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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

440,960

MN

Department of the Treasury Internal Revenue Service

Address change

Name change

Initial return

Terminated Amended return

Website: ▶

SCANNED NOY 1 8 2014

Paid **Preparer**

Use Only

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 20 14 2013, and ending June 30 C Name of organization Rotary International District 5950, Inc. D Employer Identification number Check if applicable Doing Business As 41-6031318 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 11251 Red Fox Drive 763.553.1604 City or town, state or province, country, and ZIP or foreign postal code Maple Grove, MN 55369-6328 G Gross receipts \$ F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes Vo Diann Kirby, 150 Front St N Unit 115, Prescott, WI 54021 H(b) Are all subordinates included? Tes No 501(c)(3) ✓ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Tax-exempt status www.rotary5950.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust M State of legal domicile Association ☐ Other ▶ L Year of formation 2009 Summary

	ו	Briefly describe the organization's mission or most significant activities: The c			
Š		activities of the Rotary Clubs within the District by providing leadership training pro	gram materials	and ho	sting meetings.
nar		The District also administers grants for local and international projects sponsored			
Ver	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than 2	5% of i	ts net assets.
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
<u>ಇ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
Activities & Governance	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	1
ξį	6	Total number of volunteers (estimate if necessary)		6	62
Ä	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	C
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	C
			Prior Year		Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)	2	05,464	224,149
ř	9	Program service revenue (Part VIII, line 2g)	1	23,083	216,714
Revenue	10	Investment income (Part VIII, column (A), Imps 3-4-and 7d)		233	97
ш.	11	Other revenue (Part VIII, column (A), lines 5, 60-65-90, tol.) and 11e)		T	
	12	Total revenue—add lines 8 through 11 must equal Part VIII, column (A), line 12)	3	28,780	440,960
	13	Grants and similar amounts paid (Par IX, COLUM) (A), Imps 1-30	1	43,300	215,697
	14	Benefits paid to or for members (Fart IX, column (A), line 4)	-	0	0
g	15	Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)		67,265	72,370
nse	16a	Professional fundraising fees (Part IX, column A) Fine 11167		0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	10,164	142,354
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3	20,729	430,421
	19	Revenue less expenses. Subtract line 18 from line 12		8,051	10,539
5 g			Beginning of Curre	nt Year	End of Year
sets	20	Total assets (Part X, line 16)	2	37,084	244,524
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		25,112	22,013
캶	22	Net assets or fund balances. Subtract line 21 from line 20	2	11,972	222,511
Pa	rt II	Signature Block			
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the	best of m	y knowledge and belief, it is
true	e, correc	et, and complete Declaration of preparer (other than pricer) is based on all information of which prepare	er has any knowled	ge	
		1 2m Haller			
Sig		Signature of officer	Date	/_/	
He	re	L.M. AKHFELD	10/8	23/1	2014
		Type or print name and title		· · · · · · · · ·	
		Print/Type preparer's name Preparer's signature [Date		- PTIN



Check I If self-employed

Firm's EIN ▶

Phone no



Yes No Form **990** (2013)

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

Firm's name

Firm's address ▶

orm 990	
Part I	
1	Check if Schedule O contains a response or note to any line in this Part III
	The organizations primary mission is to support the activities of the Rotary Clubs within the District (63 clubs) by providing
	leadership training program materials, and hosting meetings and conferences. The district also administers grants for local and
	international projects sponsored by clubs in the District and partially funded by the Rotary Foundation.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O. 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.
	(Code:) (Expenses \$ 201,076 including grants of \$ 201,076) (Revenue \$ 202,093)
	District Simplified GrantsEach year The Rotary Foundation allocates each Rotary District a portion of previously donated funds from district members. These funds can be applied for by District Members (Rotary Clubs) to be used for a wide range of
	humanitarian, educational and public good projects.

