Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

990

▶ 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.

Inspection

A	For the	2016 cale	ndar year, or tax year beginning July 1 , 2016, and endi	ng J <u>ur</u>	ne 30	, 20 17	
В	Check if a	applicable	C Name of organization Rotary Club of Atlanta		D Employe	er identification nui	nber
	Address	change	Doing business as			58-0412250	
	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephor	ne number	
\exists	Initial retu	-	100 Edgewood Ave,	508		404-376-4684	
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
╡	Amended		Atlanta, GA 30303		G Gross re	eceipts \$	549,677
╡		on pending	F Name and address of principal officer Linda Thomason Glass, Exec. Directo		subordinates? Yes	□ No	
_	Арріісаці	on pending	100 Edgewood Ave., Suite 508, Atlanta, GA 30303	J. 1 ' '	•	s included? Yes	
	T-11 -11-	npt status	☐ 501(c)(3) ☐ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			list (see instruction	
_	Website:	•		- N	exemption		•
<u>J</u>			w.atlantarotary.org ✓ Corporation Trust Association Other ► L Year of form.			of legal domicile	
	art I	_		ation 1905_	IN State	or legal domicile	GA
	_	Summ		hatani Clirk af	Atlantana		
•	i	_	escribe the organization's mission or most significant activities: The R				
Activities & Governance			nent of international understanding, goodwill and peace through a world f	ellowship of b	usiness a	nd professional	
Ţ,			united in the idea of service		050/ /		
Ş.	1		is box ▶☐ if the organization discontinued its operations or disposed			its net assets.	
Ğ			of voting members of the governing body (Part VI, line 1a)				25
જ	4	Number	of independent voting, members of the governing body (Part VI, line 1b))	4		25
ij			nber of individuals-employed in calendar year 2016 (Part V, line 2a)		5		2
Ę	6	Total nur	mber of vounteers (estimate if necessary)		6		
ĕ			elated business revenue from Part VII, column (C), line 12		7a		0
	b	Net unre	lated business taxable income from Borm 990-T, line 34		7b		0
			L SGUEN, UT	Prior Y	ear	Current Yea	ar
Revenue	8	Contribu	tions and grants (Part VIII, line Ih)		293,144		276,385
	9	Program	service revenue (Part VIII, line 2g)		262,656		265,976
Š	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		315		243
Œ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,490		7,073
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		572,605		549,677
	13		nd sımılar amounts paid (Part IX, column (A), lines 1-3)		43,015		25,760
	14		paid to or for members (Part IX, column (A), line 4)				
10	1 4-		other compensation, employee benefits (Part IX, column (A), lines 5–10)		150,729		155,547
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		100,720		100,011
ber	b		draising expenses (Part IX, column (D), line 25) ▶		, <u> </u>		
$\bar{\mathbf{x}}$	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	2 20 2 20 2 200 7 2	400,943		386,172
	18		penses (tattix, column (x), lines that the, this 246)		594,687	-	567,479
	19		eless expenses. Subtract line 18 from line 12				
		nevenue	less expenses. Subtract line to from line 12	Beginning of C	(22,082)	End of Yea	(17,802)
Net Assets or	20	Total acc	cots (Part V. lino 16)	205		2.1.2 5. 100	
Isse Rafa	20		sets (Part X, line 16)	-	421,998		499,886
i i	21		polities (Part X, line 26)		81,688		177,378
			ets or fund balances. Subtract line 21 from line 20		340,310	L	322,508
	art II		ture Block		 		
			.ry, I declare that I have examined this return, including accompanying schedules and sta lete_Declaration of preparer (other than officer) is based on all information of which prepa			my knowledge and	belief, it is
	ie, correct	1, and comp		Ter rias arry know		107	
٥:			Tinde Thomason Moso		3-8	78	
Sig		V _Sign	iature of officer	J a Di	ate		
He	ere		inde Thomason Glass Executive Dire	2010/			
			e or print name and title				
P	aid	Print/Ty		Date	Check	√ if PTIN	
	epare	James	Dykhouse for Jahrouse	5/8/18	self-em		5058
	se Onl	1	name ► James Dykhouse, CPA	Fin	m's EIN ▶		
_	JU		address ► 330 Amherst Ct., Atlanta, GA 30328		one no	770-393-130	64
Ma	y the IF		s this return with the preparer shown above? (see instructions)			√ Vos	
Fo	r Paperv	vork Redu	uction Act Notice, see the separate instructions.	. No 11282Y		Form 9	90 (2016)



Om 99	U (2016)			age o
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-+	▼
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	* !, !		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	✓
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	V Checklist of Required Schedules (continued)			
00	Delth annual to the state of th		Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		i	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		_	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	·		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	!	√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	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	29		✓
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30	-	✓
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
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? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	_	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	√	<u> </u>
		For	n 990	(2016)

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	<u> </u>	<u> </u>	
		i ama	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		7	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
20		1c	✓	. 46
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return [2a]	2 L	_ 200	
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	√	· ga () .
