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A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

### DLN: 93493135086147

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

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service foundations)

▶ Do not enter social security numbers on this form as it may be made public

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{\textit{www IRS qov/form990}}$ 

Г Ac	eck if ap Idress c ame cha	-	C Name of organization ROTARY INTERNATIONAL DISTRIC  Doing business as		D Employer identification number 91-1151893				
In Fi	ıtıal retu	urn	Doing Business us			F. TII			
return/	nai /termina iended		Number and street (or P O box If PO BOX 40418	mail is not delivered to street address) Room/s	suite	E Teleph (206		1-2970	
Ар	plication	n pending	City or town, state or province, co BELLEVUE, WA 98015	ountry, and ZIP or foreign postal code		<b>G</b> Gross	recei	pts \$ 281,913	
J W	ebsite		F Name and address of prince FORRESTER DARLING 6700 SE 32ND ST MERCER ISLAND, WA 9804	40 <b>【</b> (Insert no )	H(b) A	s this a grou ubordinates: No ore all subord ncluded? f "No," attac Group exemp of formation 1	dinate h a li	es st (see inst	0573
Governance ad	<b>1</b> Br RC PL <u>Th</u> —	OTÁRY JRPOSE HEIR LC	scribe the organization's missi IS A WORLDWIDE SERVICE ( E IS TO PROVIDE TRAINING OCAL COMMUNITIES AND IN	on or most significant activities DRGANIZATION THE DISTRICT IS C , AND TO ASSIST AND SUPPORT THE ITERNATIONALLY  discontinued its operations or disposed	CLUBS II	N PROVIDIN	IG SE	ERVICE PRO	
Activities & G	3 N 4 N 5 T 6 T 7a T	lumber of lumber	of voting members of the gover of independent voting members mber of individuals employed in mber of volunteers (estimate if related business revenue from ated business taxable income	  	3 4 5 6 7a		6 6 0 100 0		
						Prior Year		Curre	nt Year
O)	8		butions and grants (Part VIII,		116	,346		126,735	
Ravenue	9			, line 2g)		145	,071	<u> </u>	154,907
P.y.	10		•	mn (A), lines 3, 4, and 7d)	•		363	<u> </u>	271
	11 12		, , ,	.), lines 5,6d,8c,9c,10c, and 11e) .1 (must equal Part VIII, column (A), lii	ne	261	0 780,		281,913
	13		s and similar amounts paid (Pa	rt IX, column (A), lines 1-3)			0		0
	14	Benefi	its paid to or for members (Par	t IX, column (A), line 4)			0		0
ဟ	15			yee benefits (Part IX, column (A), lines			0		0
Expenses	16a	5-10)	•	X, column (A), line 11e)			0		0
p e	b		undraising expenses (Part IX, column		-				
ā	17		- ' '	), lines 11a-11d, 11f-24e)		237	,991		243,251
	18		expenses Add lines 13-17 (m			,991		243,251	
	19		•	ie 18 from line 12			,789		38,662
Se S					Beginn	ing of Current	Year	End o	of Year
ana	20	Tatal	accete (Dart V. line 16)			205	002		210.020
AB.	20 21		assets (Part X, line 16) liabilities (Part X, line 26) .				,883 <u>,</u> 500,		319,928
Net Assets or Fund Balances	22		ssets or fund balances Subtra		-		,383	<del> </del>	319,044
	1		ature Block				,,,,,,		02270
Unde my ki	r pena nowled	Ities of Ige and	perjury, I declare that I have e	examined this return, including accompa complete Declaration of preparer (other t		r) is based or			
Sign	1	Signa	ature of officer			2017-05-13 Date			
Sign Here		, ,	RESTER DARLING DISTRICT GOVERN	OR					
		Туре	e or print name and title						
			Print/Type preparer's name HOWARD DONKINCPA		Date 2017-05-13	Check   If	PTI POO	N 0147726	
Paid		-	Firm's name    JACOBSON JARVIS 8			self-employed Firm's EIN ►		11386	
	pare	r F	Firm's address > 200 FIRST AVE WEST			Phone no (20			
Use	Onl	y	SEATTLE, WA 98119			,	,		
Mav t	the ID	S discus		shown above? (see instructions)		l		Ves [	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
	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	<b>11</b> b		No
	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	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11</b> d		No
е	The diganization report an amount for other habilities in Part X, fine 25 / 11 Fes., Comprete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	` '		
ΙV	Checklist of	Required Sche	dules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

1:61	checklist of Required Schedules (Continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22	No

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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 . . . . . . . . . . . . .

