



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



ROTARY6990 09/25/2014 9:22 AM

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

CMR No 1545-0347

2013

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable	C Name of organization ROTARY INTERNATIONAL DISTRICT 6990, INC		D Employer identification number 20-8494377		
<input type="checkbox"/> Address change	E Doing Business As Number and street (or P O box if mail is not delivered to street address) 11355 SW 112 CIRCLE LANE NORTH		F Room/suite 305-233-7760		
<input type="checkbox"/> Name change	G City or town, state or province, country, and ZIP or foreign postal code Miami FL 33176		H Gross receipts 204,519		
<input type="checkbox"/> India return	I		J		
<input type="checkbox"/> Terminated	K		L		
<input type="checkbox"/> Amended return	M		N		
<input type="checkbox"/> Application pending	O		P		
Q Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (4) <input type="checkbox"/> (in part) <input type="checkbox"/> 4947(e)(1) or <input type="checkbox"/> 527		R Website ► <a href="http://www.ri6990.org">www.ri6990.org</a>		S	
T Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		U Year of formation		V State of legal domicile FL	

## Part I. Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2e)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	1900	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)			45,699
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			158,762
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			58
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			204,519	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0		161,778
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			161,778
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			42,741
	19 Revenue less expenses. Subtract line 18 from line 12			
	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26)	119,832		162,373
22 Net assets or fund balances Subtract line 21 from line 20	1,800		1,600	
	118,032		160,773	

## Part II. Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer <b>CAROL ALEXANDER</b>		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Carol Alexander	Preparer's signature	Date 09/25/14
	Firm's name ► <b>Carol Alexander, C.P.A., P.A.</b>		Check <input type="checkbox"/> if self-employed
	Firm's address ► <b>P.O. Box 164406 Miami, FL 33116</b>		PTIN P00098050
Firm's EIN ► <b>59-2532971</b>		Phone no 305-233-7760	

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

For Paperwork Reduction Act Notice, see the separate instructions  
DAA

Form 990 (2013)

613

ROTARY 6990 05/29/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 2

## Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 890-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$	15,847	including grants of \$	) (Revenue \$ )
<b>PUBLICATIONS, PROMOTIONS, MEETINGS &amp; TRAVEL TO SUPPORT THE GOALS OF ROTARY INTERNATIONAL</b>			

4b (Code ) (Expenses \$	112,242	including grants of \$	) (Revenue \$ )
<b>SEMINARS AND TRAINING FOR LEADERS AND MEMBERS</b>			

4c (Code ) (Expenses \$	32,750	including grants of \$	) (Revenue \$ )
<b>ROTARY INTERNATIONAL MATCHING GRANTS PAID TO DISTRICT CLUBS TO IMPROVE LIVING CONDITIONS FOR LOCAL AND INTERNATIONAL COMMUNITIES</b>			

4d Other program services (Describe in Schedule O)

(Expenses \$ 939 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 161,778 ) (Revenue \$ )

DAA

Form 990 (2013)

ROTARY6950 09/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 3

## 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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
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	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
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	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? 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	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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	X
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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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	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	

Form 990 (2013)

DAA

ROTARY 09/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 4

## Part IV Checklist of Required Schedules (continued)

		Yes	No
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	X
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	X
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	X
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	X
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 disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	26b	X
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	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
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	36	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	
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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		

Form 990 (2013)

ROTARY6900 CR25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 5

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b   0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a   0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes" has it filed a Form 990-T for this year? If "No" to line 3b, 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	X
b	If "Yes," enter the name of the foreign country ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
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).	7d	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	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	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
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	9a	
a	Did the organization make any taxable distributions under section 4986?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9c	
10	Section 501(c)(7) organizations Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations Enter	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	14a	X
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	14b	
c	Enter the amount of reserves on hand	14c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

DAA

Form 990 (2013)

ROTARY6990 05/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 6

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

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

1b 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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	1a	1b	Yes	No
1a	12			
1b	12			
2			2	X
3			3	X
4			4	X
5			5	X
6			6	X
7a			7a	X
7b			7b	X
8a			8a	X
8b			8b	X
9			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization  
 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?

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?

