805)	,	205
Form		990	(()
Departn Internal	ner Re	nt of the Treasury evenue SøΩice	(3)

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www irs.gov/form990.

1706

2016
Open to Public Inspection

<u>A</u> _ B	Check if applicable	alendar year, or tax year beginning 07	/01/16 , and ending	06/30/1	L7	D Employer ide	entification number
<u>_</u> ,	Address change	· ·	RNATIONAL DISTRIC	г 7770			
_	Name change	Doing business as				02-078	
	Initial return	Number and street (or PO box if mail is not delivered to 1000 WILLIAM HILTON PARK	15°		Room/suite	E Telephone nu	mber 75-3000
-	Final return/	City or town, state or province, country, and ZIP or foreign					
4	terminated		C 29928			G Gross receipts	\$ 591,806
츳	Amended return	F Name and address of principal officer	<u> </u>			G Closs receipts	
Û	Application pending	SANDEE J. BROOKS			H(a) Is this a grou	up return for subor	dinates? Yes X No
		12 CALVERTON PLACE			H(b) Are all subc	rdinates included	Yes No
		BLUFFTON	SC 29910		If "No,"	attach a list (see	instructions)
 _	Tax-exempt status	501(c)(3) X 501(c) (4) ◄ (in:		527	1		
—— J		ttp://www.rotary7770.c		- ,	H(c) Group exer	nption number	573
—_ к	Form of organization	X Corporation Trust Association	Other >	LY	ear of formation		State of legal domicile
		ımmary					
		scribe the organization's mission or most sign	ificant activities				
ۖ.		Schedule O					
င်ဦ							
Revenue SCANNACIVITIES & Governance	' 						
	2 Check th	is box • if the organization discontinued	ts operations or dispose	~ 7%	of its net assets		
™ ₩	3 Number	of voting members of the governing body (Pari		,,,	or no net absets	1 1	0
-85 L'63	4 Number					<u> </u>	0
ڟۣؽ	5 Total pur	of independent voting members of the governi nber of individuals employed in calendar year					1
CŘ	5 Total nur		2016 (Part V, line 2a)				0
¥	7 Total nur	nber of volunteers (estimate if necessary)	. (0) 1 40				
	/a Total uni	elated business revenue from Part VIII, colum				7a	0
€	b Net unre	ated business taxable income from Form 990-	-1, line 34		Prior Yea	7b	Current Year
	8 Contribu	ions and grants (Part VIII) line 1h)	· · · · · · · · · · · · · · · · · · ·	3. /**		4,600	0
e e	O Continua	£ 83		*		0,136	590,747
ven	9 Program	service revenue (Part VIII, line 2g)	170	. , ∜ }	7:22 7 31,	25	1,059
æ	10 Investme	ent income (Part VIII, column (A), lines 3, 4, an		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		23	1,009
	1 ′	venue (Part VIII, column (A), lines 5, 6d, 8c, 9d		ŀ	E 4	4,761	591,806
		enue – add lines 8 through 11 (must equal Pa			34	4,761	391,800
	i	nd similar amounts paid (Part IX, column (A),	•	}			0
	1	paid to or for members (Part IX, column (A), li		-		7 707	
Add Ches	15 Salaries	other compensation, employee benefits (Part		ŀ		7,797	7,777
9	16a Professi	onal fundraising fees (Part IX, column (A), line	•				0
	b Total fun	draising expenses (Part IX, column (D), line 2		0			
4	I II Ollielex	penses (Part IX, column (A), lines 11a–11d, 1	1f–24e)			0,071	559,192
67	i 18 lotalexi	penses Add lines 13–17 (must equal Part IX, o	column (A), line 25)	ļ		7,868	566,969
_	19 Revenue	less expenses Subtract line 18 from line 12	DECENTED			6,893	24,837
(Net (see 4 54)			UCACIATO	}	Beginning of Cur		End of Year
SS	E 20 Total as:	sets (Part X, line 16)	JUN 2 6 2018 SO	ļ		9,546	394,738
ete	121 Total hat	olities (Part X, line 26)	JUN 2 6 2018 G	}		9,860	40,215
=		ts or fund balances Subtract line 21 from	20		32	9,686	354,523
	Part II S	gnature Block	OCHENI HT				
(Inder penalties of	perjury, I declare that I have examined this return, in	cluding adecimpanying schedules		and to the best of	my knowledge	e and belief, it is
Cat	rue; correct, and c	omplete Declaration of preparer (other than officer)	is based on all information of which	n preparer has	any knowledge		
•	1 1						
Şį	39''' ('	Signature of officer				Date	
Ų.	are	PAUL R. WALTER		DISTR	ICT TREA	SURER	
C		Type or print name and title					
)	Pnnt/Ty	e preparer's name	Preparer's signature		Date	Check	X if PTIN
Pa	id HENDR	IKUS E. VAN BULCK	ENDRIKUS E. VAN BULCK		10/24	/17 self-employ	yed P00809652
Pr	eparer Firm's n	170m Dec 1 -1- De + 1 -	··		F	irm's EIN ▶	81-1576496
Us	e Only	15 Broad St					
)	Firm's a		50-4224		1,	hone no	803-775-3000
Ma		s this return with the preparer shown above?			-		X Yes No

