

990

2949316008820

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

C Name of organization_Rotary District 5930

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.

Diagram 30

Diagram 30

Diagram 30

Diagram 30

Diagram 30

Diagram 30

A	For the 2	016 calendar year, or tax year beginning July 1, 2016, and en	ding Jui	ne 30	, 20 17						
В	Check if ap	plicable C Name of organization_Rotary District 5930		D Employ	er identification nu	ımber					
	Address ch	ange Doing business as			74-2503508						
	Name char	Number and street (or P O box if mail is not delivered to street address) Room	1/surte	E Telephone number							
	Initial return	13942 Primavera Drive			361-774-1114						
		return/terminated City or town, state or province, country, and ZIP or foreign postal code									
	Amended r			G Gross re	eceipts \$	228,342					
$\overline{\Box}$	Application		/ H/a) is this a c		subordinates? Yes						
		Dana Sisk, Secretary, 13942 Primavera Drive, Corpus Christi, TX 78418	W 1/ 1		es included? Yes	_					
$\overline{}$	Tax-exemp				a list (see instructio						
<u>-</u>	Website:				number ▶	·					
ĸ		anization ✓ Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile						
	art I	Summary	mation 1950	W State	or legal domicile	TX					
_		riefly describe the organization's mission or most significant activities: The	missian of Bot	ani Intari	etional io to are	do					
a)	1										
Activities & Governance		ervice to others, promote integrity, and advance world understanding, goodwill,	and peace thro	ugn its re	llowship of busi	ness,					
Ë		rofessional, and community leaders.		050/ 6							
9	1	heck this box ▶☐ if the organization discontinued its operations or dispose	ed of more than	1	its net assets.						
Ğ	I	umber of voting members of the governing body (Part VI, line 1a)		3		10					
S		umber of independent voting members of the governing body (Part VI, line	ID)			10					
iţie		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5		0					
댦	1	otal number of volunteers (estimate if necessary)		6		10					
Ř	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a							
_	b N	et unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b							
			Prior Y	ear	Current Ye	ar					
Revenue	8 C	ontributions and grants (Part VIII, line 1h)	118,588		132,948						
	9 P	rogram service revenue (Part VIII, line 2g)		70,164		95,379					
ě	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	24		16						
Œ	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
	12 T	otal revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	188,776		228,343					
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)									
		enefits paid to or for members (Part IX, column (A), line 4)		,		59,657					
s		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)									
pe	1	otal fundraising expenses (Part IX, column (D), line 25) ▶									
ŭ		ther expenses (Part IX, column (A), lines-1-1a-1-1d, 1-1-1-24e)		128,536		200,205					
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		170,086		259,862					
	1	evenue less expenses. Subtract line 18 from line 12		18,690		(31,519)					
- s		1 A 2010 101	Beginning of Ci		End of Yes						
ssets or	20 T	otal assets (Part X, line 16)				33,033					
Asse	⊥21 T	otal liabilities (Part X line 26)	 	64,553							
Net As Fund B	22 N	et assets or fund balances. Subtract line 20 from line 20 UT		04.550		0					
_	art II	Signature Block		64,553		33,033					
_											
		s of perjury, I declare that I have examined this return, including accompanying schedules and si nd complete. Declaration of preparer (other than officer) is based on all information of which prep			my knowledge and	belief, it is					
		A & -1			10						
Sig	.n	Signature of officer	Da		<u>8-18</u>						
He	1		De	iie							
110		Dana Sisk, District Secretary				**					
		Type or print name and title	Data	1	DTIN						
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	☐ if PTIN						
Pr	eparer			self-em	ployed						
Us	e Only	Firm's name	Firr	n's EIN ▶							
		Firm's address ▶	Pho	ne no							
<u>Ma</u>	y the IRS	discuss this return with the preparer shown above? (see instructions)	<u> </u>		Yes 🗌 Yes						
For	Paperwo	rk Reduction Act Notice, see the separate instructions.	t No 11282Y		Form 9	90 (2016)					



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
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? <i>If</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	445		√
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	14b		▼
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	15		▼
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		▼
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>,</u>
		<u> </u>		<u> </u>

Part	Checklist of Required Schedules (continued)		<u> </u>	
20 -	Did the ergonization energic one or more because facilities? If "Ver " complete Cabadida II		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 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	205		√
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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
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	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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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			
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.	37	√	<u>*</u>
		Form	990	(2016)

