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DLN: 93493315012334

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A F	or the	2013 ca	alendar year, or tax year beginning	07-01-2013 , 2013, and ending 06-	-30-2014			
B Ch	neck if a	applicable	C Name of organization ROTARY INTERNATIONAL DISTRICT 7	7970		D Employe	r iden	tification number
	dress c		C/O ALAN KANEGSBERG TREASURER			02-046	4951	
Г Na	me cha	ange	Doing Business As					
┌ In	ıtıal retı	urn	Number and street (or P.O. boy if m	all is not delivered to street address) Room/s	cuito			
Гτε	rmınate	ed	9 OLD COACH ROAD	all is not delivered to street address) Room, s	suite	E Telephon	e numb	er
		return	City or town, state or province, coun	try, and ZIP or foreign nostal code		(603)2	24-6	377
		n pendin	BOW, NH 033044107	try, and zir or foreign postar code				
i AL	рисасю	ni penain				<b>G</b> Gross rec	eıpts \$	307,469
			<b>F</b> Name and address of prin	cipal officer		s this a group rouble abordinates?	eturn 1	for
					5	ubordinates		j resj• No
					1	re all subordina	ates	┌ Yes ┌ No
						ncluded?	,	
I '	ax-exer	mpt statu	5   501(c)(3)   501(c)(4) = (	Insert no ) 4947(a)(1) or 527	_ 1	r "No," attach a	list (	see instructions)
J W	/ebsit	e:► W	WW ROTARY 7870 ORG		H(c)	Group exemptio	n num	ber ►
<b>K</b> For	m of o	rganızatıc	on Corporation Trust Association	Other ►	<b>L</b> Year	of formation	M	State of legal domicile NH
	rt I		nmary				•	
	1	Briefly	describe the organization's missio	n or most significant activities				
	-			ITARIAN PROJECTS AND ASSISTA	NCE - LO	CALAND WOR	LDWI	DE
æ								
Ě								
Ě								
<u>\$</u>	2	Check	this box 🔭 if the organization dis	continued its operations or disposed	of more th	an 25% of its n	et ass	sets
Activities & Governance	,	Niumaha		na hadu (Daut VII. luna 1 a)		1	a	г
න <b>්</b> රෝ				ng body (Part VI, line 1a)		H	3	5
Ĕ			· -	of the governing body (Part VI, line 1	•		4	5
\$	1			alendar year 2013 (Part V, line 2a)			5	0
ą				ecessary)			6	
				art VIII, column (C), line 12			7a	0
	b	Net un	related business taxable income fr	om Form 990-T, line 34		· · ·	7b	
						Prior Year		Current Year
a,	8		ributions and grants (Part VIII, lir		·	309,40		103,113
Revenue	9			ne 2g)		143,67	'2	129,235
2	10	Inve	stment income (Part VIII, column	(A), lines 3, 4, and 7d)	·	13	3	106
ш-	11		r revenue (Part VIII, column (A),			18,54	1	75,015
	12			(must equal Part VIII, column (A), lı	ne	471,75	: 2	307,469
-	13		te and cimilar amounts haid (Part	IX, column (A), lines 1-3)	_	17 177		0
	14			X, column (A), line 4)				
				e benefits (Part IX, column (A), lines				
8	15	5-10		e benefits (Part 1X, Column (A), illies				0
Expenses	16a	Profe	essional fundraising fees (Part IX,	column (A), line 11e)				0
₹	Ь	Total	fundraising expenses (Part IX, column (D)	line 25) <b>•</b> 0				
ш	17			ines 11a-11d, 11f-24e)	_	464,73	3	256,559
	18			st equal Part IX, column (A), line 25)		464,73	_	256,559
	19			18 from line 12	<u> </u>	7,01		50,910
₩ 67 ₩ 60	+=-					ning of Current	-	
Not Assets or Fund Balances						Year		End of Year
SS e	20	Tota	l assets (Part X, line 16)			62,54	4	113,454
주 등	21	Tota	l liabilities (Part X, line 26)					0
žŽ	22	Net	assets or fund balances Subtract I	ine 21 from line 20		62,54	4	113,454
Pa	rt II	Sig	nature Block					
Unde my k	er pen :nowle	alties o		mined this return, including accompa plete Declaration of preparer (other				
		Tk	h dada da			I access to		
<b>C</b> :	_	IB	**** nature of officer			2014-11-11 Date		
Sign		'				Dute		
ner	E		AN KANEGSBERG TREASURER  De or print name and title					
		F ' y	Print/Type preparer's name	Preparer's signature	Date		TIN	
D	<b>م</b>		т ппу туре ргерагег з папте	r reparer a aignature	2014-11-11	Check If F self-employed	1 114	
Pai			Firm's name	G		Firm's EIN 🕨 02-	35709	7
	pare		Firmle address b 455 MANOUSCESS COS			Dhons :		
Use	e On	ıly	Firm's address ► 155 MANCHESTER STRE	EC 1		Phone no		

