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Department of the Treasurys

#### Ref **□** of Organization Exempt From I me 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 2011 Open to Public

	al Revenus Se		<del></del>	ements	Inspection
		11 calendar year, or tax year beginning $07/01/11$ , and ending $06/30/1$	12		
3 0	Check if applical		ļ	D Employer Id	entification number
_' /	Address change	ROTARY INTERNATIONAL DISTRICT 6910			
I	Name change	Doing Business As			587519
Ξ,	nitial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone r	
=		958 MCEVER RD EXTENSION	D-9	770-5	538-0909
!`	Terminated	City or town, state or country, and ZIP + 4	}		
	Amended return			G Gross receipts	484,222
٦,	Application pen	F Name and address of principal officer	tues le this se	and the second	tes? Yes X No
	.,	WILLIAM ST CLAIR	H(a) Is this a gr	oup return for affilia	tes? Yes X No
		958 MCEVER RD EXTENSION, D-9	H(b) Are all aff	iliates included?	Yes No
		GAINESVILLE GA 30504-3967	If "No	," attach a list (see	e instructions)
1	Tax-exempt st	<del></del>	_		
J	Website 🕨	ROTARYDISTRICT6910.ORG	H(c) Group ex	emption number	<u> </u>
K	Form of organi	zation X Corporation Trust Association Other ►	Year of formation 1	984 <sub>м</sub>	State of legal domicile GA
P	art I	Summary			
	1 Brief	ly describe the organization's mission or most significant activities			
ė	S	ee Schedule O			
anc					
ž					
Governance	2 Che	ck this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25	% of its net asse	ets	
ග න	3 Num	ber of voting members of the governing body (Part VI, line 1a)			70
Se	4	they of independent voting members of the governing hady (Part VII line 1h)			70
ŧ		I number of individuals employed in calendar year 2011 (Part V, line 2a)	Car	5 2	2
Activities		I number of volunteers (estimate if necessary)		<del></del>	3250
⋖	Į.	Lunrelated business revenue from Part VIII column (C) line 12		7a	0
	b Net	unrelated business taxable income from Form 990-T, line 34	<b>&gt;</b> /	7b	0
			Prior Ye		Current Year
a	8 Con	tributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g)		5,966	278,797
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)	42	9,386	191,878
ě	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		512	<u> </u>
Œ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,459	13,352
	12 Tota	il revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,323	484,222
	13 Gra	nts and similar amounts paid (Part IX, column (A), lines 1–3)	2	9,425	0
	<b>14</b> Ben	efits paid to or for members (Part IX, column (A), line 4)		0	0
es	<b>15</b> Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	29,070
enses	16a Pro	essional fundraising fees (Part IX, column (A), line 11e)		0	0
Expe	. b Tota	al fundraising expenses (Part IX, column (D), line 25) ▶ 0			
Ш	17 Oth	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		0,717	446,774
	18 Tota	at expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		0,142	475,844
_		enue less expenses. Subtract line 18 from line 12		7,181	8,378
Net Assets or		1 (D ) (D	Beginning of Cu		End of Year
sset	20 Tot	al assets (Part X, line 16)		6,325	272,970
et A	21 Tot	ai liabilities (Part X, line 26)		2,071	338
_		assets or fund balances Subtract line 21 from line 20	26	4,254	272,632
	Part II	Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules and staten			ledge and belief, it is
	The wirect,	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	mas any knowled	ge	17
		- Jemy Foldow		7.4	4.12
	gn	Signature of Officer  J. / ERBU GORDON DISTRICT TREASURER	),	Date	
Н	ere	Type or print name and little			<del></del>
_			- In-		EF) DTIN
p-		rint/Type preparer's name Preparer's signature	Date	٠ ا	X if PTIN
	enarer	TERRY GORDON, CPA Jenny Mon		1/12 self-emplo	
	se Only	mis name J. Terry Gordon & Co.		Firm's EIN ▶	58-1499257
U	1	40 Technology Pkwy S # 250	ļ	_	770-440 4001
		mm's address Norcross, GA 30092		Phone no	770-449-4921
_		discuss this return with the preparer shown above? (see instructions)		i-	Yes No
DA DA		ork Reduction Act Notice, see the separate instructions.		141	Form <b>990</b> (2011)
				01	ンハン
				•	·

