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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

A	For the	2012 calendar year, or tax year beginning JUL 1, 2012 and	ending i	<u>JUN 30, 2013</u>	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Γ	Addre:	ROTARY INTERNATIONAL SHREVEPORT			
Ē	Name	DOMARY OF THE OF CHRENOPE		72-0	304248
Ē	Initial		Room/suite		
È	Termir	· ·		'	221-3053
Ē	Amend			G Gross receipts \$	223,939.
	Applic			H(a) Is this a group re	
	pendir	F Name and address of principal officer LARRY EVENSKY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
1	Tax-exe	empt status 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1) c	or 🔲 52	7 If "No," attach a	list (see instructions)
J	Websit	e: ► WWW.ROTARYCLUBOFSHREVEPORT.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization Corporation Trust X Association Other ►	L Yea	r of formation: 1914 N	1 State of legal domicile: LA
P	art I	Summary			
a	, 1	Briefly describe the organization's mission or most significant activities ROTAL	RY CL	UB OFFERS IT	S MEMBERS
Governance		OPPROTUNITIES FOR ENRICHMENT IN THE COMM	UNITY	AND CIVIC S	ERVICES
ŗ	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mo	re than 25% of its net as	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
9	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	1
Σį	6	Total number of volunteers (estimate if necessary)		6	80
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		· ~		Prior Year	Current Year
9	8 8	Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>	198,326.	223,939.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	` _	0.	0.
· 		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		198,326.	223,939.
•	l l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ	0.	0.
•]	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
2 9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	29,707.	32,344.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>	0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	151 024	145 000
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	-	151,234.	145,893.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	 	180,941.	178,237.
<u>-</u>	19	Revenue less expenses Subtract line 18 from line 12		17,385.	45,702.
Sis		T. I. I. ID IV I 40	<u> B</u>	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	-	80,931.	159,561.
jet i	21	Total liabilities (Part X, line 26)	-	61,491.	94,419.
	Part II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		19,440.	65,142.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	o and atata	manta and to the heat of m	u knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
10	e, conec	t, and continues. Decid and the ingredier (other than officer) is based on an information of wi	ilicii prepar	er rias ariy kilowieuge.	7 2014
e:.	~~	Signature of officer		Date	1-2017
Sig		LARRY EVENSKY, PRESIDENT			
Не	er e	Type or print name and title			
-		Print/Type preparer's name Preparer's signatury		Date Check Check	PTIN
Рa	id	CAROL T. BARNES	cs/PA	DEC 3.0 2013 If self-employ	
	eparer .	Firm's name COLE, EVANS & PETERSON		Firm's EIN	72-0506596
	e Only	Firm's address POST OFFICE DRAWER 1768		T and S Line	. 2 000000
	,	SHREVEPORT, LA 71166-1768		Phone no (318)222-8367
M:	av the IF	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110	X Yes No
	2001 12-1		ons.		Form 990 (2012)
					- · · · · · · · · · · · · · · · · · · ·

Form 990 (2012)

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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_		X
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	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, for escrow or custodial account liability, serve as a custodian for			•
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		ł	
	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			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	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,		v	
	Part VI	11a	X	
a	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		X
ч	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 reported in	11c		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated limited 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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		 	
	Schedule D, Parts XI and XII	12a	}	x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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	1	Х
	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		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		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	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		X
19	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	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	1

72-0304248 ROTARY INTERNATIONAL SHREVEPORT Page 4 Form 990 (2012) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 24a 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No", go to line 25 24a b 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 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 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, Part II, III, or IV, and X Part V. line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36

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

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Form 990 (2012) ROTARY INTERNATIONAL SHREVEPORT
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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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 2a 1			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	·		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		L.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		•	
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ļ	
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	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 the]]
	organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	Щ.

