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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public

		Information about Form 990 and its instructions is at www.in			
<u> </u>		2014 calendar year, or tax year beginning July 1 , 2014, and ending	ng Jui	ne 30	, 20 15
В		applicable C Name of organization Rotary International District 5950, Inc.		n Embiox	er identification number
닏	Address				41-6031318
닏	Name ch	ange Number and street (or P O box if mail is not delivered to street address) Room/si	nte	E Telepho	ne number
	Initial ret		<u>.</u>	763.553.1604	
ᆜ	Final retui	n/terminated. City or town, state or province, country, and ZIP or foreign postal code			
	Amende			G Gross re	eceipts \$ 362,182
	Applicati	on pending F Name and address of principal officer	H(a) is this a g	group return for	subordinates? 🔲 Yes 🗹 No
		James E Nelson, 2200 IDS Center, 80 South 8th ST, MPLS, MN 55402	H(b) Are all	subordinate	s included? Tes No
<u>1</u>	Tax-exe	npt status	If "N	lo," attach a	i list (see instructions)
<u>J</u>	Website		H(c) Group	exemption	number ▶ 0573
K		organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	tion 2009	M State	of legal domicile MN
	Part	Summary			
	1	Briefly describe the organization's mission or most significant activities: The or	ganızations	primary m	ission is to support the
٥	<u> </u>	activities of the Rotary Clubs within the District by providing leadership training pro	gram materia	als, and ho	osting meetings.
ğ		The District also administers grants for local and international projects sponsored by	y clubs in th	e District.	
ğ	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more thai	า 25% of	its net assets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	8
٥	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	8
Ä	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	1
	6	Total number of volunteers (estimate if necessary)		6	62
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	. 	7a	0
	b	Net unrelated business taxable income from Form 990. I, line 34 17.	. .	7b	0
		The second second	Prior Y	ear	Current Year
ಞ	, В	Contributions and grants (Part VIII, line 1h)	224,149	225,438	
202	9	Program service revenue (Part VIII, line 2g) St		216,714	136,673
3 2016	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97	71	
ھے ا	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	440,960	362,182	
MAR	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		215,697	135,173
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	199,179
SCANNED	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		72,370	79 610
2	16a	Professional fundraising fees (Part IX, column (A), line 11e)		72,370	78,610
ANNE	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶			
X i	រី ₁₇	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		142,354	
S	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		430,421	133,657
	19	Revenue less expenses. Subtract line 18 from line 12			347,439
_		Trevende less expenses. Subtract line 10 honring 12	Beginning of C	10,539	14,743 End of Year
sts	20	Total assets (Part X, line 16)			
Asse	20 21 22 22	Total liabilities (Part X, line 26)		244,524	266,931
Net.	된 22	Net assets or fund balances. Subtract line 21 from line 20		-22,013	29,677
	art II	Signature Block		222,511	237,254
_		ities of perjury, I declare that I have examined this return, including accompanying schedules and state		4h - h - 4 - 5 -	
t	rue, correc	thes of perjury, it declare that i have examined this return, including accompanying schedules and state t, and complete. Declaration of preparer (other than efficient) is based on all information of which prepare	ernents, and to er has any know	tne best of r ledge	my knowledge and belief, it is
_		I com n. Hall			
S	ign	Adapture of officer		ate	, , ,
	ere	WHEFID CFO			28/2016
•		Type or print name and title		//	20/2010
_			ate		PTIN
	aid			Check self-em	□ "
	repare			`	
L	lse On			m's EIN ▶	
<u> </u>	lay the II	Firm's address ▶ RS discuss this return with the preparer shown above? (see instructions)	j Ph	one no	· · Yes No
_			1- 4400011		Form 990 (2014)
	or ⊬ape⊓	work Reduction Act Notice, see the separate instructions. Cat	No 11282Y		rorm 330 (2014)

GUZ PO

Part	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:
	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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
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 \$ 134,173 including grants of \$. 134,173) (Revenue \$ 136,673)
	District Designated FundsEach 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.
4b	(Code:) (Expenses \$ 25,212 including grants of \$) (Revenue \$) Youth Exchange FoundationA program where American Youth and Foreign Youth can visit each others country and study the other country's culture.
4c	(Code:) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$)
	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.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 66,812 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
•	complete Schedule A	1		1
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2		√
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		✓
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		√
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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? If "Yes," complete Schedule D, Part IV	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	, , , , , , , , , , , , , , , , , , ,	. ,
	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		√
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		√ √
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	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	_	<u>·</u> ✓
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		✓
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		/
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99			<u>, </u>	Page 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		1
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 "Yes," 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	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30	_	1
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		1
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		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		-
38	Part VI	37	<u> </u>	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	<u> </u>