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	·	4a	5.83 4	ļ <u>,</u>
b	If "Yes," enter the name of the foreign country. ►		30	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			¥ 4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┡
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ł	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			广
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	* 1	1111	. ,;*
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		İ	
	required to file Form 8282?	7c		✓
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	 	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N. 200 1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1.2		J.
•	sponsoring organization have excess business holdings at any time during the year?	8	> %.	803 1
9	Sponsoring organizations maintaining donor advised funds.			8 3.2
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├ ~
10	Section 501(c)(7) organizations. Enter:	9b	S : 13	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		- 27
	against amounts due or received from them.)			1- 3.5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ه همه	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		[t .]	123
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		- m × -
_	Note. See the instructions for additional information the organization must report on Schedule O.	77		7.40
b	Enter the amount of reserves the organization is required to maintain by the states in which			194
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	****	1
L	If "Von " has it filed a Form 720 to report these neumants? If "No " provide an evaluation in Schoolile O	4.41	-	

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			s. ☑
Section	on A. Governing Body and Management	<u> </u>	• •	프
			Yes N	lo
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25		Y	1.1
	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.			
_	Enter the number of voting members included in line 1a, above, who are independent . 1b 25	-1 3L W - 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	- v	,
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	- -	_
6	Did the organization have members or stockholders?	6	7 †	—
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_
	one or more members of the governing body?	7a		<u>′</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			4
	the year by the following:			,
a	The governing body?	8a 8b	/	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	80	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		de.)	_
			Yes N	No.
10a	Did the organization have local chapters, branches, or affiliates?	10a	_ •	<u>/</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		, —
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	√	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		✓	. 1
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>,</u>	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ij i e	3
a b	The organization's CEO, Executive Director, or top management official	15a	<u>▼</u>	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	20 × 3 3	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			2.