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Part VI 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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion 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 1a 12		1					
	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 1b 12		1					
2	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		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		İ					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		<u>X</u>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>				
6	Did the organization have members or stockholders?	6		<u>X</u>				
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?	7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		İ					
	persons other than the governing body?	7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		i					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No_				
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_				
b	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?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	İ						
	ın Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u> _				
15	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?			7,				
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>				
b	Other officers or key employees of the organization	15b		X				
	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			77				
	taxable entity during the year?	16a		X				
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		l				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed LA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ie					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id finai	ncial					
	statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of th	ition 🕨	_					
	JUDY BELLEW - 318-221-3053							
****	POST OFFICE BOX 380, SHREVEPORT, LA 71162							

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ROTARY INTERNATIONAL SHREVEPORT

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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

- 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 organization		orga	nıza			прег	nsat		director, or trustee	
(A)	(B)		(C) Position			_		(D)	(E)	(F)
Name and Title	Average	(do				than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week	-					, 	from	from related organizations	other compensation
	(list any hours for	direct				L		the organization	(W-2/1099 MISC)	from the
	related	10 99	stee			aste	İ	(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		oyee	dwo		, ,		and related
	below	ndua	量	동	Key employee	loyee	盲			organizations
	line)	횰	asa	Officer	Key	Highest compensated employee	Ē			
(1) LARRY EVENSKY	5.00		}						_	_
PRESIDENT		X		Х	ļ	<u> </u>		0.	0.	0.
(2) CAROL T. BARNES	5.00									
PRESIDENT-ELECT		X	L	X			ļ	0.	0.	0.
(3) FRANCESCA BENTEN MORELAND	2.00									
VICE PRESIDENT		X		X		<u> </u>		0.	0.	0.
(4) REGINALD ABRAMS	2.00									
SECRETARY-TREASURER		X		X		L		0.	0.	0.
(5) GARD WAYT	2.00]								
IMMEDIATE PAST PRESIDENT		X		X	<u> </u>	<u> </u>		0.	0.	0.
(6) G. KIM GREEN	2.00									
DIRECTOR		X			L_			0.	0.	0.
(7) CHARLES GRUBB	2.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(8) MARTHA MARAK	2.00]]]	j]	ļ			
DIRECTOR		X			ļ		L.	0.	0.	0.
(9) WARREN THORNELL	2.00									_
DIRECTOR		X			<u> </u>	ļ		0.	0.	0.
(10) BRUCE G. WILLSON, JR.	2.00									_
DIRECTOR		X		L		_		0.	0.	0.
(11) JUDY BELLEW	30.00								_	_
EXECUTIVE DIRECTOR		<u> </u>		X		1		30,000.	0.	0.
]								
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Form	990 (2012) ROTARY I	NTERNAT:	<u>[O]</u>	<u>IAI</u>	, 5	5H)	RE	/E	PORT	72-0	<u> 304</u>	<u>248</u>	Pag	<u>је 8</u>
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)		-		
	(A)	(B)				C)			(D)	(E)		(F)		
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Est	ımated	
		hours per	box	, unle:	ss pe	rson	ıs bot	h an	compensation	compensatio	n l	am	ount of	:
		week		cer an	dad	recto	or/trus	tee)	from	from related	i	C	ther	
		(list any	·						the	organization			ensatio	on
		hours for	or dir	رو ا			ated		organization	(W-2/1099-MIS	SC)		m the	
		related	stee	ruste			pens		(W-2/1099-MISC)			_	nizatio	
		organizations	a tr	onal		je S	8 8						related	
		below line)	Ividu	nstitutional trustee	Officer	Key employee	Highest compensated employee	Ротте	}	1		orga	nızatıor	าร
		1116)	<u> </u>	Ĕ	10	<u>ş</u> .	포동	윤						
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		<u></u>						<u> </u>						
1b	Sub-total								30,000.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.	L .		0.
	Total (add lines 1b and 1c)								30,000.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	d al	2000	e) wł	no re	eceived more than \$100	0,000 of reportab	le			
	compensation from the organization						•			,				0
													Yes	No
3	Did the organization list any former officer	director or tri	ietor	ם א	w or	nnlo	WAA	or	highest compensated e	mnlovee on				
Ü	line 1a? If "Yes," complete Schedule J for		13101	5, NO	y Ci	ιιρις	усс	, 01	nignest compensated e	inployee on		3		X
4	·							4 641	har aamaanaatian fram	the erappization		3	-	Λ
4	For any individual listed on line 1a, is the s	•		•					•	the organization		,		v
_	and related organizations greater than \$15			-								4		X
5	Did any person listed on line 1a receive or							elat	ed organization or indivi	idual for services			ĺ	37
	rendered to the organization? If "Yes," con	nplete Schedul	e <i>J f</i>	or su	ıch	pers	son					5		<u>X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•									npens	ation fr	om	
	the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthır	n the organization's tax	year				
	(A)							ł	(B)			(C		
	Name and business	address	N	INC	3				Description of s	services		Comper	sation	
		_												
	_										ı			
								_						
											ı			
								_						
								- 1						