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a												
10b												
11a			X									
12a				X								
12b												
12c												
13				X								
14					X							
15a						X						
15b							X					
16a								X				
16b									X			

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

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) 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)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ► **Carol Alexander, CPA, PA**

11355 SW 112 Circle Lane North

FL 33176

305-233-7760

Miami,

Form 990 (2013)

ROTARY6990 09/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 7

## 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 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 nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Officer	Trustee	Officer/Trustee	Key Employee	Reportable Compensation from Related Organizations			
(1) DOUGLAS ROSS MAYMON CHAIR PERSON	0.00 0.00		X				0	0	0
(2) CAROL ALEXANDER TREASURER	8.00 0.00		X				0	0	0
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									

OAA

Form 990 (2013)

ROTARY6890 08/25/2014 9:22 AM  
Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(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
		Officer	Director	Trustee	Key Employee	Related Organization Employee	Former Officer			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	Yes	No

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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 ► 0

DAA Form 990 (2013)

ROTARY0993 09/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 9

## Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	4f	45,699				
	g Noncash contributions included in lines 1a-1f		\$	45,699			
h Total. Add lines 1a-1f		►	45,699				
Program Service Revenue	2a MEMBERSHIP DUES & ASSESSMENTS	Busn. Code	158,762	158,762			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		►	158,762			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		58	58			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental exps						
	c Rental loss or (loss)						
	d Net rental income or (loss)		►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b Less cost or other basis & sales exps							
c Gain or (loss)							
d Net gain or (loss)		►					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)							
See Part IV, line 18	a						
b Less direct expenses	b						
c Net income or (loss) from fundraising events		►					
9a Gross income from gaming activities							
See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities		►					
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory		►					
11a Miscellaneous Revenue	Busn. Code						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		►					
12 Total revenue. See instructions		►	204,519	158,820	0	0	

Form 990 (2013)

DAA

ROTARY6990 08/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 10

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,750	32,750		
12 Advertising and promotion				
13 Office expenses	939	939		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered 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)				
a TRAINING EVENTS	57,043	57,043		
b ROTARY YOUTH SERVICES	14,396	14,396		
c INTERNATIONAL CONVENTION	9,615	9,615		
d TRAVEL	8,955	8,955		
e All other expenses	38,080	38,080		
25 Total functional expenses. Add lines 1 through 24e	161,778	161,778	0	0
26 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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

DAA

Form 990 (2013)

ROTARY6990 03/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 11

## Part X Balance Sheet

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	13,642	1	66,581
	2 Savings and temporary cash investments	97,690	2	72,657
	3 Pledges and grants receivable, net		3	
	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	
	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	
Assets	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		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	8,500	15	23,135
	16 Total assets. Add lines 1 through 15 (must equal line 34)	119,832	16	162,373
	17 Accounts payable and accrued expenses		17	
	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 persons 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 Schedule D	1,800	25	1,600
	26 Total liabilities. Add lines 17 through 25	1,800	26	1,600
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	118,032	27	160,773
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	118,032	33	160,773
	34 Total liabilities and net assets/fund balances	119,832	34	162,373

Form 990 (2013)

ROTARY680 09/25/2014 9:22 AM

## Form 990 (2013) ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 12

## Part XI Reconciliation 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)	1	204,519
2 Total expenses (must equal Part IX, column (A), line 25)	2	161,778
3 Revenue less expenses. Subtract line 2 from line 1	3	42,741
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,032
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	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	160,773

## Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2013)

ROTARY6990 03/25/2014 6:22 AM

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1345-0047

**2013**Open to Public  
Inspection

Name of the organization

**ROTARY INTERNATIONAL DISTRICT 6990,  
INC**

Employer identification number

**20-8494377****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	<input type="checkbox"/> Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)? (i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	► \$
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	► \$
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
OAA

Schedule D (Form 990) 2013

ROTARY6090 09/25/2014 9:22 AM

## Schedule D (Form 990) 2013 ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377 Page 2

## Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	c <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

## Part IV. Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

## Part V. Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations  
(ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI. Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

Schedule D (Form 990) 2013

DAA

ROTARY 6990 09/25/2014 9:22 AM

**Schedule D (Form 990) 2013 ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377**

Page 3

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) FISCAL YEAR	23,135
DISTRICT ADVANCES TO FUND FUTURE	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ►	23,135

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ARNOLD GALPERIN ANNUAL PHF AWARD	1,600
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	1,600

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. 

DAA

Schedule D (Form 990) 2013

ROTARY6590 09/25/2014 9:22 AM

**Schedule D (Form 990) 2013 ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377 Page 4****Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.
  - a Net unrealized gains on investments
  - b Donated services and use of facilities
  - c Recoveries of prior year grants
  - d Other (Describe in Part XIII )
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.
  - a Investment expenses not included on Form 990, Part VIII, line 7b
  - b Other (Describe in Part XIII )
  - c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

	1	
2a		
2b		
2c		
2d		
	2e	
		3
4a		
4b		
	4c	
		5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
  - a Donated services and use of facilities
  - b Prior year adjustments
  - c Other losses
  - d Other (Describe in Part XIII )
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1
  - a Investment expenses not included on Form 990, Part VIII, line 7b
  - b Other (Describe in Part XIII )
  - c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

	1	
2a		
2b		
2c		
2d		
	2e	
		3
4a		
4b		
	4c	
		5

**Part XIII Supplemental Information**

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

ROTARY6990 09/25/2014 9:22 AM

Schedule D (Form 990) 2013 ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377

