	0	24		F1 F40
25 Total assets	_	43,7		25		51,540
26 Total liabilities (describe in Schedule O)	 	43,7	0	26		U
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			21	27		51,540
Part III Statement of Program Service Accomplishments (see Check if the organization used Schedule O to respond to any				•	quired	penses for section
What is the organization's primary exempt purpose?			ľ			and 501(c)(4)
OPERATIONS OF ROTARY DISTRICT CLUBS			— I	_		ons and section
Describe the organization's program service accomplishments for each of its three largest as measured by expenses. In a clear and concise manner, describe the services provides		-	ľ			trusts; optional
persons benefited, and other relevant information for each program title.	ded, the hamber of		ļ	ior	others)
28 DISTRICT ADMINISTRATION AND OPERATIONS INCLUDING EXPENSES		EŖ		$\overline{}$		
CLUBS IN ACHIEVING OVERALL GOALS OF ROTARY FOR THE PROGRAM ANNUAL CONFERENCE	YEAR AND THE	•				
(Grants \$) If this amount includes foreign grants, che	ck here	_ _	\Box	28a		58,145
29 SUPPORT TO DISTRICT ROTARY FOUNDATION ACTIVITIES INCLUDING			l	1		
DISTRICT -WIDE YOUTH ACTIVITIES TO PROMOTE WORLD PEACE AND	UNDERSTANDING	• • •				
. (Grants \$) If this amount includes foreign grants, che	ck here	•	ا ۲۰۰	29a		12,936
30 SPECIAL ACTIVITIES FOR YOUTH PROGRAMS AND GROUP STUDY EXCH.		TO				
PROMOTE PEACE AND UNDERSTANDING.				[
			ہیں			A
(Grants \$) If this amount includes foreign grants, che	ck here		Щ	30a		99,531
31 Other program services (describe in Schedule O)			ᇧ╽			
(Grants \$) If this amount includes foreign grants, che	ck here	<u> </u>	ĻH	31a		170 (10
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each	ch one even if not o	omnensated (see	the in	32	one for	170,612
Part IV List of Officers, Directors, Trustees, and Key Employees. List each Check if the organization used Schedule O to respond to any question	n this Part IV		,			
(a) Name and address	(b) Title and average hours per week	(c) Reportable compensation	contrib	Heath be	employee	(e) Estimated amount of
(a) Hairie and address	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	be	nefit plans	s, and ensation	other compensation
	 	1,	i aeren			
TONY JANETTA	DIST. GOVERN	R	deren	ed comp		
TONY JANETTA	DIST. GOVERNO	1		ed comp	0	o
TONY JANETTA BILL JAHN	ļ	0		ed comp	0	0
	2.00	MINE 0		ed comp	0	
	2.00 DIST. GOV. No	MINE 0		ed comp		
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Form	990-EZ (2011) ROTARY INTERNATIONAL 7430 DISTRICT 36-3986051		F	age 3
	rt 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	_33_		X
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)	_34		X
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)?	35a		X
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		<u> </u>
С	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 duπng the year? If "Yes," complete Schedule C, Part III	35c		X
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	- !		
ь	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			ĺ
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ŧ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			J
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	X
С	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization	.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		٠
	transaction? If "Yes," complete Form 8886-T	40e	L	<u> </u>
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶			
	444 MAIN STREET	018		
	•	,010	٠	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No X
	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. ▶	42b		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-		I
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
·	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•		▶ [
70	and enter the amount of tax-exempt interest received or accrued during the tax year			, r
	and effect the amount of tax-exempt interest received of acorded during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1.00	1
470	completed instead of Form 990-EZ	44a	Į	x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1	 	T
U	completed instead of Form 990-EZ	44b	1	x
_	Did the organization receive any payments for indoor tanning services during the year?	44c		X
q	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	+40	 	 **
d	explanation in Schedule O	44d		
AE-	·			x
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		
45b	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	ŀ		1
	Form 990-EZ (see instructions)	45b		x
	TOTAL OCC-EZ (See Instructions)	1 400		