	(Code:) (Expenses \$ 14,621 including grants of \$ 14,621) (Revenue \$ 14,621)
	Warm Hands, Heads & Heartseach year Rotary Clubs in the District are ask to contribute funds to purchase stocking hats and
	knitted gloves. These hat and gloves are then distributed to the Clubs to be distributed to local schools for distribution to needy children in the school.
	Children in the School.
	
4c	(Code:) (Expenses \$ 15,367 including grants of \$ 15,367) (Revenue \$)
	Youth Exchange FoundationA program where American Youth and Foreign Youth can visit each others country and study the
	other country's culture.
	······································
	······································

Part	V 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_		✓
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		1
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? <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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? <i>If "Yes," complete Schedule D, Part IV </i>	9	-	1
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		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
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		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		√
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		1
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		∀
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		<u> </u>
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		V ✓
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		√
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			- 3
			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	/	
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		√
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		√
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		√
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
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		· ·
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		✓
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	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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	35b 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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	./	✓
		30	<u>v</u>	

				raye c
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			_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		 	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ì	1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
10	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4.		1
h	If "Yes," enter the name of the foreign country:	4a		 •
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 -	· · · · · · · · · · · · · · · · · · ·	l _		١,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	✓
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	<u> </u>	✓
D	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).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year]		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
1-70	Did the organization receive any paymente for indeed talling services during the tax years 1 - 1 - 1 - 1 - 1	1 TU		. ▼

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI							
Secti	on A. Governing Body and Management	• •		✓				
0001	on A. dotorning body and management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8							
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8							
2								
•	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?	3		✓				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		·/				
6	Did the organization have members or stockholders?	6	1	_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť						
	one or more members of the governing body?	7a	✓					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		,					
	stockholders, or persons other than the governing body?	7b	✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
a	The governing body?	8a	√	<u> </u>				
ь 9	Each committee with authority to act on behalf of the governing body?	8b	V					
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u></u>				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		_					
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	<u> </u>				
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓				
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	./					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		√				
С	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		✓				
14	Did the organization have a written document retention and destruction policy?	14		✓_				
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		1				
b	Other officers or key employees of the organization	15b		V				
	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		✓_				
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						
Secti	on C. Disclosure	100		L				
17	List the states with which a copy of this Form 990 is required to be filed ► Minnesota							
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.							
10	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 int	erest	policy	, and				
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records	of the						
20	organization: ► Diane Confer, 11251 Red Fox Drive, Maple Grove, MN 55369 (763) 553-1604	OI LITE	•					
	biane Contei, 11251 Red Fox Drive, maple Grove, min 33303 (703) 333-1004							