Total number of independent contractors (including but not limited to those listed above) who received more than

0

\$100,000 of compensation from the organization

		Check if Schedule O cont	ains a response	to any question ii	n this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a				<u> </u>	
ran		Membership dues	1b					1
S,E		- 1	1c					
a it		Related organizations	1d					
s, (mil		Government grants (contribut	ions) 1e					
rSi	f	All other contributions, gifts, gran						
the E		similar amounts not included above		l				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>පි රි</u>	h	Total. Add lines 1a-1f		>				
				Business Code				
e (2 a	MEMBERSHIP DUES	& ASSE	900099	215,689.			
ē Š.	b	ROSTER ADS		900099	8,250.	8,250.	···	
Se Bun	С							
Program Service Revenue	d							
S. I	е							
۵	f	All other program service reve	nue	<u> </u>				
	g	Total, Add lines 2a-2f			223,939.			ļ
	3	Investment income (including	dividends, intere	est, and		}		}
i		other similar amounts)		>				
	4	Income from investment of tax	x-exempt bond p	proceeds 🕨				
	5	Royalties		. •				
		_	(i) Real	(ii) Personal				
	6 a			<u> </u>				İ
	b	•						
	C	,						
	ď		() ()	(1) (2)				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
	_	assets other than inventory Less: cost or other basis						
	D	and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)		>				
-		Gross income from fundraising	a events (not					-
nue	0 4	including \$	· :	1				
eve		contributions reported on line						
Other Reve		Part IV, line 18	а					
the	b	Less direct expenses	b					
0		Net income or (loss) from fund		•				
		Gross income from gaming ac	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					
1	С	Net income or (loss) from gam	ning activities	>				
ľ	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold b						1
	с	Net income or (loss) from sale	s of inventory	▶				
ļ	_	Miscellaneous Revenu	e	Business Code				
-	11 a							
ĺ	b							<u> </u>
	С							
	đ	All other revenue						
)	е	Total. Add lines 11a 11d		▶		000 555		
23200	12	Total revenue See instructions.		<u> </u>	<u> 223,939.</u>	223,939.	0	. 0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (C) Management and (B) (A) Total expenses Do not include amounts reported on lines 6b. Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. <u>expen</u>ses expenses general expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 30,000. 30,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 2,344. 2,344 10 Payroll taxes Fees for services (non-employees) 11 Management b Legal c Accounting Lobbying d e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 4,364. 4,364. Office expenses 13 Information technology 14 15 Royalties 8,452. 8,452. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,648. 8,648. Conferences, conventions, and meetings 19 20 32,879. 32,879. 21 Payments to affiliates 67. 67. 22 Depreciation, depletion, and amortization 782. 782. 23 Insurance Other expenses Itemize expenses not covered 24 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) 67,793. 67,793. CLUB SERVICE EXPENSES COMMUNITY SERVICE EXPEN 20,183. 20,183. b 2,725. 2,725. INTERNATIONAL SERVICE E С d All other expenses 178,237. 178,237. 0. 0. Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing .	76,605.	1	133,498.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	200.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	Ì	employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L.		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	1,276.	9	0.
	ĺ	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 38,540.			
	_b	Less accumulated depreciation 10b 12,477.	2,850.	10c	26,063.
	11	Investments - publicly traded securities	2,000.	11	
	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)	80,931.	16	159,561.
	17	Accounts payable and accrued expenses	12,007.	17	26,309.
	18	Grants payable		18	
	19	Deferred revenue	49,484.	19	68,110.
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
jg		key employees, highest compensated employees, and disqualified persons		Ì	
ت		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
	ļ	Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	61,491.	26	94,419.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
ag	28	Temporarily restricted net assets		28	
g B	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
<u></u>	l	and complete lines 30 through 34.			
əts	30	Capital stock or trust principal, or current funds	0.	30	0.
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	19,440.	32	65,142.
ž	33	Total net assets or fund balances	19,440.	33	65,142.
	34	Total liabilities and net assets/fund balances	80,931.	34	159,561.

