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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Deplartment of the Treasury ■ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014D Employer identification number C Name of organization Check if Address change ROTARY INTERNATIONAL SHREVEPORT Name change 72-0304248 Doing Business As ROTARY CLUB OF SHREVEPORT Initial Ireturn Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Termin-P. O. BOX 380 318-221-3053 Amende return 260,471. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica 71162 H(a) Is this a group return SHREVEPORT, LA pending Yes X No F Name and address of principal officer CAROL BARNES for subordinates? SAME AS C ABOVE Ves H(b) Are all subordinates included? 4 ') **◄** (insert no.) 501(c)(3) X 501(c)(4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status: J Website: ➤ WWW.ROTARYCLUBOFSHREVEPORT.ORG H(c) Group exemption number ▶ Corporation Trust X Association Year of formation: 1914 M State of legal domicile: LA K Form of organization Part I | Summary Briefly describe the organization's mission or most significant activities. ROTARY CLUB OFFERS ITS MEMBERS OPPROTUNITIES FOR ENRICHMENT IN THE COMMUNITY AND CIVIC SERVICES. if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box 12 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) 1 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 150 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0. b Net unrelated business taxable income from Form 990-T, line 34 Current Year **Prior Year** 0 0. 8 Contributions and grants (Part VIII, line 1h) Revenue 223,939 260,471. Program service revenue (Part VIII, line 2g) 9 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 10 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)
Total revenue - add lines 8 through 11 (mustregual Part VIII), column (A), 0. 0. 11 223,939 260,471. 12 0 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column(A), line 4)-32,344. 35,615. Salaries, other compensation, employee benefits (Part-IX, column 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 145,893 192,046. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 178,237. 227,661. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 45,702: 32,810. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 159,561. 161,554. 20 Total assets (Part X, line 16) 94.419 63,602. 21 Total liabilities (Part X, line 26) 65.142**:** 97,952. Net assets or fund balances Subtract line 21 from line 20 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 Signature of officer Sign CAROL BARNES, PRESIDENT Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name JUL 2 9 2014 P01042967 self-employed Paid MATTHEW HAHN 72-0506596 Firm's EIN Firm's name COLE, EVANS & PETERSON Preparer Use Only Firm's address POST OFFICE DRAWER 1768 Phone no. (318) 222-8367 SHREVEPORT, LA 71166-1768

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

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form 990 (2013)

	t 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:							
•	SERVICE ABOVE SELF: TO ENCOURAGE AND FOSTER SERVICE IN PERSONAL,							
	BUSINESS AND COMMUNITY LIFE; HIGH ETHICAL STANDARDS IN BUSINESS AND							
	PROFESSIONS; AND THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING,							
	GOODWILL AND PEACE THROUGH A FELLOWSHIP UNITED IN SERVICE.							
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.							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 227,661. including grants of \$) (Revenue \$ 260,471.)							
	ROTARY CLUB OFFERS ITS MEMBERS OPPORTUNITIES FOR ENRICHMENT IN THE							
	COMMUNITY AND CIVIC SERVICES; GOALS ACHIEVED BY WEEKLY PROGRAMS AND							
	LOCAL SERVICE PROJECTS.							
4b	(Code) (Expenses \$							
4c	(Code) (Expenses \$							
4d	Other program services (Describe in Schedule O)							
	(Expenses \$ including grants of \$) (Revenue \$							
40	Total program service expenses > 2.27, 661.							

Form **990** (2013)

	_		Yes	No_
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	- }	1	
	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	ļ		
	Schedule D, Part III .	8		<u> </u>
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_		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Χ.	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	. Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		х
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		<u>X</u>
е	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	l		
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		1
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b]	х
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		[· · · ·	T
	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	17	ļ	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,"			1,-
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(0010)

Form 990 (2013) ROTARY INTERNATIONAL SHREVEPORT
Part IV Checklist of Required Schedules (continued)

- ai	Try Oneckinst of Fieddined Contraction (Continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		37
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,		l	37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ļ	-	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ	-	
	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	1		
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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			ı
	Schedule L, Part I	25b		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			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
		26		Х
~~	complete Schedule L, Part II	20		
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	0.7		v
	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).			3,7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			}
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	_32		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	33		X
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	Х	ŀ
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		•
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		†
36		36		
	If "Yes," complete Schedule R, Part V, line 2	30	 	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٦,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2013

72-0304248 Form 990 (2013) ROTARY INTERNATIONAL SHREVEPORT 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 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a 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 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a

b If "Yes," enter the name of the foreign country
 See instructions for filing requirements for Form TD F 90·22 1, Report of Foreign Bank and Financial Accounts.
 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

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?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

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?