CONCORD, NH 03301

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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 $I^{\bullet}$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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	Yes	
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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No				
22	Did the organization report more than \$5,000 of grants or 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		No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No				
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 Schedule K. If "No," go to line 25a	24a		No				
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	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?							
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							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No				
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III							
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							
		28a		No				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No				
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
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						
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36						
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, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes					

Part V Statements Regarding Other IRS Filings and Tax Compliance

: II	Check if Schedule O contains a response or note to any line in this Part V			г
	Check if Schedule O contains a response of note to any fine in this part v	· ·	Yes	No
ı	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0			
,	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
1	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			
	by this return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 account)?	4a		N
				- 14
	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			
	See instructions for ining requirements for Form FD F 70 22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		N
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  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  10b			
	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is needed to issue qualified neutrin plans			
	Enter the amount of reserves on hand	 	 	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes" has it filed a Form 7.20 to report these payments? If "No." provide an explanation in Schedule 0	14h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part	VΙ														
--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		No
h	more members of the governing body?	7a 7b		No
	or persons other than the governing body?	,,,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Νo
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
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 in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	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?	16a		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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

- 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, or 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 nor any related organization compensated any current officer, director, or trustee

	•				•				,	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h ar or/tr	c , o s employee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ALAN KANEGSBERG	6 00			Х				0	0	0
TREASURER								· ·	0	
(2) RICHARD BERRYMAN	6 00			х				0	0	0
DSTR GOV										
(3) SANDRA MCGONAGLE	6 00			х				О	0	0
DSTR GOV N (4) DAVID HOOPES	15 00									
DISTRICT GOV				х				0	0	0
(5) DENNIS MCMANN	6 00									
SECRETARY				X				0	0	0
			_							
										Form <b>990</b> (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion ( han d on is	one l both	box, an c r/trus	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W 2/1099-MISC)	,_	(F) Estima mount of compens from t rganizati	ted fother ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,2333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			relate organiza	ed
								Ļ						
1b	Sub-Total				•			<b>•</b>						
C	Total from continuation sheet	•			•	•	•							
d 	Total (add lines 1b and 1c).  Total number of individuals (in							- N	ho received	d more th	lan.			
_	\$100,000 of reportable compe					113 (6)	u abov	C) W	ilo received	a more ti	1411			
													Yes	No No
3	Did the organization list any <b>f</b> e					key	emplo	yee	, or highest	compen	sated employee			
	on line 1a? If "Yes," complete S					•		•				3		No
4	For any individual listed on lin- organization and related organ													
	individual		•		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ											5		No
	antan produce to the										ı		•	
1	ection B. Independent Co Complete this table for your five	ve highest comp												
	compensation from the organiz	zation Report co	ompens	atıon	for	the c	alend	arye	ear ending v T	with or wi	thin the organizat (B)	ion's '	tax year <b>(C</b>	
	N	lame and business	address							Des	scription of services	$\perp$	Comper	
												+		
												$\dashv$		
												+		