	990 (2012) ROTARY INTERNATIONAL SHREVEPORT	<u>72-030</u>	<u>4248</u>	Pag	<u>e 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,9:	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2:	
3	Revenue less expenses Subtract line 2 from line 1	3		5,70	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	,44	<u>40.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	.		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6!	5,14	<u>42.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both		1 1	1	
	Separate basis Consolidated basis Both consolidated and separate basis		i l	-	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both		Ì		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·	3b		

Form **990** (2012)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

► 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

2012
Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL SHREVEPORT

Employer identification number 72-0304248

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	ture	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservate	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic 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 tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		INTERNATIO								Page 2
Pai	t III Organizations Maintaining C					_				
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	it are a sign	ificant use	of its o	collection	ıtems
	(check all that apply)		L							
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ın Part	XIII.	
5	During the year, did the organization solicit of					er sımılar a:	ssets		1	
_	to be sold to raise funds rather than to be ma						-		Yes	No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" to Fo	rm 990, P	art IV, li	ne 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
	· · · · · · · · · · · · · · · · · · ·								Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	2a Did the organization include an amount on Form 990, Part X, line 21?									
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	kplanatio	on has been	provided in l	Part XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d	Three year	rs back	(e) Four	years_back_
1a	Beginning of year balance							_		
b	Contributions			,						
С	Net investment earnings, gains, and losses					-1.515				
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>				- 	
2	Provide the estimated percentage of the cur-	rent year end baland	e (line 1	g, column (a	a)) held as [.]					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	organizati	ion	Г.	
	by								<u> </u>	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4_	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o basis (investr			or other (other)		umulated eciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				5,260.		<u> 12,477</u>	7.		783.
e	Other			2	3,280.					3,280.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c))			<u> </u>	26	,063.

	dule D (Form 990) 2012 ROTARY INTERNATIONAL SHREY		72-0304248 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per Return
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 XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		ļ
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Ex	penses per Return
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 XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 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 XIII)	4b	
С	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Pai	t XIII Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t		
		`	

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

RO	TARY INT	ERN.	ATION	AL S	HREV	EPORT		72	<u>-030</u>	<u>4248</u>	}
PART VI,	SECTION	В,	LINE	11:	THE	BOARD	REVIEWS	FORM	990	AT	THE
TING BEFO	RE IT IS	FI	LED.								···
										_	
PART VI,	SECTION	C,	LINE	19:	NO 1	DOCUME	NTS AVA	LABLE	TO '	PHE	
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	PART VI,	PART VI, SECTION TING BEFORE IT IS	PART VI, SECTION B,	PART VI, SECTION B, LINE	PART VI, SECTION B, LINE 11:	PART VI, SECTION B, LINE 11: THE TING BEFORE IT IS FILED.	TING BEFORE IT IS FILED.	PART VI, SECTION B, LINE 11: THE BOARD REVIEWS	PART VI, SECTION B, LINE 11: THE BOARD REVIEWS FORM TING BEFORE IT IS FILED.	PART VI, SECTION B, LINE 11: THE BOARD REVIEWS FORM 990 TING BEFORE IT IS FILED.	PART VI, SECTION B, LINE 11: THE BOARD REVIEWS FORM 990 AT