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check in deflectation of contains a response of flote to any fine firthis rate 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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		,,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	/	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			-
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		,	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	•		
	(FBAR).			
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		✓
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	_		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
J	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD		
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		\
d	If "Yes," indicate the number of Forms 8282 filed during the year			;
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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	- 1	.`	
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:	-	٠	
a b	Gross income from members or shareholders) t	,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	٠.,	-	,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
ь	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.	1		
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 140	Enter the amount of reserves on hand	, ,		'
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

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Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
0-04	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · · </u>		<u>. V</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	g 13.	232	MARK C
	If there are material differences in voting rights among members of the governing body, or			200
	if the governing body delegated broad authority to an executive committee or similar			200
	committee, explain in Schedule O.			2
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	8		
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?	1.01	16.63	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	├	
-	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	1	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	- 1		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	7a	1	├—
D	stockholders, or persons other than the governing body?	' 7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	503
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	/	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		Code.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	
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	1	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	 	
12a	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?		+	/
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	, 🗀	1	
	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	↓_	1
14 15	Did the organization have a written document retention and destruction policy?	14	 	 √
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	/ 🚴	₹ `-{``	ĺ.
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b	-	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	18.5	1	,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	٠,٠	7.	
.	with a taxable entity during the year?	16a	4	
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			3
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			1
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 (Sect	on 501	(c)(3)	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	nterset	nolic	v and
- •	financial statements available to the public during the tax year.		. Polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and	record	s: >	
	Diane Confer, 11251 Red Fox Drive, Maple Grove, MN 55369 (763) 553-1604	-		

Form 990 (2t	141	١
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							uge .
Part VII	Compensation of Officers, Direct	tore Truetage	Key Employees	Highaet (Companeated	Employees	
U SILV VII	Dompondation of Officers, Direct	tors, riustees	, itey Employees,	inghest.	Compensateu	rinbiosees,	ano
	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			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	rson lirect	than on the than the the than the the the than the	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
-	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jim Nelson, District Governor	25	√		 				0	0	0
(2) Tim Murphy, DG Elect	10	1		1				0	0	0
(3) Mark Hegstrom, DG Nominee	2	1		1				0	0	0
(4) Robert Halagan, DG Nominee Nominee	2	1		1				o	0	0
(5) Diann Kirby, Past DG	2	√		1				0	0	0
(6) Bob Stowell, Past DG	2	1		1				0	0	0
(7) Lee Ashfeld, CFO	15	1		1				0	. 0	0
(8) Jewelie Grape, Corporate Secretary	2	1		1				o	0	0
(9)										
(10)										
(11)										
(12)					_					
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Position (D) Average box, unless person is both an hours per officer and a director/trustee) week (list any week (list any both and b					Estin amoi						
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		compe from organ and re organi	nsation n the ization elated
(15)													
(16)											-		
(17)							 	-					
(18)			-					-	 				<u></u>
(19)							ļ ļ	-					
(20)			-		-			\vdash					
(21)				-									
(22)				-	-			 					
(23)								-					·
(24)				 -				-					
(25)				-	-			<u> </u>					
1b c	Sub-total	VII, Section	n A					> > >	0		0		0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited										of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest compe	nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000)? /	f "Ye	s,"				CANE!	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe c <i>omp</i>	nsa lete	tion Scl	fro hed	m ang ule J	y ur for s	irelated organi such person	zation or inc	dıvıduai 	5	V. 1 . 7
Section	on B. Independent Contractors		_										I
1	Complete this table for your five highest compensation from the organization. Reyear.												
	(A) Name and business add	dress				·			(B) Description of s	services		(C) Compens	ation
N/A				•									
								-					
2	Total number of independent contractor received more than \$100,000 of compen	ors (includi sation from	ng bu the o	ut n orga	iot niza	lımı ıtion	ted to	o th	nose listed ab	ove) who		-	