Page 5

Part XIII Supplemental Information (continued)

---

Schedule D (Form 990) 2013

DAA

ROTARY6890 09/25/2014 9:22 AM

**SCHEDULE J**  
 (Form 990)
Department of the Treasury  
Internal Revenue ServiceROTARY INTERNATIONAL DISTRICT 6990,  
INC**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990 ► See separate instructions

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0041

**2013**Open to Public  
Inspection

Employer identification number

**20-8494377****Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1a		

1b		

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2		

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee


4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

4a	X
4b	X
4c	X

a Receive a severance payment or change-of-control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a	X
5b	X

a The organization?  
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

5a	X
5b	X

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

6a	X
6b	X

a The organization?  
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

6a	X
6b	X

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7	X
8	X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8	X
9	

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

DAA

**ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377**

Schedule J (Form 990) 2013

Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i) - (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (F), and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC Compensation	(C) Retirement and other deferred compensation		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation			
CAROL ALEXANDER	0	0	0	0	0	0
TREASURER	0	0	0	0	0	0
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Schedule J (Form 990) 2013

DAA

**Schedule J (Form 990) 2013 ROTARY INTERNATIONAL DISTRICT 6990, 20-8494377****Page 3****Part III: Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DAA

ROTARY6990 09/25/2014 9:22 AM

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2013</b> <input checked="" type="checkbox"/> Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization <b>ROTARY INTERNATIONAL DISTRICT 6990, INC</b>	
	Employer Identification number	<b>20-8494377</b>

**Form 990 - Organization's Mission**

THE MISSION OF ROTARY INTERNATIONAL IS TO PROVIDE SERVICE TO OTHERS, TO PROMOTE HIGH ETHICAL STANDARDS AND TO ADVANCE WORLD UNDERSTANDING, GOODWILL AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL AND COMMUNITY LEADERS.

**Form 990, Part III, Line 4d - All Other Accomplishment**  
DONATIONS TO WORTHWHILE CHARITABLE DISASTER RELIEF FUNDS.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**  
No review was or will be conducted.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
No documents available to the public

**Form 990, Part IX, Line 11g - Other Fees for Services****Description**

Program Service	Mgt & General	Fundraising
\$ 32,750	\$ 0	\$ 0

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

	Amount
ZONE 33 & 34 MEETING	\$ 0

ROTARY6990 09/25/2014 9:22 AM

## Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Name of the organization

ROTARY INTERNATIONAL DISTRICT 6990,

Employer identification number

20-8494377

## FOUNDATION ACTIVITIES

\$	7,222	\$	0	\$	0
----	-------	----	---	----	---

## ROTARY PROMOTION

\$	6,682	\$	0	\$	0
----	-------	----	---	----	---

## LEADERSHIP MEETING

\$	2,319	\$	0	\$	0
----	-------	----	---	----	---

## MISCELLANEOUS MEETING

\$	1,871	\$	0	\$	0
----	-------	----	---	----	---

## GIFTS AND AWARDS

\$	1,631	\$	0	\$	0
----	-------	----	---	----	---

## MISCELLANEOUS

\$	1,538	\$	0	\$	0
----	-------	----	---	----	---

## DISTRICT &amp; CLUB DATABASE

\$	1,363	\$	0	\$	0
----	-------	----	---	----	---

## WEBSITE

\$	1,303	\$	0	\$	0
----	-------	----	---	----	---

## INSURANCE

\$	1,284	\$	0	\$	0
----	-------	----	---	----	---

## TELEPHONE

\$	1,195	\$	0	\$	0
----	-------	----	---	----	---

## INTERNATIONAL ASSEMBLY

\$	707	\$	0	\$	0
----	-----	----	---	----	---

## OFFICE

\$	610	\$	0	\$	0
----	-----	----	---	----	---

## CREDIT CARD FEES

\$	606	\$	0	\$	0
----	-----	----	---	----	---

## CARIBBEAN PARTNERSHIP

Schedule O (Form 990 or 990-EZ) (2013)

OAA

ROTARY6990 09/25/2014 9:22 AM

## Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Name of the organization

ROTARY INTERNATIONAL DISTRICT 6990,

Employer identification number

20-8494377

\$	483	\$	0	\$	0
<b>GO TO MEETING</b>					
\$	379	\$	0	\$	0
<b>BANK FEES</b>					
\$	326	\$	0	\$	0

Schedule O (Form 990 or 990-EZ) (2013)