923

Form **990** (2016)

Form 990 (2016	ROTARY	INTERNATIONAL	DISTRICT	7770	02-0782792
Part IV	Checklist of	Required Schedules			



	,		Yes	No
1 、	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	compleite Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ľ		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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,	J	1	
	Part III	_5_		_ X _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ļ	
	"Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		•
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			•
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		x
1	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		-
•	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		- =	
"	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, " complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	1 <u>4a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			İ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		- T
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	<u> </u>
•	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		x
9	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	10		-
-	If "Yes," complete Schedule G, Part III	19		x
_	n real entreme vertical of the m	. •		

Form **990** (2016)

<u> </u>	Interve Checklist of Required Schedules (Continued)			
			Yes	No
	- Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	33		х
	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	240		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a		-
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	040		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a		25a		х
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		
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?	25b		x
	If "Yes," complete Schedule L, Part I	250	<u> </u>	
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	26		x
^=	disqualified persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ļ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-77	
28			5	1- ,
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
a	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
b	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30	l	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			T
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	_34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 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 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 X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 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 required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7**q** h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. 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 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 13b Enter the amount of reserves on hand C 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14a

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

14b

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ PAUL R WALTER 83 CLUB COURSE DR

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

PAUL R WALTER
HILTON HEAD ISLAND

financial statements available to the public during the tax year

SC 29928

803-686-1540

=							and the latest Annual Company	
огп	990 (2016) ROTARY	INTERNAT	ONAL	DISTRICT	7770	02-0782792	Page 7
805	•	1						

rait vii	Compensation of Officers, Directors, Trustees, Key Employees, Trighest Compensation Employees, Trights and Employees,
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week (list any	bo of	x, unle ficer a	Pos check ess pe nd a d	rson ı	than or s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours 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)	organization and related organizations
(1) SANDEE J. BROOKS										
	0.00			 					ا	
DISTR GOVERNOR	0.00	_		X				0	0	C
(2) GARY C. BRADHAM			1							
	0.00									_
DISTR GOVERNOR ELECT	0.00			X	_	-		0	0	
(3) DAVID TIRARD	0.00									
DISTRICT GOVERN NOMI	0.00			x		'		o	o	C
(4) PAUL R. WALTER	0.00	 	-	^	├	╁				
(4) FROD K. WILLIEK	0.00									
DISTRICT TREASURER	0.00			x	1			o	o	C
(5) ROD FUNDERBURK	0.00	\dagger	†			<u> </u>				
	0.00		1							
IMM PAST DISTR GOVER	0.00]		X				0	0	
(6)										
(7)										
(8)	:									
(9)					-					
(10)										
(11)				-	<u> </u>	 				