	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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Georgia Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the Forms 1002 (or 1004 if applicable) 900 and 900 T (Section 5104 required on proprietten to make the forms 1004 required on proprietten to make the propriett	- 501/-	\(0\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 50 1 (0)(S)S 0	≀II y)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest n	olicv. a	and
	financial statements available to the public during the tax year.	ما ب	- , , ,	-
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	>	
	Linda Thomason Glass, 100 Edgewood Ave., Atlanta, GA 30303; 404-376-4684			

	-
Dage	7

	~~~	100	-
Form	990	(201	6)

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

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	Position o not check more than one ox, unless person is both an ficer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Linda Thomason Glass, Executive Director	40+			<b>√</b>	✓			110,940	0	0
(2) See Schedule 1	-	/		/						•
(3)		_		•				0	0	0
(4)				-						
(5)					-					
(6)										
(7)				-						
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, key E	mpio	yees	<del></del>	<u>10 F</u> C)	iignes	St C	ompensated E	mpioyees (co	TRUIT CO	ea)	-
	(A)	(B)	١		Pos	ition			(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	than c is both	an	Reportable	Reportable		Estimated	
		hours per week (list any	_			,	or/trust	·	compensation from	compensation fi related	om	amount of other	
		hours for related	Individual trustee or director	Institutional	Officer	Key	and light	Former	the organization	organizations (W-2/1099-MIS		compensation from the	
		organizations	recto	utro	띡	employee	est c oyee	₫	(W-2/1099-MISC)		⁰ ,	organization	
		below dotted line)	l Train	nal tr		loye	omp					and related organizations	
			stee	I trustee		"	Highest compensated employee					- <b>3</b>	
			ļ	n n			ř <u>ě</u>				$\bot$		_
(15)		ļ	}										
(16)									-		+		_
M.Y													
(17)			]								1		
(4.0)				<u> </u>		<u> </u>	-	_			-	<del></del>	
(10)		<del> </del>	1								Ì		
(19)											十		_
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(21)			1					$\vdash$			$\dashv$		_
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(22)													
			1		_	-			ļ		+		
(23)		<del></del>							1				
(24)			+	1	1	1		-			+		_
<u> </u>		<u> </u>	<u> </u>										
(25)	·	ļ		İ	İ		1		1				
	Sub-total		<u> </u>	<u> </u>	<u> </u>	1	1	Ļ	110.040		_		_
1b c	Sub-total							<b>&gt;</b>	110,940	, <u> </u>	0		0
d	Total (add lines 1b and 1c)							<b>•</b>	110,940		0		0
2	Total number of individuals (including bu	t not limited						e) w	vho received m	ore than \$10	0,000	) of	
	reportable compensation from the organ	ization ►							1			T., T.:	
3	Did the organization list any former o	fficer, direc	ctor.	or ti	rust	ee.	kev (	emi	olovee. or high	nest compen	satec	Yes No	) **
	employee on line 1a? If "Yes," complete											3	~,
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater th	nan \$	150	,000	0? /	f "Ye	·s, "	complete Sci	hedule J for	such		6,8
5	Individual	 or accrue c		nea	tion	fro	m anv	r	 orelated organi	 zation or indi	vidua	4 <b>✓</b> 1 33 3 3	Š.
3	for services rendered to the organization											5	æ
Section	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Re year.	port compe	ensati	on t	or t	ne d	calenc	ar	year ending wi	th or within tr	ie org	ganization's tax	
	(A)							Т	(B)			(C)	_
	Name and business ad		(B) Description of services			Compensation							
None												_	
								_					
								+	<del></del> .				_
-								+					_
2	Total number of independent contract							o t	hose listed ab	ove) who	· %		Į.
	received more than \$100,000 of compens	sation from	the o	rgar	niza	tıon	<b>&gt;</b>		0		Ně		ď

	90 (2016						Page 9
Part	VIII	Statement of Revenue Check if Schedule O contains a resp	onse or note te	any line in this	Part VIII		
		ALLES ALLES		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e	276,385				
Contributions, and Other Sim	f g h	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f		276,385	A		
-		Total. Add lines 1a-11	Business Code	270,383			
even	2a	Weekly luncheon meeting		212,971	212,971		
Program Service Revenue	b c	Business Prayer Breakfast Holiday party income	<del></del>	34,480 18,525			
Serv	d			10,525	10,520		
am	е						
rogi	f g	All other program service revenue . Total. Add lines 2a–2f	•	265,976		<u> </u>	
	3	Investment income (including divide		263,976	& \$ 882. <b>\$</b>	*** * ***	
		and other similar amounts)	•	243			243
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties	(II) Personal				
	6a	Gross rents	· · · · · · · · · · · · · · · · · · ·				
	b	Less rental expenses					
	С	Rental income or (loss)	L			. real	l sanin.
	d 7a	Net rental income or (loss)  Gross amount from sales of (i) Securities	(II) Other	* * * * * * * * * * * * * * * * * * * *			
	10	assets other than inventory	(.,				
	b	Less. cost or other basis and sales expenses .					