rm 990 (2011) ROTARY INTERNAT		0 58-1587519	Page <b>2</b>
Part III Statement of Program Se			
	ins a response to any questio	n in this Part III	X
Briefly describe the organization's mission  See Schedule O			
dec demedate o			
Did the organization undertake any significal	nt program services during the year v	which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on Sch		advata and analysis	
Did the organization cease conducting, or m services?	are significant changes in now it cor	iddets, any program	Yes X No
If "Yes," describe these changes on Schedu	le O		
Describe the organization's program service		ee largest program services, as measure	d by
expenses Section 501(c)(3) and 501(c)(4) c			-
grants and allocations to others, the total ex	penses, and revenue, if any, for each	n program service reported	
	016 500		100.01
a (Code ) (Expenses \$	316,728 including grants of		•
CONDUCT DISTRICT CONFERT TRAINING AND INFORMATION			
IRAINING AND INFORMATIO	A SEMINAN, AND NO.	IARI DEADERSHIF INSI	IIOIE
) (Cartana ) (Cartana )	40 619	( <b>0</b>	
tb (Code ) (Expenses \$ PROVIDED CLUB SERVICES	40,619 including grants of		
INTERNATIONAL AND LOCAL			
1- (Codo \ \/Evanson \$	60,604 including grants o	5 C	nue \$ 65,663
4c (Code ) (Expenses \$ SUPPORTED ROTARY YOUTH			
SCHOOL STUDENTS, SUPPOR			
ROTARY PROGRAM.	0022202 01032		
			•
	•		
Ad Other program convects (Describe in Set-			
4d Other program services (Describe in Sche (Expenses \$	including grants of \$	) (Revenue \$	1
4e Total program service expenses ▶	417,951	) lizeseing a	
AA			Form <b>990</b> (20
			(20

Part IV Checklist of Required Schedules

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	x	<u> </u>
	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		x
	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	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X_
С	1	۱.,		<b>.</b>
А	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c	<u> </u>	X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	<del></del>	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	
	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
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		ļ	İ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	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	ļ	X
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	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20-	If "Yes," complete Schedule G, Part III	19	$\vdash$	X
20a	• • • • • • • • • • • • • • • • • • • •	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	<u> </u>

Checklist of Required Schedules (continued) Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
_	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ľ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	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	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>├</b>
25a	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	<b> </b>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			i
	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,	Ì		
	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	ļ	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28a	<b>├</b> —	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	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> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			_
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Į.		1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
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	↓	X
35a		35a	4_	X
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," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	\	1	
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
			X	

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 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b** 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 X account)? 4a If "Yes," enter the name of the foreign country ь See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b 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 and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d If "Yes." indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a а Did the organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b þ Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c C X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Form 990 (2011) ROTARY INTERNATIONAL DISTRICT 6910 58-158**75**19 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI X. Section A. Governing Body and Management Yes No 70 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 70 Enter the number of voting members included in line 1a, above, who are independent 1b 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 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3  $\bar{\mathbf{x}}$ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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 take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > GA

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

State the name, physical address, and telephone number of the person who possesses the books and records of the

available for public inspection. Indicate how you made these available. Check all that apply