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

\$100,000 of compensation from the organization

Form 99		13)						Page <b>9</b>
Part V	/++1	Statement of	f <b>Revenue</b> le O contains a respoi	nse or note to any lir	ne in this Part VIII			Г
		CHECK II SCHEUU	ic o contains a respon	inse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u S	1a	Federated camp	aigns 1a					
ant	ь	Membership due	es <b>1b</b>					
Ę, G	С	Fundraising eve	nts <b>1</b> c					
iffs ar 4	d	Related organiza	ations 1d					
3°.6 ⊞:3	e	Government grants	(contributions) <b>1e</b>					
i Si Si	f		ns, gifts, grants, and <b>1f</b>	103,113				
Contributions, Giffs, Grants and Other Similar Amounts	g	similar amounts not Noncash contribution						
a di	-	1a-1f \$			100 110			
<u>ರ ೯</u>	h	Total. Add lines	1a-1f	· · · ·	103,113			
an		DED 010F1 DUE0		Business Code				
wen	2a b	PER CAPITA DUES, YOUTH EXCHANGE	EIC		91,388	91,388		
牙	C	PDG FUND			35,275 2,572	35,275 2,572		
7. 2.	d	12010112			2,372	2,372		
చ =	e							
Program Serwoe Revenue	f	All other program	m service revenue					
š	g	Total. Add lines	2a-2f		129,235			
	3		ome (including dividen		106	106		
	4		r amounts)	F				
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	b	expenses						
	С	Rental income or (loss)						
	d	Net rental incom	ne or (loss)  (i) Securities	<b>►</b> (II) O ther				
	7a	Gross amount	(i) Securities	(II) Other				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	C	Gain or (loss)	- \					
	d 8a	Gross income from	s)					
<u> </u>		events (not incl	=					
Other Revenue			reported on line 1c)					
ě		See Part IV, line	e 18 <b>a</b>					
ē	ь	Less direct exp	penses <b>b</b>					
₹	С	Net income or (I	loss) from fundraising	events 🛌				
	9a	Gross income from See Part IV, line	om gaming activities					
		See Fare IV, Illie	a a					
	ь		penses b					
	100		loss) from gaming acti	vities				
	104	Gross sales of II returns and allow						
		_	a					
	b c	Less cost of go Net income or (I	ods sold <b>b</b> loss) from sales of inv	entory 🛌				
	Ť	Miscellaneous		Business Code				
	11a	DISTRICT CON	IFERENCE		63,785	63,785		
	ь	INCOME FOUNDATION	DINNER	<del>                                     </del>	8,280	8,280		
	C	DISTRICT MEE			2,950	2,950		
	d	All other revenu						
	e	Total. Add lines	11a-11d	🕨	75,015			
	12	Total revenue. S	See Instructions .	🕨	307,469	204,356		

		Statement of Functional Expenses				
Section		1(c)(3) and 501(c)(4) organizations must complete all columns All				
	(	Check if Schedule O contains a response or note to any line in this F	Part IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21				
2		ts and other assistance to individuals in the ed States See Part IV, line 22				
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16				
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees				
6	(as d	pensation not included above, to disqualified persons lefined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salaries and wages				
8		ion plan accruals and contributions (include section 401(k) 403(b) employer contributions)				
9	Othe	r employee benefits				
10	Payro	oll taxes				
11	Fees	for services (non-employees)				
а	Mana	agement				
b	Lega	1				
C	Acco	ounting				
d	Lobb	yıng				
e	Profe	essional fundraising services See Part IV, line 17				
f	Inves	stment management fees				
g	colun	r (If line 11g amount exceeds 10% of line 25, mn (A) amount, list line 11g expenses on edule O)				
12		ertising and promotion				
13	Office	e expenses				
14		mation technology				
15		lties				
16	-	upancy				_
17		el				
18		nents of travel or entertainment expenses for any federal,				
19	Confe	erences, conventions, and meetings				
20	Inter	rest				
21	Paym	nents to affiliates				
22	Depr	eciation, depletion, and amortization				
23	Insur	rance				
24	misc	er expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DIST	TRICT CONFERENCE EXP	95,027		95,027	
b	VERN	MONT RECOV EXPENDITURE	50,000		50,000	
c	YOU.	TH EXCHANGE	45,344	45,344		
d	CON	FERENCES/MEETINGS	31,351		31,351	
е	Allot	ther expenses	34,837	1,862	32,975	
25	Total	I functional expenses. Add lines 1 through 24e	256,559	47,206	209,353	0
26	repor educ	costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation Check				