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art				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	1 34	
1.	Estable sumbanges to due Day Catificula 4000 Estable Outside Labella		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-0-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors a	-0- and		.
	reportable gaming (gambling) winnings to prize winners?	1c	 -	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	-0-	l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	ļ	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 autho over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	1
	account)?	. 4a		/
b	If "Yes," enter the name of the foreign country: ▶		 -	<u> </u>
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts	Ì	
	(FBAR).)	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
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?	. <u>5</u> c	<u> </u>	<u>.</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did		1) ,
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions	. <u>6a</u>	 	-
b	gifts were not tax deductible?	. 6b]
7	Organizations that may receive deductible contributions under section 170(c).	. 00	┼	
· a	- Turker	ods		
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			البردا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.		 	1
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		├	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			
	sponsoring organization have excess business holdings at any time during the year?	. 8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:		1	ļ
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			ļ
	Gross income from members or shareholders		}	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		}	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		l	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a	┼	├
b	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		1	1
С	Enter the amount of reserves on hand	_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		/
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an evolunation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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	See ins	for a struct	ions.
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	4 5 6		✓ ✓ ✓
b	one or more members of the governing body?	7a		1
8	stockholders, or persons other than the governing body?	7b		1
a b	The governing body?	8a 8b	√ √	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	+
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 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 14 15	Did the organization have a written whistleblower policy?	13		1
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		Ī
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	161		
Secti	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed ► 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.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: >	
	Dana Sick 12042 Primayora Drug Cornuc Christi TV 70410 261 774 1114			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

✓ Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson irect	than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)		! !								
(2)					_					
(3)							_		-	
(4)							-			
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (contir	nued)
	(A)	(B)			-	C) ition			(5)	/E)	(D
	(A) Name and title	(B) Average			eck	more	than o		(D) Reportable	(E) Reportable	(F) Estimated
	Name and the	hours per					ıs both or/trust		compensation	compensation from	amount of
		week (list any hours for	악	Jng.	Q	6	a E	5	from the	related organizations	other compensation
		related	dire	it Si	Officer	en e	phes	Former	organization	(W-2/1099-MISC)	from the
		organizations below dotted	ual t	iona		Key employee	t cor		(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	Institutional trustee		ye	npe	1			organizations
			8	stee			Highest compensated employee				
						<u> </u>	8	_			
(15)						ĺ					
(46)				_							
(16)									1		
(17)								-	 		
XXII											
(18)									 		
3						ļ		l	ļ		
(19)											
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(22)											
<u>/00\</u>									ļ		
(23)								1	1		
(24)					<u> </u>						
(24)											
(25)								-	 		
<u> </u>											
1b	Sub-total		<u> </u>	·		· —		•			
С	Total from continuation sheets to Part	VII, Sectio	n A								
d	Total (add lines 1b and 1c)	<u></u> .						▶			
2	Total number of individuals (including but		l to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,00	0 of
	reportable compensation from the organi	zation 🕨							0		
											Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compensate	
	employee on line 1a? If "Yes," complete							•			3 1
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater tha	an si	150,	UUU	17 II	r "Ye	s, "	complete Sch	eaule J for suc	
_	Did any person listed on line 1a receive of					fro:			· · · · ·		2 4
5	for services rendered to the organization									ation of individu	5 - J
Section	on B. Independent Contractors					-					<u> </u>
1	Complete this table for your five highest	compensate	ed inc	lene	end	ent	contr	act	ors that receive	ed more than \$10	00 000 of
•	compensation from the organization. Rep										
	year.	•						•	J		J
	(A)								(B)		(C)
_	Name and business add	ress		_					Description of s	ervices	Compensation
								L			
		 ,						<u>L</u>			
2	Total number of independent contractor) th		ove) who	
	received more than \$100,000 of compens	ation from t	ne or	gan	ızat	ion !	<u> </u>		0		
											Form 990 (2016)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
ts ts	1a	Federated campaigns	1a									
ra Z	ь	Membership dues	1b	73,299								
e Š	С	Fundraising events	1c	70,200								
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d									
S, E	е	Government grants (contributions)	1e									
ë is	f	All other contributions, gifts, grants,										
喜		and similar amounts not included above	1f	59,649								
ĒĢ	g	Noncash contributions included in lines 1a-	1f. \$									
a Ö	h	Total. Add lines 1a-1f	Ċ		132,948			<u> </u>				
				Business Code	102,013			-				
ē	2a	Training Events			95,379							
æ	b							-				
içe İ	С											
Šen	d				,-							
Ē	е											
Program Service Revenue	f	All other program service revenu					- " -					
<u> </u>	g	Total. Add lines 2a-2f		<u>.</u> >	95,379	-						
	3	Investment income (including	dıvıd	ends, interest,								
		•		▶	16							
	4	Income from investment of tax-exer	npt bo	ond proceeds ►				:				
	5	Royalties		🕨								
		(ı) Real		(II) Personal								
	6a	Gross rents .										
	b	Less: rental expenses			ĺ							
	С	Rental income or (loss)										
	_d	Net rental income or (loss) .		▶								
	7a	Gross amount from sales of (i) Securiti	es 	(II) Other								
	١.	assets other than inventory										
	b	Less. cost or other basis										
		and sales expenses			-							
	C .	Gain or (loss)					<u> </u>					
	d	Net gain or (loss)		🕨								
/enne	8a	Gross income from fundraising events (not including \$										
Other Reve		of contributions reported on line 10 See Part IV, line 18	 c). · а									
¥	ь	Less: direct expenses	. b									
•	С	Net income or (loss) from fundral	sing	events . ►								
	9a	Gross income from gaming activit						,				
		See Part IV, line 19	a									
	b	Less: direct expenses										
	С	Net income or (loss) from gaming		vities . ▶		-						
	10a	Gross sales of inventory, le returns and allowances						-				
		Less: cost of goods sold			Ì		1					
	С	Net income or (loss) from sales of	f inve	entory 🕨		<u>-</u>						
		Miscellaneous Revenue		Business Code								
	11a						_					
	b											
	С											
	d	All other revenue										
	е	Total. Add lines 11a-11d .		▶								
	12	Total revenue. See instructions.	_	• [228 242							