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 

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

nunueu)					
ts or other	assistance	to an	y domestic	organization c	r

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24b

24c

24d

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25b

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Form 990 (2015)

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Part V	Statements	Regarding	Other TRS	Filings and	Tax Complianc
	Statements	neuai uillu	Office TV2	i illiius allu	I ax combinant

Pai	Tt 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			. —
	officers in believation of containing a response of floce to any fine in this rate v. 1. 1. 1.		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		
c	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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	gifts <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?	nd <b>7a</b>		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	d to <b>7c</b>		No
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	9 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ne <b>8</b>		
9a	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions additional information the organization must report on Schedule O	for <b>13a</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	!		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 990 (	2015)		Page <b>6</b>
Part VI	Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10 describe the circumstances, processes, or changes in Schedule O. See instructions.	)b belov	v,
	Check if Schedule O contains a response or note to any line in this Part VI		. 🗸
Section	A. Governing Body and Management		
		Vec	No.

Se	ection 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			
	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 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		110
, a	more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ле Cod	e.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	<b>10</b> b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	<b>12</b> c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed ► WA			
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	•
	(3)s only) available for public inspection Indicate how you made these available Check all that apply	

- Own website Another's website Vpon 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, and financial statements available to the public during the tax year

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) A verage hours per week (list any hours	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D</b> ) Reportable compensation from the organization	( <b>E</b> ) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) TERRY PICKERING DISTRICT GOVERNOR	20 00	×		x				0	0	C
(2) JEAN WITHERS SECRETARY	4 00	×		×				0	0	(
(3) CAROLYN HOJABOOM TREASURER	8 00	×		х				0	0	(
(4) KATHY JOHNSON FINANCE COMMITTEE CHAIR	2 00	×						0	0	(
(5) FORRESTER DARLING DISTRICT GOVERNOR ELECT	4 00	×		х				0	0	(
(6) DON GREGORY PAST DISTRICT GOVERNOR	1 00	х		х				0	0	(

art VII	Section A. Officers,	Directors, T	rustees, Key	Employees,	and Highest	<b>Compensated Employees</b>	(continued)

(A) Name and Title		(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total Total from continuation sheet						. •				
d	Total (add lines 1b and 1c) .						•		0	0	0
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) wl	no received more th	an	

- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual .
  - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

## Section B. Independent Contractors

- Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
- compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation
- Total number of independent contractors (including but not limited to those listed above) who received more than
  - \$100,000 of compensation from the organization ▶ 0

Yes

3

4

5

No

Νo

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Form 99	0 (20	15)							Page <b>S</b>
Part V	1111	Statement o							
		Check If Schedu	ule O contains a res	pons	e or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ က	1a	Federated cam	paigns	1a					
ant	ь	Membership du	es	1b	94,360				
בַּ פַּ	c	Fundraising eve	ents	<b>1</b> c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations	1d					
£	e	Government grants	s (contributions)	1e					
ons Si	l f	All other contribution	ons, gifts, grants, and	<b>1</b> f	32,375				
outi Her		sımılar amounts no	t included above						
	g	Noncash contributions included in lines 1a-1f \$							
Contand	h	Total. Add lines	s 1a-1f		· · ·	126,735			
ı					Business Code				
A-III	2a	DISTRICT CONFER	ENCE FE		611430	144,997	144,997		
á	b	OTHER			611430	9,910	9,910		
NC E	c   .			-					
₹	d	-		-					
ram	e f	All other progra	am service revenue	-					
Program Service Revenue				L					
	3 3		ome (including divid			154,907			
		and other simila	aramounts)		•	271			271
	4		tment of tax-exempt bo	ond pro	oceeds •				
	5	Royalties	(ı) Real		(II) Personal				
	6a	Gross rents	(i) iteal		(II) I CISOIIII				
	ь	Less rental		+					
	<u></u>	expenses Rental income		+					
	,	or (loss)							
	d	Net rental inco	(i) Securities	$\dot{\top}$	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	(i) Securicies		(ii) o circi				
	b c	Less cost or other basis and sales expenses Gain or (loss)							
	d		s)	-					
Other Revenue	8a	Gross income f events (not inc  \$ of contributions See Part IV, lin	luding  s reported on line 1c	:)					
her	, ,	1 1		a					
ŏ	C B		penses (loss) from fundraisi	<b>b</b> _ ng ev	ents •				
			rom gamıng actıvıtı						
	ь	less directex	penses	ъ́ -					
	l		(loss) from gaming a		ties				
	10a	Gross sales of	inventory less	Г	•				
		returns and allo							
	l	Less cost of go		<b>a</b> <b>b</b> Inven	tory ▶				
		Miscellaneous	s Revenue		Business Code				
	11a			L					
	ь			L					
	C	A II -+-		L					
	d e	All other revenue Total. Add lines		L	•				
	12				-				
	**	rocar revenue.	See Instructions .	•	· · · •	281,913	154,907	(	271