ROTARY INTERNATIONAL DISTRICT 6910

Own website Another's website X Upon request

and financial statements available to the public during the tax year

958 MCEVER ROAD, SUITE D-9
GA 30504

18

19

20

organization ▶
GAINESVILLE

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga  (A)  Name and Title	(B) Average hours per week (describe	(do	not c	Posi heck r	tion more t	than on s both a	e in	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) GENE WHINDHAM	<del> </del>	<u> </u>	-							
PAST DISTRICT GOVERN	0.00	X						0	0	0
(2) WILLIAM ST. CLAI	R									
DISTRICT GOVERNOR	0.00			X				0	0	0
(3) MARGIE EDDY-FORE	ES									<del></del>
DISTRICT GOV ELECT	0.00			X		<u> </u>		0	0	0
(4) NANCY KENNEDY										
ASSISTANT GOVERNOR	0.00	_		X	L			0	0	0
(5) ALAN HORNE										
ASSISTANT GOVERNOR	0.00			X				0	0	0
(6) ERNIE LEACH	_			Ī		Ι Τ				
ASSISTANT GOVERNOR	0.00			X				0	0	0
(7) CAREY JACKSON										
ASSISTANT GOVERNOR	0.00			X				0	0	0
(8) MARIA FLYNN										
ASSISTANT GOVERNOR	0.00		_	X		<u>                                     </u>		0	0	0
(9) ALAN SMITH		1	}		Ì	1 1				
ASSISTANT GOVERNOR	0.00		_	X	<u> </u>			0	0	0
(10) DAVID FOSTER	· L		l		1				-	
ASSISTANT GOVERNOR	0.00			X	<u> </u>			0	0	<u> </u>
(11) BILL KURTZ										
ASSISTANT GOVERNOR	0.00			X	_			0	0	0
(12) JIM WALDRON										
ASSISTANT GOVERNOR	0.00			X	<u> </u>			0	0	0
(13) OTIS JONES					}					
ASSISTANT GOVERNOR	0.00			X				0	0	0
(14) RICK BOYD										
ASSISTANT GOVERNOR	0.00	⊥.	$\perp$	X				0	0	
										Form 990 (2011)

Form **990** (2011)

·		stees	5, N			oyee	s, a	nd Highest Compensated					
(A) • Name and title	(B) Average hours per week (describe hours for	box offi	c, unle	Pos check ess pe nd a d	rson	than o	an ee)	(0)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Reportable Estimated mpensation from amount of related other organizations compensation		of ation	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	dey employee	Highest compensated employee	ormer	(W-2/1099-MISC)				ted	
(15)BILL COOPER ASSISTANT GOVERNOR	0.00			x		1							
(16) AL HOMBROEK	0.00	<u> </u>		^	<del> </del>	+		0	0				0
ASSISTANT GOVERNOR	0.00			x				0	0				0
(17) BRUCE WATTERSON	0.00			,									•
ASSISTANT GOVERNOR (18) KELLY GEIKEN	0.00	<del> </del>	$\vdash$	X	╁┈	+	-	0	0				0
ASSISTANT GOVERNOR (19) DENNIS STILL	0.00		_	X				0	0		<del></del>		0
PARLIMENTARIAN	0.00	<u> </u>		X				0	0				0
(20) HANK TANNER DISTRICT SECRETARY (21) TERRY GORDON	0.00			x	ļ 	ļ .		0	0		_	_	0
DISTRICT TREASURER	0.00			x				0	o				0
(22) ED O'NEAL	0.00												_
ASSIST DIST TREASURE (23)	0.00			X		<u> </u>		0	0				0
(24)		$\vdash$	-	-									
(25)				-									
1b Sub-total	•	-1		-	•		▶						
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	A			<b>&gt;</b>			<del> </del>			
Total number of individuals (in reportable compensation from				thos	e lis	ted a	bove	e) who received more than	\$100,000 in	<u>!</u>			
3 Did the organization list any for				truet	-00	kev e	mol	ovee or highest compensati	ted	-	<u></u>	Yes	No
employee on line 1a? If "Yes,"  For any individual listed on line organization and related organization.	complete Scheen to 1a, is the sum	dule . of re	J for port	sucl able	h ind	dividu npens	al satio	n and other compensation t	from the		3		Х
individual 5 Did any person listed on line	la receive or acc	crue c	comp	pens	atıo	n fror	n an	y unrelated organization or			4		X
for services rendered to the o Section B. Independent Contract		res,	com	plete	Sc	hedu	le J	for such person	<u> </u>		5		<u> </u>
Complete this table for your fi compensation from the organ	ve highest comp	ensa ompe	ted ensa	ınde; ition	pend for t	dent of	conti	dar year ending with or with	in the organization's tax ye	ar			
Name an	(A) d business address						<u>.</u>	Descri	(B) ption of services	_	Ca	(C) mpensa	ation
	· · · · · · · · · · · · · · · · · · ·											_	
	· · · · · · · · · · · · · · · · · · ·												
2 Total number of independent received more than \$100,000		-	_					se listed above) who	0				
DAA			(11		J-0111				<u> </u>		Fo	rm <b>99</b>	0 (2011