Par	<u>t:VII:</u>	Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)	
	- !	(A) Name and title	(B) Average hours per week (list any	Average hours per (do not of the control of the con						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
			related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	`	organization and related organizations
									}			
						;						
								-				
1b c	Sub-to	tal	ets to Part VII S	Sectiv	n A		l		•			
<u>d</u>	Total (add lines 1b and 1c)					lieto	d abo	N	who received more than \$1	00 000 of	
_		ble compensation from			ŏ"	1036	11310	- abi		who received more than \$1		Yes No
3 4	employ For any	ee on line 1a? <i>If "Yes,"</i> / individual listed on line	complete Sched	<i>ule J</i> of гер	<i>for s</i> ortat	uch de c	<i>ındı</i> v omp	<i>ridua.</i> ensa	/ tion	vee, or highest compensated and other compensation fro mplete Schedule J for such		3 X
5	individi Did any for sen	ual person listed on line 1 pices rendered to the or	a receive or accr ganization? If "Ye	ue co	mpe	ensa	tion 1	from	any	unrelated organization or inc	dividual	4 X 5 X
Section 1	Comple		e highest compe							ctors that received more that		
	compe		zation Report co (A) d business address	mpei	nsatı	on fo	or the	e cale	enda 	r year ending with or within Descrip	the organization's tax year (B) Otton of services	(C) Compensation
			·-···									
2	Total n	umber of independent o	contractors (inclu	ding	but r	ot lu	mited	d to the	hose	e listed above) who	0	
DAA						- 3-						Form 990 (2016)

ra	rt•V			ntains a	response (or note to any line	in this Part VIII		
1 1						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a	I					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b						
٥ξ		Fundraising events	1c	 					
T A		<u>-</u>		 					
ភ្លួន		Related organizations	1d_	 					
Sign		Government grants (contributions)	1e						
utic	T	All other contributions, gifts, grants, and similar amounts not included above							
들은			_ '''	L	****				Itati e ke
on pr	_	Noncash contributions included in lines	1a-1f	\$					
<u>S</u>	<u>h</u>	Total. Add lines 1a-1f			<u> </u>				
านอ					Busn Code		l el İthiliyli		
, ve	2a	Rotary Internation	nal - D	ıstrı		187,873			
, Re	b	Rotary Internation	nal Glo	bal G	L	171,082	171,082		
vice	C	District Dues				139,580	139,580		
Ser	d	District Conferen	ce Regi	strat		44,405	44,405		
ä	θ	President Elect T	raining	Semı		23,906	23,906		
Program Service Revenue	f	All other program service re	venue			23,901			
مّ	g	Total. Add lines 2a-2f			•	590,747			
		Investment income (including	g dividen	ds, interes	st,				
		and other similar amounts)	_		•	1,059	1,059		
	4	Income from investment of t	ax-exem	ot bond pr	oceeds >				
	5	Royalties	-	•	•				
		(i) Rea	 al	(11)	Personal	- th m	THE DESIGNATION OF STREET	Candina	- ,
	6a	Gross rents							
	b	Less rental exps							
	C	Rental inc or (loss)							
	d	Net rental income or (loss)	_	L			, "	El	
	7a	Gross amount from (i) Secur	nties	Τ (ı) Other			40	
		sales of assets other than inventory		 					
	b	Less cost or other		 -					
		basis & sales exps						7, 5 - 1, 5 - 1, 5 - 1, 5	
	_	Gain or (loss)				1			
	d							- ' - '	
		Gross income from fundraising i	numbo						1
9	0a	(not including \$	events	ļ				a particular say	1 1 2
Ver		•	4	}					
Other Revenu		of contributions reported on line							
ē		See Part IV, line 18	а			-			E - 14 E
5		Less direct expenses	b						- " - " - " - " - " - " - " - " - " - "
	C	()		events					
	9a	Gross income from gaming activ	rities .	ſ		"	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	والمراقية والمساورة والمراقية	
		See Part IV, line 19	а	<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less direct expenses	b					el fid. Effed That w	
		Net income or (loss) from ga	_	vities			7 , 12	14 14 14 17 14 17 1	
	10a	Gross sales of inventory, les	ss	ļ					
		returns and allowances	а					The second of th	
		Less cost of goods sold	b						
	C	Net income or (loss) from sa		entory			r entoure Guntarie	- '- '	
		Miscellaneous Rever	nue		Busn Code	d -tai e Blianailta		lienskii et Tät	
	11a				<u> </u>		-		
	þ						ļ. <u>.</u>	 	ļ
	C				<u> </u>	ļ		ļ	
	d				<u> </u>	ļ			3-
	0	Total. Add lines 11a-11d			•			Take the second and the	
	12	Total revenue. See instruc	tione		_	591.806	591 806		ı n