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter-

Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources 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?

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.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

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?

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

	13a	
	1	
13b		
13c		
	14a	Х

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Х

Х

Х

5a

5_b

6b

7a

7b

7c

<u>7e</u> 7f

7g

7h

8

9a

9b

12a

7d

10a

10b

11a

11b

Form 990 (2013) ROTARY INTERNATIONAL SHREVEPORT 72-0304248 Page
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		_	\mathbf{X}				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a 12							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		<u>X</u>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	•						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>				
6	Did the organization have members or stockholders?	6		<u>X</u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- 1						
	more members of the governing body?	7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	_X_					
þ	Each committee with authority to act on behalf of the governing body?	8b	_X					
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	<u>X</u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		_X_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		į į					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>				
b		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		47				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	_X_				
15	Did the process for determining compensation of the following persons include a review and approval by independent	'						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.7				
a	The organization's CEO, Executive Director, or top management official	15a 15b		X				
b	b Other officers or key employees of the organization							
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x				
	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	406	ŀ					
500	exempt status with respect to such arrangements?	16b	!	<u> </u>				
	List the state with which a copy of this Form 900 is required to be filed T.A		-					
17	List the states with which a copy of this Form 990 is required to be filed LA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	wailah	lo.					
18		ivaliaC	·iC					
	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)							
10	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	acial					
19		u miai	iciai					
20	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 organiza	tion 🖿						
20		aon 🏴						
	JUDY BELLEW: - 318-221-3053 POST OFFICE BOX 380, SHREVEPORT, LA 71162							
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule	O contains a response 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 n	l organization compensate						ated any current officer, director, or trustee			
(A)				(C				(D)	(E)	(F)
Name and Title	Average	(do		Posi		than (nne	Reportable	Reportable	Estimated
	hours per	box	, unie	ss per	rson e	s bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	dad	recto	r/trus	(66)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ē	, s			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	tust		a	bens		(W-2/1099-MISC)		organization
	organizations below	lad tr	lonal		ploy	t con				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme!			Organizations
(1) CAROL T. BARNES	5.00	<u> </u>	=	-2-		1				
PRESIDENT		X		X				0.	0.	0.
(2) FRANCESCA BENTEN MORELAND	5.00									
PRESIDENT-ELECT_		X		X				0.	0.	0.
(3) REGINALD ABRAMS	2.00									
VICE PRESIDENT		X		X		ļ		0.	0.	0.
(4) JOSEPH BREITHAUPT	2.00									
SECRETARY-TREASURER	ļ	X		Х		ļ		0.	0.	0.
(5) LARRY EVENSKY	2.00		ļ							_
IMMEDIATE PAST PRESIDENT		X	<u> </u>	X	<u></u>	├		0.	0.	0.
(6) JAMES ADAMS	2.00								_	_
DIRECTOR		X	<u> </u>		<u> </u>	<u> </u>	_	0.	0.	0.
(7) JANET BOYETT	2.00	ļ			}				_	_
DIRECTOR		X	<u> </u>		ļ	ļ	<u> </u>	0.	0.	0.
(8) EUGENIA ELLIOTT	2.00	ļ						_		_
DIRECTOR		X	ļ	<u> </u>		<u> </u>	ļ	0.	0.	0.
(9) K.D. KILPATRICK	2.00							_		
DIRECTOR	<u> </u>	X	_	<u> </u>			_	0.	0.	0.
(10) KERMIT POLING	2.00							_		_
DIRECTOR		X	ļ	<u> </u>		ļ	ļ	0.	0.	0.
(11) ALAN PRATER	2.00									_
DIRECTOR	ļ <u>.</u>	X	1	<u> </u>	ļ	<u> </u>	<u> </u>	0.	0.	0.
(12) ZELDA TUCKER	2.00	┨								
DIRECTOR		X	<u> </u>			-	-	0.	0.	0.
(13) JUDY BELLEW	30.00	4				1		22.000		
EXECUTIVE DIRECTOR	 	-	1	X		┼	├	33,000.	0.	0.
		┨	ł	ł			1			
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rar	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employed	es (continued)				
	(A)	(B)	i		(0	C)			(D)	(E)			(F)	
•	Name and title	Average	ì		Pos	ition			Reportable Reportat					4
	Tarro and this	hours per		(do not check		eck more than o			compensation	compensation	,		ount o	
		week					r/trus		1 '. 1		' [ther	1
		(list any	ь		Ι				from	from related				
		hours for	Individual trustee or director			l			the	organizations		comp		
		1	5			1	ated		organization	(W-2/1099-MIS	ا (د		m the	
		related	뢇	l ag		۱.,	Dens	1	(W-2/1099-MISC)			•	nızatıc	
		organizations	<u>#</u>	Institutional trustee	İ	Key employee	E a	1	1		- 1	and	relate	d
		below	ğ	l gga	<u>ت</u> ة	텵	oye est	늍				orgar	nizatio	ns
		line)	를	iş	Officer	Æ	Highest compensated employee	Former			ļ			
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			ł	1	1		ł	i			- 1			
1h	Sub-total .						-	—	33,000.		0.			0.
	Total from continuation sheets to Part V	II Section A							0.		0.			0.
		ii, Section A							33,000.		ō.	_		Ö.
	Total (add lines 1b and 1c)													<u> </u>
2	Total number of individuals (including but r	not limited to th	iose	liste	ed a	bov	e) wi	no re	eceived more than \$100	,000 of reportable	3			_
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director or tri	ıste	e. ke	ev er	mpla	ovee	. or	highest compensated e	mplovee on				
		•		-, /	٠, ٠.		-,	,	д		1			X
	line 1a? If "Yes," complete Schedule J for s										ŀ	3	+	<u> </u>
4	For any individual listed on line 1a, is the si									the organization				
	and related organizations greater than \$15	0,000? If "Yes,	," cc	mpl	ete .	Sch	edul	e J f	for such individual		ŀ	4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion :	from	any	y uni	relat	ed organization or indiv	idual for services		1		
	rendered to the organization? If "Yes," con	=							-		ł	5	1	X
Sec	tion B. Independent Contractors	151010 00110001	<u></u>	0. 0	<u> </u>	<i>p</i> 0 · ·								
							ve - 1	·	that race	¢100 000 -4 :		otion f		
1	Complete this table for your five highest co										h¢i iz	auun ir	UIII	
	the organization Report compensation for	the calendar y	<u>rear</u>	end	ing v	with	or w	<u>rithir</u>	n the organization's tax	year				
	(A)								(B)			(C)	
	Name and business	address	N	ON:	E				Description of s	services	С	ompen	sation	า
								-						
									1					
								\neg						
														_
)				
2	Total number of independent contractors (including but r	not I	ımıte	ed to	the	se li	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ						0							