	(2011) ROTARY INT		MAL DIST	RICT 6910	58-1587519		Page 9
Part V	III Statement of Rev	renue	т	(A) T	<del></del>		<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
월 1a	Federated campaigns	1a				·····	012, 010, 01014
g p	Membership dues	1b	238,577				
' ⊆I	Fundraising events	1c	210				
<u>a</u> d	Related organizations	1d					
Ē e	Government grants (contributions)	1e					
o f	All other contributions, gifts, grants,						
the	and similar amounts not included above	1f	40,010				
9	Noncash contributions included in lines	1a-1f \$					
<u>re</u> h	Total. Add lines 1a-1f		<b>•</b>	278,797		***************************************	
a b c d e f c			· Busn Code				
2a	DISTRICT CONF REG			98,975	98,975		
ל   b	RYLA INCOME			30,000	30,000		
§   c	• • • • • • • • • • • • • • • • • • • •			24,402	24,402		
<u> </u>		NCOME		12,000	12,000		
e	INTERACT DUES		-	6,171	6,171		
<u>3</u> "  f	All other program service rev	enue		20,330	20,330		
<u></u> 9		<del></del>	<b>&gt;</b>	191,878			
3	Investment income (including	g dividends, inte	erest,	105	105		
1.	and other similar amounts)			195	195		-
5	Income from investment of ta	ax-exempt bond	proceeds		·		
3	Royalties (i) Real	,	(ii) Personal				
6.2	Gross rents	<del></del>	ii) Fersoriai				
Ь							
C							
d	· · · · · · · · · · · · · · · · · · ·	<b>!</b>			İ		
	Gross amount from (i) Securit	ies	(II) Other				
l	sales of assets other than inventory						
ь	Less cost or other						
	basis & sales exps						
С	Gain or (loss)						
d	Net gain or (loss)		<b></b>	_			
<sub>o</sub> 8a	Gross income from fundraising e	vents					
Other Revenue	(not including \$	1					
Š	of contributions reported on line 1	lc)					
	See Part IV, line 18	a					
Š   b	Less direct expenses	b					
C	Net income or (loss) from fu	· ·	s <b>&gt;</b> _				
9a	Gross income from gaming activi	ties.					
	See Part IV, line 19	a					
	Less direct expenses	ь [					
	Net income or (loss) from ga	· —	<u> </u>				
108	a Gross sales of inventory, les	i					
١.	returns and allowances	a					
	Less cost of goods sold	b		1			
-°	Net income or (loss) from sa Miscellaneous Reven		Busn. Code	<u> </u>			
118			Susii. Code	12,314	12,314		
''6				593			
			<b>———</b>	355		<del></del>	<del>                                     </del>
		W3131KK110		90	<del></del>		<del>- </del>
, ,				13,352	<del> </del>		<del></del>
le	Total. Add lines 11a-11d		•	13.332			

#### 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)

requir	ed to complete columns (B), (C), and (D)			( )	
	Check if Schedule O contains a response	to any question in this Part I	X		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,130		26,130	·
8	Pension plan accruals and contributions (include	j			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,940		2,940	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
_	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	<u> </u>			·
T	Investment management fees				<u> </u>
g	Other	15 470	15 470		
12	Advertising and promotion	15,472 9,142	15,472	0.140	
13	Office expenses	9,142		9,142	
14 15	Information technology Royalties				
16	Occupancy	4,644		4,644	<del></del>
17	Travel	11,761	11,761	4,044	
18	Payments of travel or entertainment expenses	11,701	11,701		
	for any federal, state, or local public officials		ĺ		
19	Conferences, conventions, and meetings	227,285	227,285		
20	Interest	22.7200	221,200		<del></del>
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	505		505	<del></del>
23	Insurance			303	
24	Other expenses. Itemize expenses not covered				<del></del>
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	INTERNATIONAL SERVICE PRO	36,002	36,002		
b	RYLA EXPENSES	30,587	30,587		
С	GRSP ALLOCATION	22,470	22,470		
d	DISTRICT GOV EXP GENERAL	10,881	10,881		
е	All other expenses	78,025	63,493	14,532	
25	Total functional expenses. Add lines 1 through 24e	475,844	417,951	57,893	0
26					
	organization reported in column (B) joint costs from a combined educational campaign and			j	
	fundraising solicitation. Check here ▶ ☐ if				
DAA	following SOP 98-2 (ASC 958-720)				
5,707					Form 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 32,288 8,628 1 Cash-non-interest bearing 246,542 193,088 Savings and temporary cash investments 2 12,000 3 Pledges and grants receivable, net 49,216 4,703 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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) Notes and loans receivable, net 7 10,130 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 13,767 other basis Complete Part VI of Schedule D 10a 12,670 1,603 1,097 10b 10c b Less accumulated depreciation 11 Investments-publicly traded securities 11 Investments—other securities See Part IV, line 11 12 12 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 286,325 272,970 Total assets. Add lines 1 through 15 (must equal line 34) 16 22,071 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 22,071 338 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 272,632 264,254 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 264,254 272,632 33 33 Total net assets or fund balances 286,325 272,970 Total liabilities and net assets/fund\_balances