	С	Gain or (loss) .				A. 3.3	
ne		Net gain or (loss)	<u> P</u>				
Other Revenue		events (not including \$ of contributions reported on line 1c).					=
ther		See Part IV, line 18 a					
Ö	b	Less: direct expenses <b>b</b> Net income or (loss) from fundraising	events			2 2 2	
	_	Gross income from garning activities.	<u> </u>				
		See Part IV, line 19 a					
	b	Less: direct expenses <b>b</b> Net income or (loss) from gaming acti					
	С 10а		vities P				
		returns and allowances a					
	b	Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inve		X	, W. Y	***	
	11a	Miscellaneous Revenue	Business Code	7.070	7.072		
	b	Miscellaneous		7,073	7,073		<del> </del>
	c						
	d	All other revenue					
	e	Total Add lines 11a-11d		7,073			Sh. Band Fills
	12	Total revenue. See instructions	<u> <del>-</del> -</u>	549,677	265,976		Form <b>990</b> (2016)

## Form 990 (2016) Part IX Statement of Functional Expenses

Section	501(c)(3) and	d 501(c)(4)	organizations	must comple	te all columns.	All other	organizatio	ns mus	t com	plete	e colu	mn (A	4).
	Check	if Schedu	le O contains	a response o	r note to any	line in thi	s Part IX						

	Check if Schedule O contains a respon			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	25,760	25,760	organis de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	110,940		110,940	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,686		22,686	
^	* * * * * * * * * * * * * * * * * * * *	2,948		2,948	
9	Other employee benefits	7,665		7,665	
10	Payroll taxes	11,308		11,308	
11	Fees for services (non-employees):	H.			
а	Management				
b	Legal			-	
С	Accounting	3,000		3,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		, <u>(</u> , 1)	. Y	
f	Investment management fees			<u>** ** ** ** ** ** ** ** ** ** ** ** ** </u>	
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
40					
12	Advertising and promotion				<del></del>
13	Office expenses	5,559		5,559	
14	Information technology				
15	Royalties				
16	Occupancy	18,830		18,830	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	259,034	259,034		
20	Interest	51		51	
21	Payments to affiliates	72,456	72,456		
22	Depreciation, depletion, and amortization .	1,159		1,159	
23	Insurance	2,550		2,550	
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.)	311 11 11			<i></i>
а	Supplies	7,754	1,395	6,359	
b	Printing	12,615	12,615		
C	Postage	3,164		3,164	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	567,479	371,260	196,219	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				1
	following SOP 98-2 (ASC 958-720)				
		<u> </u>	<u> </u>	<u> </u>	

31

32

33

34

Form 990 (2016) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 2 2 347,728 421,577 3 3 4 63,021 71,976 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . Assets 7 7 8 Prepaid expenses and deferred charges . . . 9 6,700 2,943 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a | **b** Less: accumulated depreciation . . . . 10b 10c 29,369 4,549 3,390 11 12 Investments - other securities. See Part IV, line 11 . . . . . . . . 12 13 Investments—program-related, See Part IV, line 11 . . . . . . . . . . 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 16 421,998 499,886 17 81.688 17 177,378 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . . 81,688 26 177,378 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . 27 340,310 322,508 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30

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

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

322,508

499,886

31

32

33

34

340,310

421,998

Page	1	2

Part	XI Reconciliation of Net Assets	
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u> . 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	549,677
2	Total expenses (must equal Part IX, column (A), line 25)	567,479
3	Revenue less expenses. Subtract line 2 from line 1	(17,802)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	340,310
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	33, column (B))	322,508
Part	XII Financial Statements and Reporting	_
	Check if Schedule O contains a response or note to any line in this Part XII	
	Ass. In the state of the second of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	Yes No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
0-		2a 🗸
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Za V
	reviewed on a separate basis, consolidated basis, or both	
	Separate basis Consolidated basis Both consolidated and separate basis	- 222
h	Were the organization's financial statements audited by an independent accountant?	2b 🗸
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20 4
	separate basis, consolidated basis, or both:	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c 🗸
	If the organization changed either its oversight process or selection process during the tax year, explain in	1 2 2 3 3
	Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
	the Single Audit Act and OMB Circular A-133?	3a  ✓
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.	3b
		Form <b>990</b> (2016)

## **SCHEDULE D** (Form 990)

**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.

2016

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name of	the organization		Employer identification number		
Rotary	Club of Atlanta		58-0412250		
Par			ds or Accounts.		