260,471

260,471

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			пирівте соїштін (А).	
	not include amounts reported on lines 6b, 8b, 9b, 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				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	33,000.	33,000.		
6	Compensation not included above, to disqualified			1	
	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		0 64.5		
10	Payroll taxes .	2,615.	2,615.		
11	Fees for services (non-employees)				
а	Management				
þ	Legal _				
С	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,				
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion Office expenses	5,602.	5,602.		
13	Information technology	3,002.	3,002.		
14	Royalties				
15 16	Occupancy	8,476.	8,476.		
17	Travel	0,4700	0, 1,00		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,829.	10,829.		
20	Interest				
21	Payments to affiliates	26,276.	26,276.		
22	Depreciation, depletion, and amortization	2,858.	2,858.		
23	Insurance	3,028.	3,028.		
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 0.)				
а	OT TO CODITION DUDBINGE	87,927.	87,927.		
b		22,931.	22,931.		
С	COLOGRATION CERTIFICE ENDERS	21,119.	21,119.		
d		3,000.	3,000.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	227,661.	227,661.	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		1	ı İ	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 133,498. 133,716. 1 Cash · non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 43,173. basis Complete Part VI of Schedule D 10a 26,063. 27,838. 15,335. 10c 10b Less accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 159,561. 161,554 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 26,309. 8,102. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 68,110. 55,500. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 63,602. 94,419. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 65,142. 97,952. 32 Retained earnings, endowment, accumulated income, or other funds 32 97,952. 65,142. 33 Total net assets or fund balances 33 159,561 161,554. 34 Total liabilities and net assets/fund balances

orm	990 (2013) ROTARY INTERNATIONAL SHREVEPORT	1 <u>2-03</u>	4440	Page 12
	t 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		,471.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,661.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	32	1,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65	,142.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
_	column (B))	10	97	<u>,952.</u>
Pa	t 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: Cash X Accrual Cother			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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 oversight of the	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit		
	Act and OMB Circular A-133?		3a	X_
р	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	······································	3b	200 (2045)
			Form :	990 (2013)