Fart	VIII	Statement of Hevenue				
		Check if Schedule O contains a response or note to				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
Gra	b	Membership dues 1b 166,282				
ts, An	С	Fundraising events 1c	•			
Gif ilar	d	Related organizations . 1d 59,156				
ns, Sim	e	Government grants (contributions) 1e				
utio er (f	All other contributions, gifts, grants,				
ā ₽		and similar amounts not included above 11				1
F P	g	Noncash contributions included in lines 1a-1f. \$				
	h	Total. Add lines 1a-1f	225,438			
) Duc	2a	THE ROTARY FOUNDATION				
Jeve	b		136,673	 -		
Program Service Revenue	C					
	d		··			 -
S	e					
gra	f	All other program service revenue .				
P.	g	Total. Add lines 2a–2f	136,673		L	1
	3	Investment income (including dividends, interest,	100,070		-	
		and other similar amounts)	71			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties <u></u>				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Other				
	<u> </u>	assets other than inventory Less: cost or other basis				
	b	and sales expenses .				
		Gain or (loss)				
	d	Net gain or (loss)				
	"	Tvet gain or (loss)				<u> </u>
enne	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18	,			
ŧ	ь	Less: direct expenses b		•		
0		Net income or (loss) from fundraising events . ▶				
		Gross income from gaming activities.		,		
		See Part IV, line 19 a				
		Less: direct expenses b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				-
	<u>c</u> _	Net income or (loss) from sales of inventory		- 		<u> </u>
		Miscellaneous Revenue Business Code				
	11a				ļ	
	b					
	C	All other revenue				
	d	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	362 182			

Part	X Statement of Functional Expenses				<u> </u>			
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respons							
Do no: 8b, 9b	t include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21	135,173	135,173					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0	•				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	0	0					
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	47,834 12,400	23,917 6,200	23,917 6,200				
9	Other employee benefits	14,617	7,309	7,308				
10	Payroll taxes	3,759	1,880	1,879				
11	Fees for services (non-employees):	3,739	1,080	1,679				
a	Management	2,000	1,000	1,000				
b	Legal	18	9					
C	Accounting	18	9	9				
d e	Lobbying							
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	Advertising and promotion	15,831	8,569		7,262			
13	Office expenses	12,633	4,295	4,169	4,169			
14	Information technology	2,563	2,563					
15 16	Royalties	6.500	2.750	2.750	1.000			
17	Occupancy	6,500 9,424	2,750 2,000	2,750 7,424	1,000			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	5,424	2,000	7,424				
19	Conferences, conventions, and meetings .	57,249	57,249					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance	2,227	1,114	1,113				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)	10 1 . 10 8						
a b	Youth Exchange Services	25,212	25,212					
c								
d	Rounding		1					
e	All other expenses		-					
25	Total functional expenses. Add lines 1 through 24e	347,439	279,239	55,770	12,430			
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 if							

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 Cash-non-interest-bearing 1 Savings and temporary cash investments . 2 166,168 2 173,055 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 78,356 93.876 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use . . . 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11. 13 14 Intangible assets 14 15 Other assets. See Part IV. line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 244,524 266,931 17 Accounts payable and accrued expenses 22,013 17 29,677 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 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. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 22,013 29,677 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets . . . 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 222,511 34 Total liabilities and net assets/fund balances . 244,524 266,931

Form 99	0 (2014)			Pac	_{je} 12
Part	XI Reconciliation of Net Assets				, ,
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,182
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,439
3	Revenue less expenses. Subtract line 2 from line 1	3			4,743
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2,511
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			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		23	7,254
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		F 15	32.5	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			Street.
	Schedule O.				£
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	200		<u>*</u> /
	reviewed on a separate basis, consolidated basis, or both:				eq.,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			K	•
þ	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	34.40	ر ۾ برن	,
	separate basis, consolidated basis, or both:		. E. X	TANK.	[e` ,
	☐ 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	ıntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın in	34.	<i>-</i>	
	Schedule O.				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....................
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2014)

SCHEDULE (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.