Part X Balance Sheet

Par	τΧ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	Degg or year	1	2
	2	Savings and temporary cash investments	60,544	2	112,254
	3	Pledges and grants receivable, net	·	3	<u> </u>
	4	Accounts receivable, net		4	
	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	
Assets	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
S.	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,000		1,200
	10a	Land, buildings, and equipment cost or other basis Complete Part  VI of Schedule D	2,000	9	1,200
	Ь	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities		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)	62,544	16	113,454
	17	Accounts payable and accrued expenses	02,044	17	110,404
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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, key employees, highest compensated employees, and disqualified		21	
ক্র		persons Complete Part II of Schedule L		22	
ä	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 Schedule			
		D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
φ		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
을	27	Unrestricted net assets	60,239	27	55,471
<u>15</u>	28	Temporarily restricted net assets	2,305	28	57,983
<u>=</u>	29	Permanently restricted net assets	·	29	<u> </u>
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
S S	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>₹</b>	33	Total net assets or fund balances	62,544	33	113,454
Net	34	Total liabilities and net assets/fund balances	62,544	34	113,454
	34	i otal napinties and het assets/lund palances	62,344		113,454

Form	990	(2013)
Par	t XT	Rec

Page <b>12</b>	
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Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI						
1	Total	revenue (must equal Part VIII, column (A), line 12)			-	207.460		
2	Total	expenses (must equal Part IX, column (A), line 25)	1			307,469		
3	Revei	nue less expenses Subtract line 2 from line 1	2	256,559				
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			50,910		
5	Netu	nrealized gains (losses) on investments	4			62,544		
			5					
6	Dona	ted services and use of facilities	6					
7	Inves	tment expenses	7					
8	Prior	period adjustments	8					
9	Other	changes in net assets or fund balances (explain in Schedule O)	9					
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, nn (B))	10			113,454		
Par	t XII	Financial Statements and Reporting	•					
		Check if Schedule O contains a response or note to any line in this Part XII				. Г		
					Yes	No		
1	Ifthe	unting method used to prepare the Form 990						
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes			
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on					
	V S	eparate basis						
b	Were	the organization's financial statements audited by an independent accountant?		2ь		No		
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	rate					
	Γs	eparate basis						
c		es," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c		No		
		organization changed either its oversight process or selection process during the tax year, explain i dule O	n					
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in th e Audit Act and OMB Circular A-133?	е	За		No		
b		es," did the organization undergo the required audit or audits? If the organization did not undergo the red audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493315012334

# OMB No 1545-0047

#### Political Campaign and Lobbying Activities **SCHEDULE C**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

f th	e organization answered "Ye	nat have NOT filed Form 5768 (elec s'' to Form 990, Part IV, Line 5 (I		• • • •	•
N a	Section 501(c)(4), (5), or (6) orgame of the organization TARY INTERNATIONAL DISTRICT 7870 DALAN KANEGSBERG TREASURER	nizations Complete Part III		<b>Employer iden</b> 02-0464951	tification number
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(		organization.
1		ganızatıon's dırect and ındırect pol			
2	Political expenditures	gamzation 3 affect and married pol	ncical campaign act	h-	¢
3	Volunteer hours			•	P
Dow	AT D. Commisto if the on			-1/21	
261 1		ganization is exempt unde e tax incurred by the organization			
2		e tax incurred by the organization man			\$
3	·	ection 4955 tax, did it file Form 4	_	11 + 3 5 5 F	→ Yes
4a	Was a correction made?	rection 1999 tax, are refine 1 orini 1	, 20 for time year		「Yes
b	If "Yes," describe in Part IV				, ,
	-	ganization is exempt unde	er section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	rganızatıon's funds contributed to	other organization	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b ►	¢
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			↑ —   Yes   No
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b</b> ) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			rage
		(a	1)	(1	b)
For e activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Ame	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	ı			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	I			
	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	I			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c	)(5), c	r sect	ion
	501(c)(6).				
			_	Ye	
1	Were substantially all (90% or more) dues received nondeductible by members?		⊢	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u> </u>	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	-01/-	\(\frac{1}{2}\)	3	No.
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou rt II-B, line 1  Also, complete this part for any additional information	ıp lıst),	Part II	-A , line	2, and
	Return Reference Explanation				
SCF	DUES/ASSESSMENTS ARE RECEIVED FROM LOCAL ROTARY CLUBS FROM BUSINESSES ROTARY (AT DISTRICT OR LOCAL LEVELS) DO POLITICAL OR LOBBYING ACTIVITIES				ТОИ