SCHEDULE D

(Form 990)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY INTERNATIONAL SHREVEPORT

Employer identification number 72-0304248

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	enferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Par	t IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	•
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about the state of 470(h)(4)(P)(1)	ve satisfy the requirements of section 170(n)	[
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes th	e organization's accounting for
Pa	conservation easements rt III Organizations Maintaining Collections o	f Δrt Historical Treasures or Oth	ner Similar Assets
1 4	Complete if the organization answered "Yes" to Form	-	ici cilillai Addeta.
	If the organization elected, as permitted under SFAS 116 (A)		nt and balance shoot works of art
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	·	e of public service, provide, in Fart XIII,
h	If the organization elected, as permitted under SFAS 116 (A)		nd halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, e		
	relating to these items	ducation, of research in furtherance of publi	c service, provide the following amounts
			• •
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial o	
~	the following amounts required to be reported under SFAS 1		Janii provido
_	Revenues included in Form 990, Part VIII, line 1	To VICO 330/Tolating to these items	▶ \$
h	Assets included in Form 990. Part X		S

Sched Par		INTERNATION				r Other				Page 2
L										
•	Using the organization's acquisition, accession	on, and other record	s, cneck	any or the t	rollowing that	are a sign	iiricant t	use of its o	ollection	items
	(check all that apply)		П.							
a	Public exhibition	d			nange progra	ms				
b	Scholarly research	е	L C	ther	·					
C	Preservation for future generations Provide a description of the organization's co	lloctions and avalous	. how the	w further th	no organizatio	n's avam	ot ourog	sso in Bart	VIII	
	Provide a description of the organization's co During the year, did the organization solicit of							ose III Fail	AIII	
	to be sold to raise funds rather than to be ma					ii Siiiiliai a	35612		Yes	☐ No
Par						Ves" to E	200	Part IV h		1110
<u> </u>	reported an amount on Form 990, Par	•	ien me	organizatio	ii alisweleu	163 1011	Jiiii 550	, i ditiv, i	116 3, 01	
	Is the organization an agent, trustee, custodi		liany for c	ontribution	s or other ass	ets not in	cluded			
	on Form 990, Part X?	and of other intermed	ilaly lol c	Ontribution	3 01 011101 431	octo fiot iii	Ciudea		Yes	No
	on Form 990, Fart X7 If "Yes," explain the arrangement in Part XIII :	and complete the fo	llowing ts	hle					J 163	
b	il Tes, explain the analigement in rack Allia	and complete the lo	nowing te	Dic					Amount	
_	Pograning halance		ſ				1c		741100111	
	Beginning balance Additions during the year		,				1d			
	Distributions during the year	•					1e	-		
	•						1f			
	Ending balance	orm QQA Dart Y line	212						Yes	□ No
	2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII									
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
	2 - Ziloo	(a) Current year		or year	(c) Two year			ears back	(e) Four v	years back
10	Beginning of year balance	(a) Ourient your	(5)	ioi youi	(0) 1110) 041	o Buon (C	.,cc <u>,</u>	ouro buoit	<u> (6) i 55.</u>	Joans Buon
	Contributions		-							
b	Net investment earnings, gains, and losses									
c d	Grants or scholarships						*			
-	Other expenditures for facilities									
е	and programs									
	Administrative expenses		_							
'	End of year balance					Ì				
g 2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1c	ı. column (a	a)) held as:					
a	Board designated or quasi-endowment		%	,,(-	-,,					
b	Permanent endowment	%								
	Temporarily restricted endowment	<u>~~</u> ~								
Ŭ	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	red for the	e organi	zation		
Ou	by	. 					ŭ		[-	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipn								<u></u>	
L	Complete if the organization answere	d "Yes" to Form 990), Part IV,	line 11a S	ee Form 990	, Part X, I	ne 10			
	Description of property	(a) Cost or o	ī		or other		cumulat	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	dep	reciation	۱	·	
1a	Land				_					
b	Buildings									
	Leasehold improvements								-,-,	
	Equipment			1	5,260.		12,5			2,716.
	Other			2	7,913:		2,7	91.		<u>5,122.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10(c))			. •	2	<u>7,838.</u>