	Complete if the organization answered				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor				
	funds are the organization's property, subject to the		<del>_</del>		
6	Did the organization inform all grantees, donors, a				
	only for charitable purposes and not for the bene				
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		
Part					
	Complete if the organization answered				
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recrea				
	Protection of natural habitat	☐ Preservation of	f a certified historic structure		
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution			
	easement on the last day of the tax year.		Held at the End of the Tax Year		
а					
b	Total acreage restricted by conservation easement				
C	Number of conservation easements on a certified I				
d	Number of conservation easements included in				
2	historic structure listed in the National Register .				
3	Number of conservation easements modified, tran tax year ►	sterred, released, extinguisned, or terr	ninated by the organization during the		
	-	mintion apparent to located •			
4 5	Number of states where property subject to conse Does the organization have a written policy re		postion bandling of		
3	violations, and enforcement of the conservation ea		·		
6	Staff and volunteer hours devoted to monitoring, inspec				
U	Starr and volunteer mours devoted to morntoning, inspec	ting, nanding of violations, and emorcing t	conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspectir	ng handling of violations, and enforcing	conservation easements during the year		
•	►\$	ig, nandling of violations, and emorcing	conservation easements during the year		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · Ves · · No		
9	In Part XIII, describe how the organization reports				
_	balance sheet, and include, if applicable, the text of				
	organization's accounting for conservation easeme				
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet		
	works of art, historical treasures, or other similar				
	public service, provide, in Part XIII, the text of the t				
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet		
	works of art, historical treasures, or other similar	rassets held for public exhibition, ed	ducation, or research in furtherance of		
	public service, provide the following amounts relat	ing to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X		• \$		
2	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 S				
а	Revenue included on Form 990, Part VIII, line 1 .		<b>▶</b> \$		
b	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>		

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of th	e follow	ing that are a s	ignificant use of its
а	☐ Public exhibition		d {	☐ Loan	or exchang	je progr	ams	
b	☐ Scholarly research			☐ Other				
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections a	nd expla	in how th	ney further	the org	anızation's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ngements.	_					
	Complete if the organization	answered "Yes"	on For	n 990, F	Part IV, line	e 9, or ı	reported an an	nount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot 🗌 Yes 🗋 No
ь	If "Yes," explain the arrangement in Pa							000
_							A	mount
С	Beginning balance					1c	<u> </u>	<del></del>
d	Additions during the year					1d	† · · · · ·	
е	Distributions during the year					1e	<del>                                     </del>	<del></del>
f	Ending balance					1f		<del></del>
2a	Did the organization include an amour					ustodial	account liability	?   Yes   No
	If "Yes," explain the arrangement in Pa							
Par			-			<u> </u>		
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	e 10.		
		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years bac	(e) Four years back
1a	Beginning of year balance							
þ	Contributions					_		
C	Net investment earnings, gains, and losses			-				
d	Grants or scholarships						<del></del> -	<del>                                     </del>
	Other expenditures for facilities and		<del></del>					
	programs					İ		
f	Administrative expenses							
g	End of year balance			_			·	<del></del>
2	Provide the estimated percentage of t	he current vear en	d balanc	e (line 1a	. column (a	a)) held a	as:	
а	Board designated or quasi-endowmer	•			•	,,		
b	Permanent endowment ▶	%	-					
	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and		00%.					