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

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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos neck ss pe	rson	than of the state	an	(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) Diann Kirby, District Governor	25	tee	ustee			ensated				
		1		✓				0	0	0
(2) Jim Nelson, DG Elect	10	✓		1				o	0	0
(3) Tim Murphy, DG Nominee	2	· /		/				0	o	0
(4) Mark Hegstrom, DG Nominee Nominee	2	1		1				0		0
(5) Bob Stowell, Past DG	2	1		1				0	0	0
(6) Chuck Berg, Past DG	2	1		 ✓				0	0	0
(7) Lee Ashfeld, CFO	15	/		1				0	0	0
(8) Jewelie Grape, Corporate Secretary	2	/		✓				0	0	0
(9)		-								
(10)										
(11)										
(12)										-
(13)										
(14)	ļ									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
						C)								
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportabl compensation			mated ount of	
		week (list any			_		or/trust	 	from	related	related ot			
		hours for related	Individual trustee or director	nstrti	Officer	Key employee	mple	Former	the organization	organizatio (W-2/1099-M			ensation m the	
		organizations	dual	tion	er e	η̈́pl	e Dyee	୯	(W-2/1099-MISC)	(11 2) 1000 11	,	organ	nization	
		below dotted line)	trus	al tr		oyee	omp						related izations	
		,	stee	Institutional trustee		"	Highest compensated employee					3		
				e .			ted							
(15)														
(16)														
(4.7)		<u> </u>	•					_						
11.11														
(18)								\vdash			-			
3														
(19)														
										_				
(20)														
								_						
(21)								İ						
(22)	····							-						
(22)														
(23)	·				_	_		-						
3==1								ĺ						
(24)										- 11				
(25)														
								Ļ		•				
1b	Sub-total	 		•	•		•	•	_					
d	Total from continuation sheets to Part			•	•		•		0	-	0			0
	Total (add lines 1b and 1c)						· ·	<u> </u>	bo recoved m	ara than \$1	0	of		0
	reportable compensation from the organi		ו נט נוו	056	ıısı	eu a	above	<i>3)</i> VV	no received m	ne man pro	00,000	OI		
													Yes N	No
3	Did the organization list any former of	ficer, direct	tor, o	r tr	uste	e,	key e	emp	oloyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indı	vidu	ıal					3	,	/
4	For any individual listed on line 1a, is the													
	organization and related organizations	=	an \$1	50,	000	? //	"Ye	s, "	complete Sch	edule J fo	r such	1 1		
_		· · ·	• •		•							4	\	
5	Did any person listed on line 1a receive of for services rendered to the organization?													,
Section	on B. Independent Contractors	11 100, 0	011101			-		-	adii paradii		· ·	5		<u></u>
1	Complete this table for your five highest	compensate	ed inc	depe	ende	ent	contr	acto	ors that receive	d more tha	n \$100	.000 of		—
	compensation from the organization. Rep													
	year.								_		_			
	(A)								(B)			(C)		
	Name and business add	ress							Description of se	ervices		Compens	ation	
N/A								<u> </u>	- 					
						-,-		_						
								 						
2	Total number of independent contractor	rs (includir	ng bu	t n	ot I	imit	ed to	th	ose listed abo	ove) who				—
	received more than \$100,000 of compens									<i>'</i>				

Pari	VIII	Statement of Revenue		!! !- Al-!-	D- 4 VIII		
1		Check if Schedule O contains a respor	ise or note to	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f. \$	171,814 52,335		function revenue	revenue	under sections 512-514
	h	Total. Add lines 1a-1f	usiness Code	224,149			<u> </u>
Program Service Revenue	2a b c d	THE ROTARY FOUNDATION WARM HEADS, HANDS & HEARTS HUNGER FREE MN		162,093 14,621 40,000			
угап	e f	All other program service revenue .		040 744			
Prog	g	Total. Add lines 2a–2f	•	216,714			L
	3	Investment income (including dividend and other similar amounts)	s, interest,	97			
	5	Royalties	` . F				
;	6a b c	Gross rents	(II) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(II) Other				
	d	Gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
OĦ.		Less: direct expenses b					
		Net income or (loss) from fundraising every Gross income from gaming activities. See Part IV, line 19	ents . ►				
	С	Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less	es >				
		returns and allowances a Less: cost of goods sold b					
		Net income or (loss) from sales of inventor				-	
	11a		usiness Code				
	b			·			
	C						
	d	All other revenue					
	e	Total. Add lines 11a–11d	▶	-			
	12	Total revenue. See instructions		440.000			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX $$.		🗆
Do no 8b, 9b	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(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 United States. See Part IV, line 21	215,697	215,697		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	213,037	213,097		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members 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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,834 11,150	23,917 5,575	23,917 5,575	
9	Other employee benefits	9,605	4,803	4,802	
10	Payroll taxes	3,781	1,891	1,890	
11	Fees for services (non-employees):		7	,,,,,,	
а	Management				
b	Legal				
С	Accounting	44	22	22	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	- '	20.000	40.000		
13	Advertising and promotion Office expenses	22,662	13,029	0.407	9,633
14	Office expenses	12,974 2,497	6,487 2,497	6,487	
15	Royalties	2,497	2,491		
16	Occupancy	6,300	3,150	3,150	
17	Travel	9,990	4,137	5,150	
18	Payments of travel or entertainment expenses	3,330	4,131	3,033	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	70,644	70,644		
20	Interest		,	_	-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,876	938	938	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e, If				
	Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	YOUTH EXCHANGE SERVICES	15,367	15,367		
b					
C					
d	All all and an area				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	430,421	368,154	52,634	9,633
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 2 2 199,916 166,168 3 3 4 4 37,168 78,356 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 7 8 Prepaid expenses and deferred charges . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 237.084 244,524 17 17 25,112 22,013 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 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 Unsecured notes and loans payable to unrelated third parties . . . 24 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 25 26 Total liabilities. Add lines 17 through 25 25,112 26 22,013 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . . .

Net Assets

30

31

32

33

34

Form 990 (2013)

222,511

244.524

30

31

32

33

34

211,972

237,084

_	4	•
Page	1	4

OHIII 30	50 (2010)				Га	90 1Z
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			44	0,960
2	Total expenses (must equal Part IX, column (A), line 25)	2			43	0,421
3	Revenue less expenses. Subtract line 2 from line 1	3			1	0,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			21	1,972
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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			22	2,511
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın			
	Schedule O.		1			
2a				2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b			.	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	а			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?			3a		
þ						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	l.	3b		<u> </u>
				Forn	n 990	(2013)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2013
Open to Publi

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Rotary International District 5950, Inc.

anila Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs gov/form990.

ie of the organization

Employer identification number 41-6031318

Part | General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ✓ Yes □No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (e) Amount of non-cash assistance (c) IRC section if applicable 1 (a) Name and address of organization or government (b) EIN (d) Amount of cash (g) Description of non-cash assistance (h) Purpose of grant or assistance (1) Rotary Club of Bloomington,MN Bloomington, MN 6,000 Girls school in India na (2) Rotary Club of Bloomington, MN Bloomington, MN 6,000 Cataract surgery in India (3) Rotary Crystal New Hope Robins Crystal, MN 6,000 na Container ship Bolivla (4) Rotary St Michael Albertville Albertville, MN Beds for kids Wright Co 6,000 na (5) Rotary Club of Plymouth Plymouth, MN 6,000 Viewing Platform Plymouth na (6) Shelter Box USA 10,000 Typhoon Haigen (7) Rotary Club of Bloomington, MN Bloomington, MN 10,000 na Voc trng Stuttgart, Germany (8) Minnetonka Rotary Club Minnetonka, MN 6,000 Food pack with outreach pr (9) Rotary Club of Edina Edina, MN 6,000 Steve Rummer Foundation (10) (11) (12) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 9

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

Cat No 50055P

Schedule I (Form 990) (2013)

(a) Type of grant or assistance	ditional space is needed (b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assista
(a) Type of grant or assistance	recipients	cash grant	non-cash assistance	FMV, appraisal other)	(i) Description of non-cash assista
Supplemental Information. Pr	rovide the information re	equired in Part I, I	ine 2, Part III, colum	n (b), and any other additi	onal information.
				rements have been met	
				irements have been met	
				rements have been met	
				rements have been met	
				irements have been met	
				irements have been met	
ict monitors all grants given to individua				irements have been met	

Schedule I (Form 990) (2013)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer Identification number

41-6031318 Rotary International District 5950, Inc. Part III Statement of Program Service Accomplishments (continued) Conferences, conventions and meetings for training and educational purposes throughout the Rotary year--\$70,644 Part VI----The annual filing of the IRS Form 990 is completed by the Organization CFO and reviewed by at least 2 other District Officers prior to submission to the IRS. Subsequently, The District has specific corporate policies and procedures governing control procedures for disbursements and reimbursements. The District has an annual conference wherein the annual business meeting is conducted. Each member club is asked to send delegate(s) appointed by the club president to vote on such business matters as election of Governing Board and District Officers, approval of financial reports and budget for the following year. There may be other new or old business discussed and/or voted on at this meeting. There are currently 63 member clubs in the organization and each member club has one or more votes depending on membership of the member club. The Articles of Incorporation and By-Laws were approved by Rotary International prior to filing with the Secretary of the State in Minnesota. Part VI Section C 19--The organization makes its governing documents available to any member request at the annual conference. All governing documents must be pre-approved by Rotary International. All governing documents including any conflict of interest policies and procedure must be consistent with the Rotary International Code of Policies.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer Identification number
	•••••
	••••••
	·
	·····