Form 990 (2011)

n this Part XI	1 2		34,222
	2		
(A)	2		34,222
and the second second	2		<i>, - ,</i>
L (A))	<del></del>		75,844
Lucas (A))	1 3 1	-	8,378
COULTING (A1)	4	26	54,254
COIGHIII (XY)	<del></del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
enual Part X line 33			
Addit att X, mic 55,	6	2'	72,632
n this Part XII			X
			Yes No
crual Other			100 110
ependent accountant?		2a	X
untant?		2b	X
s responsibility for oversight			
f an independent accountant?		2c	,
during the tax year, explain in			
tatements for the year were			
separate basis			
udit or audits as set forth in			
		3a	
nization did not undergo the			
aken to undergo such audits		3b	
	equal Part X, line 33,  In this Part XII  Circual Other Ecked "Other," explain in  ependent accountant?  ountant?  es responsibility for oversight of an independent accountant?  during the tax year, explain in  statements for the year were  separate basis audit or audits as set forth in  anization did not undergo the taken to undergo such audits	equal Part X, line 33,  In this Part XII  Corual Other Ecked "Other," explain in  ependent accountant?  countant?  es responsibility for oversight of an independent accountant?  during the tax year, explain in  statements for the year were  separate basis audit or audits as set forth in  anization did not undergo the	equal Part X, line 33,  In this Part XII  Crual Other  coked "Other," explain in  ependent accountant?  ountant?  es responsibility for oversight of an independent accountant?  during the tax year, explain in  statements for the year were  separate basis audit or audits as set forth in  anization did not undergo the

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990. 
► See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Employer identification number

R(	TARY INTERNATIONAL DISTRICT 6910		58-15	87519		
Pai		inds or Other Similar Funds or A				
	organization answered "Yes" to Form 990, Part I	V. line 6.	ccounts	. Complete il tile		
		(a) Donor advised funds	(b) i	Funds and other accounts		
1	Total number at end of year	(2) 33.13 (31.13)		and and only accounts		
	Aggregate contributions to (during year)	<del> </del>		<del></del>		
	Aggregate contributions to (during year) Aggregate grants from (during year)			<del></del> _		
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that	t the accets hold in donor advised				
3				□ v <sub>20</sub> □ v <sub>2</sub>		
c	funds are the organization's property, subject to the organization's excluding the properties in the properties of the p			Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in					
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose		□ v <sub>aa</sub> □ v <sub>a</sub>		
Da	conferring impermissible private benefit?  rt ii Conservation Easements. Complete if the organization	anization answered "Ves" to Form (	000 Port	Yes No		
			990, Part	rv, line 7.		
1	Purpose(s) of conservation easements held by the organization (check					
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp		area		
	Protection of natural habitat	Preservation of a certified historic	structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conser-	vation			
	easement on the last day of the tax year		F 3.			
			H	eld at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b	<del></del>		
C	Number of conservation easements on a certified historic structure inc	luded in (a)	2c			
đ	Number of conservation easements included in (c) acquired after 8/17					
	historic structure listed in the National Register	2d				
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the						
	tax year ▶					
4	Number of states where property subject to conservation easement is	located ▶				
5	Does the organization have a written policy regarding the periodic mod	nitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the ye	ar			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year				
	<b>▶</b> \$	• .				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)				
	(i) and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIV, describe how the organization reports conservation easer	ments in its revenue and expense statement	t, and			
	balance sheet, and include, if applicable, the text of the footnote to the	•	•			
	organization's accounting for conservation easements	•				
P	art III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Other	Similar A	Assets.		
	Complete if the organization answered "Yes" to					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and b	alance shee	<u> </u>		
	works of art, historical treasures, or other similar assets held for public	-				
	public service, provide, in Part XIV, the text of the footnote to its finan-					
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		nce sheet			
	works of art, historical treasures, or other similar assets held for public					
	public service, provide the following amounts relating to these items		· · · · · · · · · · · · · · · · · · ·			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$		
,	(ii) Assets included in Form 990, Part X			\$		
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial dain, pro	vide the	•		
~	following amounts required to be reported under SFAS 116 (ASC 958	• , ,	THE THE			
а	5	, reading to those items	<b>.</b>	\$		
	Assets included in Form 990, Part X		•			
	ASSESTICATION TO THE STOP FAIL A			_\$		