Form	990-E2	Z (201	11) F	COTAR	X II	NTER	MAT I	LAMO.	L /4	130	DIST	RICT	3	6-3986	021				1	Page 4
46	Did the	e oros	ากเวลร์เดก	engage	directly	or indi	rectly in	nolitica	ıl camr	naion a	ctivities i	n behalf	of or in	opposition				Γ_	Yes	No
70		-		olic office	•		•		•	_	Cuviues	on ochan	01 01 111	opposition				46	•	х
Pa	rt VI	S	ection	501(c)	(3) or	ganiz	ations	and	section	on 49	47(a)(l) none	xemp	t charitab	le tru	ists oi	nly. All se		<u> </u>	
		5	01(c)(3)	organiz and com	ations	and so	ection 4	1947(a))(1) no	onexer	mpt cha	ritable tr	rusts m	iust answer	quest	ions 47	'-49b			
				the orga							lo any o	uestion	in this	Part VI .				_		
47	Did th			00000	- labby			have a		- FO4/I	h) alaatis	n in offer	at durina	- the toy					Yes	No
47		_		engage i lete Sche		_		nave a	sectio	1)1 00 1(1	n) electic	iii enec	or during	g tile tax				47	j	1
48				school a		•		170(b)(1)(A)(i	ı)? If "Y	es," con	plete Sch	hedule (E			• • •	48	 	
49a				make an										••••	•			49a		
b	If "Yes	," wa	s the rela	ited organ	nization	ı a secti	ion 527	organiza	ation?									49b		
50	-			-			_							s, directors, t			y ·			
	emplo	yees)	who eac	h receive	d more	than \$	3100,000	of com	pensa	tion fro	m the or	<u> </u>		re is none, e						
	_			(a) Name a		ss of eact an \$100,0		·				(b) Title and hours per devoted to	r week	(c) Report compensa (Forms W-2/10	ation	contributi benefit pla	ealth benefits, ons to employe ans, and deferre npensation	9 1 ' '	timated a er compe	emount of ensation
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f 51	Compl	lete th	nis table f	er employ for the org sation fro	ganizat	ion's fiv	e highes	st comp				 contracto	ors who	each receive	ed more	– e than				
	(a)	Name	and addre	ss of each ir	depende	nt contrac	ctor paid m	ore than \$	100,000				(p)	Type of service			(c) C	ompensation		
									•		·		. <u>. </u>					<u>-</u>		
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										-			_	·			•			
d	Total	numb	er of other	er indepe	ndent c	contract	lors each	n receiv	ing ove	er \$100	,000	. •								
52		_		complete le trusts n							rganizat	ions and	4947(a))(1)			▶ [Ye	s 🗍	No
Unde	r penalti	es of p	penury, I d	leclare tha	t I have	examine	ed this re	tum, incl	uding a	ccompa	anying scl	nedules an	nd staten	nents, and to t	he best	of my kn	owledge and			 _
true,	correct, a	and co	mplete D	eclaration	of prep	arer (oth	her than c	officer) is	based	on all in	formation	of which	preparer	has any know	vledge.				-	
Sigr	,		1 8	4	to							_		Date Date	117	1/2	_			
Here			Signature	HOWY int name an	<u></u>	01/	s	JAN	WE	TA	<u> </u>	0/57	RI	CT (<u> 301</u>)ERK	VOR.			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2011 Open to Public

Inspection

Name of the organization

ROTARY INTERNATIONAL 7430 DISTRICT

Employer identification number 36-3986051

Form 990-EZ, Part I, Line 16 - 0	ther Exp	enses	
Description		Amount	
Expenses			
DIST. CONFERENCE MEETINGS	\$	12,200	
DIST. GOVERNOR EXPENSES	\$	3,649	
DIST. GOVERNOR ELECT EXP	\$	2,200	
DIST. GOVERNOR NOMINEE	\$	919	
ASST. GOVERNOR EXP.	\$	4,950	
MEMBERSHIP DEVELOPMENT	\$	339	
DIRECTORY PRINTING & POST	, \$	1,318	
CAMP NEIDIG	\$	32,340	
4-WAY TEST	\$.	2,637	
INSURANCE	\$	146	
ZONE LEADERSHIP TRAINING	\$	6,126	
PUBLIC RELATIONS	\$	1,000	
YOUTH PROTECTION	\$	1,500	
FOUNDATION ACTIVITIES	\$	6,810	
YOUTH EXCHANGE PROGRAM	\$ _	57,261	
INTERACT PROGRAM	\$	404	
PRES. ELECT TRAIN, ASSEMB	\$	21,028	
WEBSITE	\$	2,966	
DISTRICT PINS & BANNERS	\$	1,158	
ADMIN. EXPENSE	\$	6,272	
VOCATIONAL AWARENESS	\$	500	
CHANGE OVER	\$	4,889	