o n	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	<u> </u>			
	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	7,200		7,200	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	577		577	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	1,849		1,849	
d	Lobbying				
0	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			<u> </u>	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		 		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest		·	ļ	
21	Payments to affiliates		·		ļ
22	Depreciation, depletion, and amortization				
23	Insurance	, , , , , , , , , , , , , , , , , , , ,	F my II w at a minut	1.9	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	ြေသည်။ ကောင်းသည်။ သည်။ ရေရှိတို့ ကြို့သည်။ သည် ရှိသည် ရေရိ			
	line 24e amount exceeds 10% of line 25, column			Carlotte Carlotte	
	(A) amount, list line 24e expenses on Schedule O)				
а	TRF District Grants	187,873	187,873		
þ	District Global Grants	171,082	171,082		
С	District Conference	88,320	88,320		
đ	President Elect Training	28,417	28,417		ļ
Θ.	All other expenses	81,651	75,098		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	566,969	550,790	16,179	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if				

<u> </u>	A JIE	Balance Sneet				
		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		206,601	1	121,454
	2	Savings and temporary cash investments		139,066	2	265,209
l	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	$\label{loss_equal} \mbox{Loans and other receivables from current and former officers, directors,}$				
		trustees, key employees, and highest compensated employees			Fif	
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	employers and		rener Gere	
		sponsoring organizations of section 501(c)(9) voluntary employees' bene	ficiary			
क		organizations (see instructions) Complete Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D			72 12 1	
	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		3,879		8,075
	16	Total assets. Add lines 1 through 15 (must equal line 34)		349,546	16	394,738
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
æ	22	Loans and other payables to current and former officers, directors,				
Ě		trustees, key employees, highest compensated employees, and			ļ ·	
Liabilities		disqualified persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24) Complete Part X	(
		of Schedule D		19,860		40,215
	26	Total liabilities. Add lines 17 through 25	-	19,860	26	40,215
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □	and		- 10	
Sec		complete lines 27 through 29, and lines 33 and 34.		La manacalar 2 substitution of the color	- " = " = " = " = " = " = " = " = " = "	
au	27	Unrestricted net assets		329,686	27	354,523
Ba	28	Temporarily restricted net assets			28	
or Fund Balances	29	Permanently restricted net assets			29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here	▶ and			
		complete lines 30 through 34.				
Assets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net	32	Retained earnings, endowment, accumulated income, or other funds			32	
_	33	Total net assets or fund balances		329,686		354,523
	34	Total liabilities and net assets/fund balances		349,546	34	394,738

Form **990** (2016)

<u>3a</u>

the Single Audit Act and OMB Circular A-133?

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public

Employer identification number Name of the organization 02-0782792 ROTARY INTERNATIONAL DISTRICT 7770 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