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for th	ne
	organization by:	•	•					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" on line 3a(ii), are the related or	rganizations listed	as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fi	unds.			<u> </u>
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 11a. :	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	or other basis ther)	(c) /	Accumulated epreciation	(d) Book value
1a	Land			<u> </u>		WY.	·	<del></del>
b	Buildings							
C	Leasehold improvements				6,660		6,660	
d	Equipment				26,099	<del></del>	22,709	3,390
e	Other							
Total.	Add lines 1a through 1e. (Column (d) n	oust equal Form 99	0. Part	Column	(B), line 10	Oc.) .	<b>•</b>	3,390

Part VII	Investments - Other Securities.				
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B)	·				
(C)			<u> </u>	<del>-</del>	
(D)					
(E)					
(F)	··			<del></del>	
(G)				<del> </del>	
(H)	15 000 P +V 1 (D) P 40 \ D	·		1:: 4	2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	b) must equal Form 990, Part X, col (B) line 12)		L		
Part VIII	Investments—Program Related		rm 000 Part IV li	no 110. Soo Form	000 Part V line 13
	Complete if the organization answ	wered tes on ro			<del> </del>
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
(4)			<u>-</u>		•
(1)	<del></del>		<u> </u>	<del></del>	
(2)			<u> </u>	<del> </del>	<del></del>
(3) (4)				-	
(5)	<del></del>				
(6)	· · · · · · · · · · · · · · · · · · ·				
(7)		· · · · · · · · · · · · · · · · · · ·		· · · · · ·	
(8)		· · · · · · · · · · · · · · · · · · ·		·	
(9)	<del></del>		<del>-</del>		<del></del>
	b) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, li	ne 11d. See Form	
	(a	i) Description		·	(b) Book value
(1)			<u> </u>		
(2)					
(3)					
_(4)					
(5)					<del> </del>
<u>(6)</u>				<del></del>	
<u>(7)</u>					
(8)					
(9)	mn (b) must equal Form 990, Part X, co	ol (D) line 15 )			<del></del>
Part X		оі. (в) ііпе тэ.)	· · · · · ·	· · · · · · ·	<u> </u>
Part A	Other Liabilities. Complete if the organization ansi	wared "Vee" on Fo	rm 000 Dort IV I	ina 11a ar 11f Ca	a Form 000 Port V
	line 25.	wered tes on ro	mi 990, Part IV, i	ine the or thi. Se	e Form 990, Fart A,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır		(b) Book value			
(2)	loome taxes				
(3)					
(4)					
(5)			* * *		
(6)					
(7)		<del>-</del>			
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25)				
	r uncertain tax positions. In Part XIII, provi	de the text of the footr	note to the organizati	on's financial statem	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			Return.	
	Complete if the organization answered "Yes" on Form 990, I		<del></del>	
1	Total revenue, gains, and other support per audited financial statements		1	549,677
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l = 1	T.	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<u>549,677</u>
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		
þ	Other (Describe in Part XIII.)	_4b		
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			549,677
Part	• • • • • • • • • • • • • • • • • • • •		er Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1			1	567,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	2a	4.3.1	
þ	Prior year adjustments	2b	4.34	
C	Other losses	2c		
d			<b>-</b> ₩	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	567,479
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	<b>-</b>   [™]	
b c	A 4.4.1	<del></del>	-  4c	
5	Add lines <b>4a</b> and <b>4b</b>		5	
Part				567,479
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			
	······	·		
			<del></del>	
<del></del> -				······································
<del></del>			·	

Schedule D (Form 990) 2016 Page <b>5</b>					
Part XIII	Supplemental Information (continued)				

## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization	Employer identification number
Rotary Club of Atlanta	58-0412250
Form 990, Part VI, Section B, Line 11a:	
The Club's Form 000 is prepared by the executivation's CDA. It is they reviewed by the Club's trescutor	and finance committee. The
The Club's Form 990 is prepared by the organization's CPA. It is then reviewed by the Club's treasurer	and linance committee. The
executive director signs the return.	
Form 990, Part VI, Section B, Line 12c:	
The Club's board of directors and its executive director sign the conflict of interest statement annually	,
	<u> </u>
Form 990, Part VI, Section C, Line 19:	
The Club makes its governing documents and Form 990 available to the general public upon request.	
	<del></del>
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