		TERNATIONA					87519		Page <b>2</b>
Par	<del></del>							sets (	continued)
	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records	, check an	y of the follow	wing that are a	significa	int use of its		
a	Public exhibition	d 🗍	Loan or ex	change prog	rams				
ь	Scholarly research		Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they	further the or	ganization's e	xempt pu	rpose in Part		
	XIV								
5	During the year, did the organization solicit o	r receive donations o	f art, histoi	rical treasure	s, or other sim	ıılar			
_	assets to be sold to raise funds rather than to	be maintained as pa	art of the o	rganization's	collection?				Yes No
Pa	rt IV Escrow and Custodial Ar	r <b>angements</b> . Co	mplete ıf	the organ	ization ansv	wered "	Yes" to Form	n 990	, Part IV,
	line 9, or reported an amou								<del></del>
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for con	tributions or	other assets n	ot			
	included on Form 990, Part X?								Yes No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing tabl	le					· · · · · · · · · · · · · · · · · · ·
									Amount
C	Beginning balance						1c		
ď	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on F		217						Yes No
	If "Yes," explain the arrangement in Part XIV		· · · · · · · · · · · · · · · · · · ·						
Pa	rt V Endowment Funds. Com	olete if the organi	zation a	nswered "\	Yes" to Forr	<u>n 990,</u>	Part IV, line	10	1
	<u> </u>	(a) Current year	(b)	Prior year	(c) Two years	back	(d) Three years	back	(e) Four years back
1a	Beginning of year balance								
þ	Contributions						<del></del>		
С	Net investment earnings, gains, and				1				
	losses		ļ						
	Grants or scholarships	_ <del></del>	<del> </del>						
е	Other expenditures for facilities and				i				
	programs								
f	Administrative expenses								
9	End of year balance	<del></del>	<u> </u>		l				<u> </u>
2	Provide the estimated percentage of the cui	=	e (line 1g,	column (a)) h	neld as				
	Board designated or quasi-endowment	%							
	Permanent endowment ▶ %	%							
C	Temporarily restricted endowment	,,							
2-	The percentages in lines 2a, 2b, and 2c sho	· ·			- d t d &	41			
Ja	Are there endowment funds not in the posse	ession of the organiza	ation that a	re neid and a	aaministerea 1	or the			Vee Ne
	organization by								Yes No
	(i) unrelated organizations (ii) related organizations								3a(i)
h	If "Yes" to 3a(ii), are the related organization	ne lietad ne raquirad d	n Schedul	lo P2					3a(ii)
4	Describe in Part XIV the intended uses of the	•							3b
p.	art VI Land, Buildings, and Equ				e 10				<u> </u>
	Description of property	(a) Cost or other		(b) Cost or		(c)	Accumulated		(d) Book value
	plan of property	(investment		(oth			epreciation		(u) Dook value
12	Land			,,,,,	-		<del>`</del>	+	
	Buildings		-						
	Leasehold improvements							+	
	Equipment		+		13,767		12,67	0	1,097
	Other							<del>-</del>	
_	II. Add lines 1a through 1e (Column (d) must	equal Form 990 Par	t X. colum	n (B) line 10	(c) )			<b>-</b>	1,097
	the containing the state of the		, 5010111	( <del>0), mic 10</del>	(~/ /				