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 L

ROTARY INTERNATIONAL SHREVEPORT

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	ule D (Form 990) 2013 ROTARY INTERNATIONAL SH.		72-0304248 Page
Part	·		nue per Return.
•	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a	
	otal revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1	
	let unrealized gains on investments	2a	
	Conated services and use of facilities	2b	
	Recoveries of prior year grants	2c	
	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII)	4b	
-	Add lines 4a and 4b	1	4c
5 Dart	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	
rait	Complete if the organization answered "Yes" to Form 990, Part IV, line		enses per neturn.
		5 12a	4
	otal expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	22	
	Donated services and use of facilities Prior year adjustments	2a 2b	
	orther losses	2c	
_	Other losses Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1		<u> </u>
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	(4c
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	۹)	. 5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4; Part IV, lines 1b and 2b	, Part V, line 4; Part X, line 2, Part XI,
	d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide an		
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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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number ROTARY INTERNATIONAL SHREVEPORT 72-0304248

		T THE DIVINE	LIONA	3 0111	KID V I	ar Orea			000424		
FORM 990, PA	RT VI, SE	CTION B,	LINE :	11:						-	
EXPLANATION:	THE BOAR	RD REVIEWS	FORM	990	AT	THE	BOARD	MEETING	BEFORE	IT	IS
FILED.											
									· · · · · · · · · · · · · · · · · · ·		
FORM 990, PA	RT VI, SE	CTION C,	LINE :	19:				<u> </u>			_
EXPLANATION:	NO DOCUM	MENTS AVAI	LABLE	TO '	THE	PUBI	LIC.				
											
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

OMB No 1545-0047 2013

Open to Public Inspection

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

Employer identification number 72-0304248

ROTARY INTERNATIONAL SHREVEPORT Name of the organization

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

(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
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.	tions Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34 bed	ause it had one or	more related tax-exe	npt
(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 512(bX13) controlled entity?
ROTARY CLUB OF SHREVEPORT FOUNDATION - 72-1465321, P. O. BOX 380, SHREVEPORT, LA F	FUNDING UNATTENDED CHARITABLE NEEDS	LOUISIANA	501(C)(3)	CINE 9		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2013

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

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Schedule R (Form 990) 2013 ROTARY INTERNATIONAL SHREVEPORT

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

(c)	(4)	9	(p)	(9)		E	(6)	ε	Θ	3	(<u>K</u>	
Name, address, and EIN of related organization	Primary activity	Legal domicife (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	Code 20 of 8 K-1 (Fo	General or managing DX managing Dartner?	General or Percentage managing ownership partner?	9 c
												1
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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	ganizations Taxable	as a Corpo	yration or Trust Co Jear	implete if the	organization	answered "Yes	" on Form 99(), Part IV, line	34 because it ha	d one or m	ore related	!
(a) Name, address, and EIN of related organization	N. C	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
												i
												1
			-								_	

Schedule R (Form 990) 2013

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					res	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	ın Parts II-IV?			Ì
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•			1a	7	×
b Gift, grant, or capital contribution to related organization(s)				16	×	1
c Gift, grant, or capital contribution from related organization(s)	•		٠	10		×
d Loans or loan guarantees to or for related organization(s)		•		19		×
e Loans or loan guarantees by related organization(s)				16		×
				+		×
T Dividends from related organization(s)					T	4
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)		:		÷		×
Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)	:			; -		×
k Lease of facilities, equipment, or other assets from related organization(s)	•			¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			7		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			13		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1		×
	•			9	ļ	×
						;
p Heimbursement paid to related organization(s) for expenses	•			٩	+	4
q Reimbursement paid by related organization(s) for expenses	;			19	1	×
r Other transfer of rash or property to related organization(s)				}		×
				15		×
11	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)				ı		
332163 08-12-43			Schedule R (Form 990) 2013	R (Form	990) 2	013

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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.

Schedule R (Form 990) 2013

Schedule R	(Form 990)	2013	ROTARY	<u>INTERNATIONAL</u>	SHREVEPORT	<u>72</u>	-0304248 Pag	<u> 1e 5</u>
Part VII	Supple) 2013 <mark>mental Info</mark> r	mation					
	Provide a	dditional informa	ation for respon	ises to questions on Schedi	ule R (see instructions)			
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