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2014

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 ► Attach to Form 990

Inspection 41-6031318

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule R (Form 990) and its instructions is at www irs gov/form990

Rotary International District 5950, Inc. Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
.(1)					
(2)					
(3)					
(4)					
(5)					
(6)					<u> </u>

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(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 status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	y) i12(b)(13) rolled ity?
						Yes	No
(1) Rotary International 36-1707667	Philanthropy	IL, USA	501c4				1
(2) The Rotary Foundation 36-3245072	Philanthropy	IL, USA	501c3				>
(3)							
(4)							
(5)							
(6)							
_(7)							

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

Cat No 50135Y

(?)

Part III		ne or more related orga						u re	es or	1 FORM 990, Pa	ırı iv,	iine .	34
	(a) e, address, and EIN of lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling 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	Dispropo	h) ortionale itions?	(t) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	oral or aging	(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
				1		 	†	1	1		1		

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

(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti) 12(b)(13) olled ty?
								Yes	No
_(1)									
(2)									
(3)		:							
(4)									
(5)									
(6)									
(7)									

Schedul	9 R (Form 990) 2014					F	Page 3
Part	Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line 34	1, 35b, or 36.			
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	s II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		1
b	Gift, grant, or capital contribution to related organization(s)				1b		√
С	Gift, grant, or capital contribution from related organization(s)				1c	7	
d	Loans or loan guarantees to or for related organization(s)				1d		1
e	Loans or loan guarantees by related organization(s)			•	1e		7
_				•			r-
f	Dividends from related organization(s)				11		1
g	Sale of assets to related organization(s)				1g		7
	Purchase of assets from related organization(s)				1h		7
ï	Exchange of assets with related organization(s)				11		7
i	Lease of facilities, equipment, or other assets to related organization(s)				11		Ż
•	2000 of Identition, equipment, of entire account to relation or guilliant entire				'' ,		<u> </u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1 k		1
ï	Performance of services or membership or fundraising solicitations for related organization(s)				11	1	<u> </u>
m	Performance of services or membership or fundraising solicitations by related organization(s)		•		1m	7	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	<u> </u>	7
0	Sharing of facilities, equipment, maining lists, or other assets with related organization(s)	•	•		10		7
U	Sharing of paid employees with related organization(s)				 "		_
_	Reimbursement paid to related organization(s) for expenses				1p		1
p	Reimbursement paid by related organization(s) for expenses		•		1g	7	_
q	neimbursement paid by related organization(s) for expenses	•	• •		-14	<u> </u>	
r	Other transfer of cash or property to related organization(s)				1r	1	1
s	Other transfer of cash or property from related organization(s)				15		-
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	amalata thia lina inali	iding covered relation	schine and transacti		achal	<u> </u>
		г '	_ <u> </u>	, , , , , , , , , , , , , , , , , , , 	Off thi	esiloi	us
_	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determinin	g amou	nt Invo	lved
(1) Th	e Rotary Foundation						
(2) Ro	tary International						
(3)							
(4)							
(5)							
(6)							

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all p sec 501 organiz	cartners tion (c)(3)	(f) Share of total Income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)	-	,											
(4)													
(5)													
(6)													
(7)													
(8)						-							
(9)													
(10)	,												
(11)													
(12)									-				
(13)													
(14)	·												
(15)		_											
(16)													

Part VII	Provide additional information for responses to questions on Schedule R (see instructions).
Rotary Inter	national District 5950 members make tax deductible gifts to The Rotary Foundation. The Rotary Foundation makes grants
	District 5950 Clubs to promote and enhance humanitarian, philanthropic and charitable activities.
••••	
•	
••••	······································