DAA

ROTARY6990 09/25/2014 9:27 AM

Form 990T		Two Year Comparison Report			2012 & 2013
		For calendar year 2013, or tax year beginning 07/01/13, ending 06/30/14		Taxpayer Identification Number 20-8494377	
Name ROTARY INTERNATIONAL DISTRICT 6990, INC					
Revenue	1. Gross profit/loss on business activities	2012	2013	Differences	
	2. Capital gains/losses				
	3. Income/loss from partnerships and S corporations				
	4. Rental income (net of expense)				
	5. Unrelated debt financed income (net of expense)				
	6. Interest, and other income from controlled organizations (net of expense)				
	7. Investment income of specific organizations (net of expense)				
	8. Exploited exempt activity income (net of expense)				
	9. Advertising income (net of expense)				
	10. Other income				
	11. Total trade or business income. Combine lines 1 through 10				
Expenses	12. Compensation of officers, directors, and trustees				
	13. Other salaries and wages				
	14. Repairs and maintenance				
	16. Bad debts				
	16. Interest				
	17. Taxes and licenses				
	18. Charitable contributions				
	19. Depreciation and Depletion				
	20. Contributions to deferred compensation plans				
	21. Employee benefit programs				
	22. Other deductions				
	23. Total deductions Add lines 12 through 22				
	24. Taxable income before NOL. Subtract line 23 from 11				
	25. Net operating loss deduction				
	26. Specific deduction	1,000	1,000		
	27. Unrelated business taxable income.	-1,000	-1,000		
Credits	28. Income tax (corporate or trust)				
	29. Proxy tax				
	30. Alternative minimum tax				
	31. Total taxes				
	32. Other credits				
	33. General business credit				
	34. Credit for prior year minimum tax				
	35. Total credits				
	36. Net tax after credits				
	37. Recapture taxes				
	38. Total Taxes				
Refund	39. Prior year overpayment and estimated tax payments				
	40. Payment made with extension				
	41. Backup withholding and foreign withholding				
	42. Other payments				
	43. Total payments				
	44. Balance due/(Overpayment)				
	45. Overpayment applied to next year				
	46. Penalties				
	47. Total due/(Refund)				

990T		Tax Return History				
		2013				
Name	ROTARY INTERNATIONAL DISTRICT 6990, INC	Employer Identification Number: 20-8494377				
		2009	2010	2011	2012	2013
		2014				
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income						
Debt-financed income*						
Contributed organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						
Contributions						
		\$255,000	\$170,000	\$85,000	\$0	
Exempt Revenue (Loss)						
		\$0				
Net Exempt Revenue						
		\$54,000	\$36,000	\$18,000	\$0	
Expenses Deductions						
		\$204,000	\$136,000	\$68,000	\$0	

Form 990T		Tax Return History				
Name	Employer Identification Number	2013				
		2014				
		2009	2010	2011	2012	2013
Other deductions						
Net operating loss deduction				1,000	1,000	
Specific deduction				-1,000	-1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

  

Total Liabilities		2013				
		2014				
		\$2,100	\$1,400	\$700	\$0	

  

Total Assets		2013				
		2014				
		\$204,000	\$136,000	\$68,000	\$0	

  

Business Income (990T)		2012				
		2013				
		\$0	\$30	\$20	\$10	\$0

  

Tax Due (990T)		2012				
		2013				
		\$0	\$30	\$20	\$10	\$0

\* Income shown net of expenses

ROTARY6990 ROTARY INTERNATIONAL DISTRICT 6990,  
20-8494377  
Fiscal Year Ended: 6/30/2014

9/25/2014 9:22 AM

Taxable Interest on Investments

Description	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Amount					
Total	\$ 58				
	\$ 58				

ROTARY6990 ROTARY INTERNATIONAL DISTRICT 6990,  
20-8494377  
FYE: 6/30/2014

**Federal Statements**

9/25/2014 9 22 AM

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Total	\$ 32,750	\$ 32,750	\$ 0	\$ 0
	\$ 32,750	\$ 32,750	\$ 0	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
ZONE 33 & 34 MEETING	\$ 8,561	\$ 8,561	\$	\$
FOUNDATION ACTIVITIES	7,222	7,222		
ROTARY PROMOTION	6,682	6,682		
LEADERSHIP MEETING	2,319	2,319		
MISCELLANEOUS MEETING	1,871	1,871		
GIFTS AND AWARDS	1,631	1,631		
MISCELLANEOUS	1,538	1,538		
DISTRICT & CLUB DATABASE	1,363	1,363		
WEBSITE	1,303	1,303		
INSURANCE	1,284	1,284		
TELEPHONE	1,195	1,195		
INTERNATIONAL ASSEMBLY	707	707		
OFFICE	610	610		
CREDIT CARD FEES	606	606		
CARIBBEAN PARTNERSHIP	483	483		
GO TO MEETING	379	379		
BANK FEES	326	326		
Total	\$ 38,080	\$ 38,080	\$ 0	\$ 0