c Leasehold improvements

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

d Equipmente Other

DAA

Schedule D (Form 990) 2016

Complete if the organization answered "Yes' (a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests	-	
(3) Other		
(A)		
(B)	·	
(C)		
(D)		
(E)		
(F) (G)	-	
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments—Program Related.	on Form 000 Port IV I	ing 11a Sag Form 990 Part Y line 13
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-or-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total (Column (h) must equal Form 990, Part X, col. (R) line 13.)		en de africa de la companya del companya del companya de la compan
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, I	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes' (a) Description		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes' (a) Description		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes' (a) Description (1) (2) (3) (4) (5) (6) (7) (8)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		ine 11d See Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.		Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes"		Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.		Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes"		Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25	" on Form 990, Part IV,	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability	" on Form 990, Part IV,	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes	" on Form 990, Part IV,	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants	" on Form 990, Part IV, (b) Book value	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants (3) Due to Cart Fund	" on Form 990, Part IV, b) Book value 30, 00 5, 83 3, 1	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants (3) Due to Cart Fund (4) District Water Project Funds Availab	" on Form 990, Part IV, b) Book value 30, 00 5, 83 3, 1	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants (3) Due to Cart Fund (4) District Water Project Funds Availab (5) Payroll Taxes Payable	" on Form 990, Part IV, (b) Book value 30,00 5,83 3,13 83	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants (3) Due to Cart Fund (4) District Water Project Funds Availab (5) Payroll Taxes Payable (6) Restricted Conbtributions (7) Due to Polio Plus	" on Form 990, Part IV, (b) Book value 30,00 5,83 3,13 83	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants (3) Due to Cart Fund (4) District Water Project Funds Availab (5) Payroll Taxes Payable (6) Restricted Conbtributions (7) Due to Polio Plus (8)	" on Form 990, Part IV, (b) Book value 30,00 5,83 3,13 83	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants (3) Due to Cart Fund (4) District Water Project Funds Availab (5) Payroll Taxes Payable (6) Restricted Conbtributions (7) Due to Polio Plus (8) (9)	" on Form 990, Part IV, (b) Book value 30,00 5,83 3,1	Ine 11d See Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes line 25 1. (a) Description of liability (1) Federal income taxes (2) Prepaid Global Grants (3) Due to Cart Fund (4) District Water Project Funds Availab (5) Payroll Taxes Payable (6) Restricted Conbtributions (7) Due to Polio Plus (8)	" on Form 990, Part IV, (b) Book value 30,00 5,83 3,1 83 21	Ine 11d See Form 990, Part X, line 15. (b) Book value

805	• ' •			
	dule D (Form 990) 2016 ROTARY INTERNATIONAL DIS		-0782792	Page 4
P	IT XI Reconciliation of Revenue per Audited Financial S		nue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	_2a		
b	Donated services and use of facilities		THE REPORT OF THE PROPERTY OF	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
0	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
þ	Other (Describe in Part XIII)	4b	## —	
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	Reconciliation of Expenses per Audited Financial		enses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		- 	
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	- 2		
d	Other (Describe in Part XIII)	2d	4	
0	Add lines 2a through 2d		29	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990. Part IX, line 25, but not on line 1	'-		

Part XIII Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5

Schedule D (Form 990) 2016 ROTARY INTERNATIONAL DISTRICT 7770 02-0782792

Part XIII Supplemental Information (continued)

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.

2016

ZUIOOpen 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.

s.gov/form990. Inspection
Employer identification number

ROTARY INTERNATIONAL DISTRICT 7770

02-0782792

Form 990 - Organization's Mission

ROTARY INTERNATIONAL DISTRICT 7770 (THE DISTRICT)

REPRESENTS ROTARY INTERNATIONAL IN PROVIDING LEADERSHIP AND ADMINISTRATIVE SUPPORT TO THE INDIVIDUAL ROTARY CLUBS THAT ARE MEMBERS OF THE DISTRICT. ROTARY INTERNATIONAL IS AN ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS WORLDWIDE, WHO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND

Form 990, Part I, Line 6

PEACE IN THE WORLD.

THE ROTARY INTERENATIONAL DISTRICT 7770 INCLUDES ABOUT 4500 ROTARIANS WHO VOLUNTEER TIME TO HUMANITARIAN SERVICE.