201104410 0 (101111 330 01 330 12) 2013		i age <del>-i</del>
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315012334

OMB No 1545-0047

2013

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization ROTARY INTERNATIONAL DISTRICT 7870 C/O ALAN KANEGSBERG TREASURER

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

02-0464951

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	OFFICERS ARE ELECTED BY THE VARIOUS CLUBS THROUGHOUT THE DISTRICT
FORM 990, PAGE 2, PART III, LINE 4D	THE DISTRICT GRANTS SCHOLARSHIPS & AWARDS TO FURTHER EDUCATE YOUTH ABOUT THE IDEALS AND PU RPOSES OF ROTARY ITEMS INCLUDED ARE FOUR-WAY TEST AWARDS OF 1,700 AND AMBASSADORIAL SCHOL ARSHIP OF 162
FORM 990, PAGE 6, PART VI, LINE 9	RICHARD BERRY MAN 18 FOXCROSS CIRCLE CONCORD, NH 03301 SANDRA MCGONAGLE 165 POTTER HILL ROA D GILFORD, NH 03249 DAVID HOOPES 1042 LANDGROVE ROAD LONDONDERRY, VT 05148 DENNIS MCMANN 1 79 FARLEY ROAD HOLLIS, NH 03249
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND IS REVIEWED IN DETAIL BY THE DISTRICT TREASURER PRIOR TO FILING OF THE RETURN AND HE INDICATES THAT FACT TO THE OTHER DISTRICT OFFICERS
FORM 990, PAGE 6, PART VI, LINE 19	THE DISTRICT DOES NOT MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 24E	GENERAL ADMIN EXPENSES 0 11,049 0 FOUNDATION DINNER 0 8,836 0 MISC OTHER DISTRICT EXPEN 0 8,442 0 TRAVEL 0 2,187 0 FOUR-WAY SPEECH CONTEST 1,700 0 0 WEB/PORTAL/COMMUNICATION 0 1,54 8 0 PRINTING 0 913 0 AMBASSADORIAL SCHOLARSHIP 162 0 0

Name, address, and EIN (if applicable) of disregarded entity

#### DLN: 93493315012334

OMB No 1545-0047 2013

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Legal domicile (state

or foreign country)

Total income

Name of the organization **ROTARY INTERNATIONAL DISTRICT 7870** C/O ALAN KANEGSBERG TREASURER

**Employer identification number** 02-0464951

End-of-year assets

(f)

Direct controlling

entity

Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tions Complete if t tax year.	he organization ar	nswered "Yes" on	Form 990, Pa	rt IV,	line 34 because it	had or	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity si (if section 501(c	tatus c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co ent	ntrolle ity?
(1) ROTARY DISTRICT 7870 FOUNDATION 9 OLD COACH ROAD 9 OLD COACH ROAD	ROTA PROJ	NH	501C	9		N/A	Yes	No
BOW, NH 03304 26-0197796								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	I.	Cat No 501	<u>I</u> 35Y	<u> </u>		Schedule R (Form	990) 2	013

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activ	(c) Legal domicile (state o foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No		Yes	No	
													]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	i) on 512 (13) rolled tity?	2
		I		<u> </u>	1				_		Yes		No
									+				+

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related or	organızatıons lıs	ted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				<b>1</b> g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	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)							No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line		· •				
		<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amo	unt in	volved	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

Provide the following 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

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
	SCHEDULE R - PART V THERE ARE NO TRANSACTIONS BETWEEN THE FOUNDATION AND THE DISTRICT ORGANIZATIONS SCHEDULE R - PART II THE FOUNDATION AND THE DISTRICT ARE RELATED IN THAT THE TREASURER, DISTRICT GOVERNOR AND DISTRICT GOVERNOR NOMINEE OF THE DISTRICT ALSO SERVE THE FOUNDATION AS TREASURER, SECRETARY AND DIRECTOR

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