|--|

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	¶ Garia	▶ Information about Sche	P Attach to Politi 990. hout Schedule I (Form 900) and its instructions is at www irs gov/form999.	Attach to rollin 990. n 990) and its instructions i	s at www irs gov/for	066	Inspection
Name of the organization			, (acc) (acc) (acc)				Employer identification number
Rotary International District 5950, Inc.	<u>5</u>						41-6031318
Part I General Information on Grants and Assistance	on on Grants and	1 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?	ntain records to sub to award the grants	stantiate the amor	unt of the grants or	assistance, the g	rantees' eligibility f	or the grants or ass	stance, and Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	anization's procedu	res for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Assistance to Go any recipient that	overnments and received more that	Organizations i	in the United St Il can be duplica	tates. Complete ated if additional	if the organization space is needed.	answered "Yes" to Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Bloomington Daymaker Foundati	ati		7000			BI	Local project
(2) Crystal New Hope Robinsdale			7000	0		na	Local project
(3) Eden Prairie Noon			7000	0		na	Local project
(4) Bloomington Rotary Club Found	Ď.		7000	0		na Ta	Local project
(5) Burnsville Breakfast Rotary			7000	0		กล	Local project
(6) Rotary Club of Monticello			0007	0	•	na	Local project
(7) Minntonka Rotary Club			7000	0		na	Local project
(8) Rotary Club of Plymouth			6400	0		na	Local project
(9) Shelter Box			16292	0		Па	Local project
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	on 501(c)(3) and go	vernment organiza	t organizations listed in the line 1 table	ne 1 table			£
3 Enter total number of other organizations listed in the line 1 table	organizations lister	d in the line 1 table					9
For Paperwork Reduction Act Notice, see the Instructions for For	e. see the Instruction	s for Form 990.		ථි	Cat. No. 50055P		Schedule I (Form 990) (201;

Schedule I (F	Schedule I (Form 990) (2013)					Page 2
Part III	Grants and Other Assistance to Individuals in the Ul Part III can be duplicated if additional space is needed.		nited States. Com	plete if the organiza	ation answered "Yes" to	the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. eeded.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
က					-	
4						٠
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information req	quired in Part I, lin	e 2, Part III, column	(b), and any other additi-	onal information.
The District Each grant	The District monitors all grants given to individual Rotary Clubs or Rotary Club Foundations for compliance and procedures for each grant authorized. Each grant recipient must report on the completion of the project as to the success and use of funds.	Clubs or Rotary Clut project as to the succ	b Foundations for co	mpliance and procedui	es for each grant authorized	
No future gr	No future grants are awarded to a particular club unless the prior requirements have been met.	the prior requirements	s have been met.			
			-			
		6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		1				
						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

Open to Public

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.

Inspection **Employer identification number**

Rotary International District 5950, Inc.	41-6031318
Part III Statement of Program Service Accomplishments (continued)	
Conferences, conventions and meetings for training and educational purposes throughout the Rotary	year\$57,388
Part VIThe annual filing of the IRS Form 990 is completed by the Organization CFO and reviewed by	at least 1 other District Officer
prior to submission to the IRS. Subsequently, The District has specific corporate policies and procedu	ires governing
control procedures for disbursements and reimbursements. The District has an annual conference wh	erein 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 organ	nization and each member club has
one or more votes depending on membership of the member club. The Articles of Incorporation and B	y-Laws were approved by Rotary
International prior to filing with the Secretary of the State in Minnesota.	
<u> </u>	·
Part VI Section C 19The organization makes its governing documents available to any member reque	
governing documents must be pre-approved by Rotary International. All governing documents including	ng 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
	······································
	·
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	·····
······	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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and its instructions is
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about Schedule
► Information
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2014

OMB No 1545-0047

Open to Public

Inspection Employer identification number 41-6031318 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Rotary International District 5950, Inc.

(a) Name, address, and EIN (if applicable) of disregarded entity	Pnm	(b) Prmary 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)						
(9)						
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.	ns Complete if the tax year.	ne organization ar	nswered "Yes" on	Form 990, Part	IV, line 34 beca	luse it had
(a) Name, address, and EIN of related organization	(b) Pnmary 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	(g) Section 512(b)(13) controlled entity?
						Yes No
(1) Rotary International 36-1707667	Philanthropy	IL. USA	501c4			<u> </u>
(2) The Rotary Foundation 36-3245072	Philanthropy	IL, USA	50103			>
(6)						_
(4)						
(5)						
(9)						
(1)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat P	Cat No. 50135Y		Schedule	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