Form 990, Part III, Line 4d - All Other Accomplishment

AVENUE OF SERVICE, DISTRICT TRAINING, YOUTH PROGRAMS, DISTRICT GRANTS

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

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

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

hedule O (Form 990 on the of the organization ROTARY INTE	-	Employer identification number 02-0782792				
ROTARY INTERNATIONAL DISTRICT 7770 Program Service Mgt 8			General	Fundraising		
Rotary Yout	~					
notary rout	\$	9,79 4	6	0	ė	0
	·	9,794	\$	O .	\$	U
Youth Excha	_					
	\$	9,100	\$	0	\$	0
TRF Annual	Seminar	•				
	\$	8,724	\$	0	\$	0
District As	sembly					
	\$	6,053	\$	0	\$	0
Assistant (Soverno	r's Trai				
	\$	5,590	\$	0	\$	0
DGE RI Inst	titute a	and Conv				
	\$	5,435	\$	0	\$	0
TRF Major I	Oonor E	vent				
	\$	5,040	\$	0	\$	0
PDG Dinner	at Dist	trict Co				
	\$	3,869	\$	0	\$	0
DG RI Inst:	itute ar	nd Conve				
	\$	2,830	\$	0	\$	0
DGE Conting	gency Fr	and				
	\$	2,650	\$	0	\$	0
Zone Leade:	rship I	nstitute				•
	\$	2,597	\$	0	\$	0
Monthly Cre		·				
~	\$	0	\$	2,513	\$	0
TRF Schola			·	,	•	
	\$	1,870	\$	0	\$	0
	•	_,	7	•	Page 1	

Schedule O (Form 990 or 990-EZ) (2016)

DISTRICT 777 1,716 1,500 ect	\$ \$ \$	0	\$ \$	0
1,500		0	\$	0
1,500		0	\$	0
	\$			
	\$			
ect		0	\$	0
1,450	\$	0	\$	0
s				
1,445	\$	o	\$	0
bscri				
0	\$	1,367	\$	0
Conv				
1,078	\$	o	\$	0
0	\$	946	\$	0
808	\$	o	\$	0
n Cha				
600	\$	o	\$	0
0	\$	589	\$	0
minee				
433	\$	o	\$	0
on (TR				
423	\$	0	\$	0
400	\$	0	\$	0
			Page 2 c	of 4
	s 1,445 bscri 0 Conv 1,078 0 808 ch Cha 600 0 minee 433 ch (TR 423	1,445 \$ bscri	1,445 \$ 0 bscri	1,445 \$ 0 \$ bscri 0 \$ 1,367 \$ Conv 1,078 \$ 0 \$ 0 \$ 946 \$ 808 \$ 0 \$ n Cha 600 \$ 0 \$ 0 \$ 589 \$ minee 433 \$ 0 \$ n (TR 423 \$ 0 \$ 400 \$ 0 \$

Namé of the organization ROTARY INTERNATION	Employer identification number 02-0782792				
•					
· \$	0	\$	319	\$	0
Bank Service Charge	es				
\$	0	\$	308	\$	0
Council of Governo	rs Chai				
\$	292	\$	0	\$	0
Insurance & Surety	Bond				
\$	0	\$	257	\$	0
Accounting Software	e Subsc				
\$	0	\$	254	\$	0
DG Contingency					
\$	252	\$	0	\$	0
TRF Paul Harris So	ciety				
\$	250	\$	0	\$	0
TRF DG Administrat	ive Exp				
\$	208	\$	0	\$	0
Membership Committe	ee				
\$	200	\$	0	\$	0
District Finance C	ommitte				
\$	143	\$	0	\$	0
Zone Institute Doo	r Prize				
\$	110	\$	0	\$	0
Immediate Past DG	Gift				
\$	85	\$	0	\$	0
DGG Administrative	Expens				
\$	80	\$	0	\$	0
Immediate Past DG	Lapel P				
\$	40	\$	0	\$	0
		Page 3 of 4			

Schedule O (Form 990	or 990-EZ) (20	016)				Page 2			
Name of the organization		Employer identification number 02-0782792							
ROTARY INT	ERNATIC								
TRF Seminar Credit Card F									
	\$	30	\$	0	\$	0			
Assembly C	redit C	ard Disc							
	\$	3	\$	0	\$	0			
Total									
	\$	75,098	\$	6,553	\$	0			