chec	ule D (Form 990) 2011 ROTARY IN ERNATIONAL DISTRI	CT 6910	58-1587519		Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 99	0 to Audited F	inancial Statement	ts	
1	Total révenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10		
Pa	t XII Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements		_ 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		26	,	
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b		40	;	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Sta	atements With	<b>Expenses per Ret</b>	urn	
1	Total expenses and losses per audited financial statements		_1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		2	e	
3	Subtract line 2e from line 1	, 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b		4	С	
_	Total average Add lines 2 and 4s (This must equal Form 000, Dotal line 49.)		l .	. l	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information

Schedule D (Form 990) 2011 ROTARY IN ERNATIONAL DISTRICT 6910 58-1587519

Part XIV Supplemental Information (continued)

Page 5

SCHEDULE O . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### 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

ROTARY INTERNATIONAL DISTRICT 6910

Employer identification number 58-1587519

Form 990 - Organization's Mission or Most Significant Activities

THE ORGANIZATION IS COMMITTED TO PROVIDING HUMANITARIAN SERVICES,

PROMOTING HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELPING BUILD PEACE

AND GOODWILL IN THE WORLD. THIS IS ACCOMPLISHED THROUGH ROTARY YOUTH

LEADERSHIP IN ACTION, THE GEORGIA ROTARY STUDENT PROGRAM, GROUP STUDY

EXCHANGES IN FOREIGN COUNTRIES, ROTARACT, WORLD COMMUNITY SERVICE

PROJECTS, AND NUMEROUS OTHER COMMUNITY AND INTERNATIONAL PROJECTS.

Form 990, Part I, Line 6

LOCAL CLUB MEMBERSHIP PROVIDES VOLUNTEER SERVICES THROUGH THE VAARIOUS CLUB COMMUNITY WIDE ACTIVITIES AND PROJECTS. THESE VOLUNTEER SERVICES SUPPORT THE OVERALL GOALS OF ROTARY INTERNATIONAL OF HUMANITARIAN SERVICES AND PROMOTING HIGH ETHICAL STANDARDS.

Form 990, Part III, Line 4d - All Other Accomplishment

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS INTERNATIONAL AND COMMUNITY

BASED SERVICE PROJECTS. THIS INCLUDES COMMUNITY AND WOLD WIDE CHARITABLE

ORGANIZATIONS AND FINANCIAL SUPPORT OF LOCAL CLUB ACTIVITIES THROUGH

PASS-THROUGH GRANTS FROM THE ROTARY FOUNDATION.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

MEMBERSHIP IN THE CORPORATION SHALL BE COMPRISED OF AND LIMITED TO ALL OF

THE CLUBS. ARTICLE V OF THE ARTICLES OF INCORPORATION.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Name of the organization .

ROTARY INTERNATIONAL DISTRICT 6910

Employer Identification number 58-1587519

RETURN IS REVIEWED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE AT THE DISTRICT OFFICE AND ARE AVAILABLE UPON REQUEST.

Form 990, Part IX, Line 24e - Other Expenses

Description	Amount		
PRIOR YEAR VARIOUS EXP	\$	7,934	
DIRECTORY	\$	6,910	
PETS EXPENSE	\$	5,919	
BANK CHARGES	\$	5,539	
ASSISTANT GOVERNOR EXPENS	\$	5,518	
MISCELLANEOUS	\$	5,163	
CLUBRUNNER	\$	4,014	
DGN GENERAL	\$	3,951	
ASSISTANT GOVERNOR GIFTS	\$	3,739	
PDG EXPENSE	\$	3,367	
LEADS EXPENSE	\$	2,918	
INTERACT SCHOLARSHIPS	\$	2,658	
PETS AGS & SERVICE CHAIRS	\$	2,442	
FOUNDATION TRAINING AT EV	\$	2,300	
DGE EXPENSES GENERAL	\$	2,277	
GRSP EXPENSES	\$	1,654	
RLI TRAINING	\$	1,525	
GSE BUSINESS CARDS	\$	1,133	
DGE PETS	\$	1,077	