Form	990 (2015)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiz	ations must com	nplete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	ot include amounts reported on lines 6b, b, 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 domestic organizations and domestic governments See Part IV, line 21		·		· ·
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	12,886		12,886	
14	Information technology	6,552	6,552		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	139,758	139,758		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	388		388	
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)				

41,495

15,104

13,944

13,124

243,251

41,495

15,104

13,944

13,124

229,977

GOVERNOR'S & ASSISTANTS

COMMITTEE OPERATIONS

CLUB PROGRAM SUPPORT

All other expenses

25

26

TRAINING SEMINARS & CON

Total functional expenses. Add lines 1 through 24e

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 following SOP 98-2 (ASC 958-720)

13,274

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X	( <b>B</b> ) End of year 25,922 245,277
1 Cash-non-interest-bearing	(B)
1 Cash-non-interest-bearing	25,922 245,277
2 Savings and temporary cash investments	245,277
3 Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·
4 Accounts receivable, net	36,309
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	
trustees, key employees, and highest compensated employees Complete Part II of Schedule L	
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	
7 Notes and loans receivable, net	
Thoras and loans receivable, need in the little in the lit	
8 Inventories for sale or use	
9 Prepaid expenses and deferred charges	12,420
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 10a	
b Less accumulated depreciation 10b	
11 Investments—publicly traded securities	
12 Investments—other securities See Part IV, line 11	
13 Investments—program-related See Part IV, line 11	
14 Intangible assets	
15 Other assets See Part IV, line 11	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	319,928
17 Accounts payable and accrued expenses	884
<b>18</b> Grants payable	
<b>19</b> Deferred revenue	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability Complete Part IV of Schedule D 21	
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	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D	
25	
<b>26 Total liabilities.</b> Add lines 17 through 25	884
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	
<b>E 27</b> Unrestricted net assets	319,044
28 Temporarily restricted net assets	
29 Permanently restricted net assets	
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	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances	319,044
<b>34</b> Total liabilities and net assets/fund balances	319,928

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

Single Audit Act and OMB Circular A-133?

Nο

3a

3b

SCHEDULE O (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	Comple F	emental Information to Form 990 or 99  ete to provide information for responses to specific question form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.  tion about Schedule 0 (Form 990 or 990-EZ) and its instruction www.irs.gov/form990.	2015 Open to Public Inspection	
Name of the organization ROTARY INTERNATIONAL DIS	STRICT 5030		Employer identifi 91-1151893	cation number
Return Ref	erence	Explanation		
FORM 990, PART VI, S	ECTION A, LINE 8B	NOT APPLICABLE COMMITTEES ARE NOT AUTHORIZED TO	ACT INDEPENDEN	TLY OF THE BOARD
FORM OOD DA DT VILE	TOTION D. LINE 11	DETUDNUS ANALYZED BY THE COVERNING BODY		

DLN: 93493135086147

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990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI, SECTION B, LINE 12C	GOVERNING BODY MEMBERS ANNUALLY READ AND SIGN AFFIDAVIT OF COMPLIANCE
FORM 990, PART VI, SECTION B, LINE 15	NOT APPLICABLE. THE DISTRICT HAS NO PAID EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART VI. SECTION C. LINE 19 DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEB SITE