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer Identification number ROTARY INTERNATIONAL 7430 DISTRICT 36-3986051 Total \$ 170,612

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(Rev January 2012)

Department of the Treasury

Internal Revenue Service File a separate application for each return.											
If you are to	filing for an Au	tomatic 3-Month Extension, complete	e only Part	and check this box		_			► X		
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)											
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.											
Electronic fili	ng (e-file). Yo	น can electronically file Form 8868 if yoเ	ı need a 3-m	nonth automatic extension of time to file (6 ma	onths t	for				
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form											
8868 to reques	st an extensior	of time to file any of the forms listed in	Part I or Par	t II with the exception of Form 8870, Info	rmat	ion					
Return for Tra	nsfers Associa	ted With Certain Personal Benefit Contr	racts, which	must be sent to the IRS in paper format (see						
				ov/efile and click on e-file for Charities &	Non	orofits.	·				
Part I		c 3-Month Extension of Time.									
A corporation	required to file	Form 990-T and requesting an automat	ic 6-month e	extension-check this box and complete							
Part I only									▶ 📙		
All other corpo	rations (includ	ing 1120-C filers), partnerships, REMIC	s, and trusts	must use Form 7004 to request an exte	nsio	of tin	ne				
to file income t	tax returns										
	······			Enter filer's					nstructions		
Type or	Name of exe	empt organization or other filer, see instr	ructions.		E	mploye	er identific	ation number	er (EIN) or		
print	DOWNDA	, TAMBIDAL MICALLI 7420	n Tomp	TOM	(Ter	26	200	COE1			
File by the		INTERNATIONAL 7430					-39 <u>8</u>				
due date for filing your	1 .	eet, and room or suite no. If a P.O. box,	see instructi	ions		iocial s	ecurity nu	ımber (SSN)	!		
return See		IN STREET			Ш						
instructions		post office, state, and ZIP code For a f	foreign addre . 18018								
	BETHLE	new PA	10010	<u> </u>							
Enter the Retu	ım code for the	e return that this application is for (file a	separate app	olication for each return)					01		
Application			Return	Application					Return		
is For			Code	Is For]	Code					
Form 990			01	Form 990-T (corporation)			07				
Form 990-B			02	Form 1041-A		08					
Form 990-E			01	Form 4720		09					
Form 990-P			04	Form 5227		10					
	(sec. 401(a) o	r 408(a) trust)	05	Form 6069							
	(trust other that		06	Form 8870		-			11		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE ORGANIZATION									
		444 MAIN STREET									
The books a	are in the care of	▶ The Organization					P	A 1801	18		
		•		•							
Telephone	e No ▶ 61	.0-691-0113	FAX No	▶ 610-691-5273							
If the orga	inization does	not have an office or place of business i	n the United	States, check this box					▶ 🗌		
• If this is fo	or a Group Reti	urn, enter the organization's four digit Gi	roup Exempt	tion Number (GEN) If	this i	s					
for the whole o	group, check th	nis box If it is for part of	the group, c	heck this box	ch						
a list with the i	names and EIN	Is of all members the extension is for.									
		3-month (6 months for a corporation re									
untıl O	2/15/13	, to file the exempt organization return	n for the org	anization named above. The extension is	\$						
for the c	organization's i	return for:									
▶ ∐	calendar year	or									
		4 4									
		ining $07/01/11$, and ending									
	x year entered hange in acco	in line 1 is for less than 12 months, che	ck reason:	Initial return Final return							
		Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any							
		See instructions	,	,	ļ	3a	\$				
		Form 990-PF, 990-T, 4720, or 6069, ea	nter any refu	ndable credits and							
		ts made Include any prior year overpay	-		_]	3b	\$				
Belonce due Subtract line 25 from line 25 Include your neumant with this form if required by using											

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

EFTPS (Electronic Federal Tax Payment System). See instructions