Schedule O (Form 990 of 990-EZ) (2011)			Page 2
Name of the organization . ROTARY INTERNATION	AL DISTRICT	6910	Employer identification number 58-1587519
YOUTH EXCHANGE	\$	1,069	
PAYROLL PROCESSING FEES	\$	1,059	
R I FOUNDATION EXPENSES	\$	811	
DGND EXPENSES	\$	778	
RUSSIAN DOCTOR VISIT EXPE	\$	766	
GSE OTHER	\$	650	
MEMBERSHIP TRAINING AT EV	\$	628	
INTERACT EXPENSES	\$	589	
RLI OTHER	\$	500	
DGE GIFTS	\$	488	
GSE MEALS	\$	250	
DISTRICT GOVERNOR EXPENSE	\$	145	
DISTRICT GOV PIN/PLAQUE/G	\$	113	
ZONE INSTITUTE DUES	\$	100	
GSE EXPENSES	\$	41	

Form 990, Part XII, Line 1 - Change in Accounting Method Explanation ORGANIZATION CHANGED FROM CASH BASIS TO ACCRUAL SINCE THE BOOKS ARE KEPT ON THE ACCRUAL BASIS.

Form **4562**.

**Depreciation and Amortization** 

(Including Information on Listed Property)

► See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

ROTARY INTERNATIONAL DISTRICT 6910

Identifying number 58-1587519

	ss or activity to which this form relates	ion			_				
Pa			erty Under Se	ection 179					
	Note: If you have a	any listed property	, complete Pai	t V before you o	compl	ete Part	1		
1									500,000
2	Total cost of section 179 property	placed in service (see	instructions)					2	
3								3	2,000,000
4	Reduction in limitation Subtract li	ine 3 from line 2 If zer	o or less, enter -0-					4	
5	Dollar limitation for tax year Subtract li	ar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions							
6	(a) Description	ption of property		(b) Cost (business use only)		(c) Elected cost			
			<del></del>			ļ			
		<del></del>			1	ļ			
7	Listed property Enter the amount				7	l			···
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7						8	·	
9	Tentative deduction Enter the sn							9	
10	Carryover of disallowed deduction	-						10	
11	Business income limitation Enter		•	•	see ı	nstructions	)	11	<del></del>
12	Section 179 expense deduction	· ·		_	10	т		12	<del> </del>
13 Note	Carryover of disallowed deduction : Do not use Part II or Part III below			2	13	L	·	l	
				registion (De n	ot inc	ludo liet	od propo	<del></del>	'Coo instructions'
						luue iiste	eu prope	ity ) (	See instructions)
14	Special depreciation allowance for		ther than listed pro	perty) placed in ser	vice				
4.5	during the tax year (see instruction Property subject to section 168(f)	•						14 15	
15 16		, ,						16	505
16 Da	Other depreciation (including AC Int III MACRS Deprecia		ude listed prop	erty ) (See instri	uction	<u> </u>	<del></del>	16	
	it is involve Deprecia	tion (Do not men		tion A	uction	<u> </u>			
17	MACRS deductions for assets pla	aced in service in tax v	ears beginning be	fore 2011				17	0
18	If you are electing to group any assets place	•	•		k here				
		-Assets Placed in Se					eciation S	ystem	· · · · · · · · · · · · · · · · · · ·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmer only-see instruc	nt use	(e)	Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
e	15-year property								
f	20-year property		L						
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs		MM	S/L		
	property			27 5 yrs		MM	S/L		
i	Nonresidential real		<u> </u>	39 yrs		MM	S/L		<u> </u>
	property			<u> </u>	<u> </u>	MM	S/L		
	Section C—	Assets Placed in Ser	vice During 2011	Tax Year Using the	e Alter	native De <sub>l</sub>	preciation	Syste	m
20a	Class life	_					S/l		
	12-year			12 yrs		_	S/l		
	40-year		<u>.l.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	40 yrs		MM	S/I		<u> </u>
P	art IV Summary (See in								
21	Listed property Enter amount fro							21	
22	Total. Add amounts from line 12	<del>-</del>				nter here			_
	and on the appropriate lines of y				ns	· · · · · ·		22	50!
23	For assets shown above and pla	-	the current year, e	nter the					
_	portion of the basis attributable t	to section 263A costs		<del></del>	23				4500