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 72-0304248 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) INTERNATIONAL SHREVEPORT ROTARY Name of the organization Part I

(£)	Direct controlling	entity							lated tax-exempt
(e)	End-of-year assets								e it had one or more re
(g)	Total income								rt IV, line 34 becaus
(0)	Legal domicile (state or	foreign country)							swered "Yes" to Form 990, Par
(q)	Primary activity								ions (Complete if the organization an
(a)	Name, address, and EIN (if applicable)	of disregarded entity							Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)
									Part II

	(9)	(3)	(p)	(e)	(j)	(b)
(b) Primary activity	octivity	Legal domicile (state or	d)	Public charity	Direc	Section 512(b)(13) controlled
		foreign country)	section	status (if section	entity	entity
				501(c)(3))		Yes No
FUNDING UNATTENDED	VATTENDED					
CHARITABLE NEEDS	NEEDS	LOUISIANA	501(C)(3)	LINE 9		×
	-					

Schedule R (Form 990) 2012

72-0304248

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Schedule R (Form 990) 2012 ROTARY INTERNATIONAL SHREVEPORT

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

General or Percentage managing ownership 3 Code V UBI General of P. amount in box managing c 20 of Schedule Pariner? K-1 (Form 1065) Yes No Ξ ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity € (c)
Legal
comicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Œ

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Part IV

(e)	(q)	(0)	(b)	(e)	Œ	(6)	(L)	3
Name, address, and EIN of related organization	Primary activity	5	Direct controlling Type of entity S or frust)	Type of entity (C corp, S corp, or frust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		(Soon and Soon			Yes No	
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								-
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	related organizations listed	ın Parts II:IV?			
a Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)			1b	X	
c Gift, grant, or capital contribution from related organization(s)			1		×
d Loans or loan quarantees to or for related organization(s)			19		×
			1e		×
f Dividends from related organization(s)			=		×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			t		×
I Exchange of assets with related organization(s)			ï		×
Julease of facilities, equipment, or other assets to related organization(s)			-		×
k Lease of facilities, equipment, or other assets from related organization(s)			*		×
l Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			두		×
 Sharing of paid employees with related organization(s) 			9		×
			ę.		×
 Reimbursement paid by related organization(s) for expenses 			5		×
r Other transfer of cash or property to related organization(s)			÷		×
s Other transfer of cash or property from related organization(s)			1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	this line, including covered	relationships and transaction thresholds			
(b) Name of other organization type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)					
(2)					
(6)					
(4)			İ		
(5)					
(9)					

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the folloring information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

DispriporLondie amount in box 20 managing ownership
allocations? of Schedule K-1 pariner? ownership
Yes No (Form 1065) Yes No Schedule R (Form 990) 2012 3 3 Ξ Œ end-of-year Share of assets <u>6</u> Share of income total Predominant income parties sec (related, unrelated, 501(5)) excluded from tax under section 512-514) Ves No (e)
Are all
partners sec
501(c)(3)
orgs? 9 (state or foreign Legal domicile country) Primary activity **Q** Name, address, and EIN of entity

Schedule R	(Forn) 990) 2012 mental Info	ROTARY	INTERNATIONAL SHREVEPORT	72-0304248 Page 5
Part VII] Supple	mental Info	ormation		
	Complete	this part to p	rovide additional	information for responses to questions on Schedule	R (see instructions)
					
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