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, PartIII

(k) Percentage ownership									n IV,	(i) Section 512(b)(13) controlled entity?	S No			_			_		Schedule R (Form 990) 2014
(I) General or managing partner?	8 N), Pa	Seci	Yes			<u> </u>			<u> </u>		For
Gene mans part	Yes								n 99((h) Percentage ownership									Jule R
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									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.	(g) Share of end-of-year assets ow									Scher
ortionate	£								/ered	-pua	_	ļ		ļ ——			<u> </u>	_	
(h) Disproporti allocatio	Yes								answ r.	(f) Share of total income							,		ŀ
nd-of- sets									ation x yea	Share Snare									
(g) (h) Share of end-of- Disproportionate year assets allocations?		•							organiz ng the ta	(e) Type of entity (C corp, S corp, or trust)									
of total									if the t duri	Type of corp, S of			•						
(1) Share of total income									plete r trus	(C	_								
ant ted, I, om r			_						st Con ation c	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									r Trus orpor	Direc									
Pre incol u excl									ion o	cile country)		_							
trolling f									r porat ated a	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity									a Col	l (state							ļ		
	\dashv			ļ					le as izatio	£ r									
(c) Legal domicile (state or foreign country)									Taxab organ	(b) Primary activity						:			
									tions related	Рпп									
ictivity									aniza nore										
(b) Primary activity									1 Org e or r	ation									
									slatec ad on	organıza									
							+		of Re e it h	elated (
elN of									ation ecaus	(a) Name, address, and EIN of related organization									
(a) ess, and rganizati	,								ntific 34 b	ess, and									
(a) Name, address, and EIN of related organization									ine de	e, addrı									
Name									Part IV	Nam									
		Ē	2	ල	€	<u> </u>	9	E	Ра			Ξ	8	ල	<u>4</u>	(2)	9	E	

Schedule R (Fo	rm 990) 2014
Part V	Transactions With Related Organizations Complete of 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.				λ	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	actions with one or more related org	ganizations listed in Part	s II—IV?		::
a Receipt of (ii) interest (iii) annuities. (iii) rovalties. or (iv) rent from a controlled entity	lentity	•		1a	>
				÷	
Delit, glarit, of capital corminum to related organization(s)				2	<u>►</u>
c Gift, grant, or capital contribution from related organization(s)				2	>
d Loans or loan guarantees to or for related organization(s)				79	<u> </u>
e Loans or loan guarantees by related organization(s)				<u>1</u>	>
).). ;	•
م) ممازومين ما مواها والمعدود المواهدا معدودها والمعدودين (م)				*	
I Dividends irom related organization(s)				=	>
g Sale of assets to related organization(s)				1g	/
h Purchase of assets from related organization(s)				1h	<i>></i>
i Evolution of seconds with related section(s)				F	/
Liverialities of assets with related organization(s)				-	· \
			•		十
k Lease of facilities, equipment, or other assets from related organization(s)				¥	>
 Performance of services or membership or fundraising solicitations for related organization(s) 	d organization(s)			=	>
m Performance of services or membership or fundraising solicitations by related organization(s)	d organization(s)			1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s)	•		t L	>
					· `
o sharing of paid employees with related organization(s)				0 1	>
					A V
p Reimbursement paid to related organization(s) for expenses				1р	1
q Reimbursement paid by related organization(s) for expenses	•	•		19	_
				· ·	1000
C Other transfer of cash or property to related properization(s)		•		41	
				= ,	> ,
s Other transier of cash of property from related organization(s)				1s `	
2 If the answer to any of the above is "Yes," see the instructions for information on who must	n on who must complete this line, m	complete this line, including covered relationships and transaction thresholds.	iships and transaction	n thres	holds.
(a)	(q)	(5)	(p)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ı amount ıı	nvolved
(1) The Determination					
(1) HE NOVALLY FURTHARION					
(2) Rotary International					
{					
(3)					
(4)					
(5)					į
			Schodulo B	D (Earm 0	7100

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

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) (b) (c) (d) (e) (f) (g)	(q)	(0)	(p)	(e)	(J)	Œ	3	3	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant A income (related, unrelated, excluded	Are all partners section 501(a)	Share of total income	Disproportionate allocations?		General or managing	Percentage ownership
			from tax under	organizations?	-		(Form 1065)		
			35500113 515-517)	Yes No		Yes No		Yes No	
(1)	- ;								
(2)									
(6)									
(4)									
(5)									
(9)									
(7)									
(8)									
(6)									
(10)									
(11)			•						:
(12)									
(13)								-	
(14)									
(15)									
(16)									
							Scher	dule R (For	Schedule R (Form 990) 2014

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