Part	IX Statement of Functional Expenses								
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,657	59,657						
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				<u> </u>				
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			[
9 10 11 a	Other employee benefits								
b c d	Legal								
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .								
12 13 14 15 16 17 18	Advertising and promotion								
19 20 21 22 23	Conferences, conventions, and meetings Interest								
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.)				ı				
a b c	See Schedule O	200,205	200,205						
25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	259,862	259,862						
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)								

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	64,553	1	33,033
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	•	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		ļ	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			ļ
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		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			,
		· · · · · · · · · · · · · · · · · · ·			· · ·
	b	Less: accumulated depreciation		10c	
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	64,553	16	33,033
	17	Accounts payable and accrued expenses	04,333	17	33,033
	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	
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ğ		disqualified persons. Complete Part II of Schedule L		22	
Ě	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			
	ì	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ś		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	į	ļ	1
ည		complete lines 27 through 29, and lines 33 and 34.			
튵	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
בַ	29	Permanently restricted net assets		_29	
Ę		complete lines 30 through 34.			,
Net Assets or Fund Balances	30			30	
šets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	111562	33	
Z	34	Total liabilities and net assets/fund balances	64,553	34	
			07,0001	1	Form 990 (2016)

Form 9	90 (2016)			Pá	age 12
Par	t 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)	1		2	28,34 <u>3</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	59,862
3	Revenue less expenses. Subtract line 2 from line 1	3		(3	1,519)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(64 <u>,55</u> 3
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		:	33,033
Par	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	_ • _ •	<u>.</u>	<u>.</u> .	🗆
				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," exp	lain in		}	Ì
	Schedule O		1	}	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or			T
	reviewed on a separate basis, consolidated basis, or both:		ł		ł
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ł		
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both.		1		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		}	ļ	
G	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht			
•	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		Į
	If the organization changed either its oversight process or selection process during the tax year, exp		1-0		
	Schedule O.	,			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in	ļ		
Ju	the Single Audit Act and OMB Circular A-133?		3a		1
	· · · · · · · · · · · · · · · · · · ·		1 00	ı	. ▼

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 **990** (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Employer identification number

Open to Public Inspection

Rotary District 5930	74-2503508						
Form 990, Part III, Line 4e Total program service expenses							
Description	Amount						
Grants	59,657						
Youth Exchange Expense 8,731							
Awards and Supplies							
Bank Charges	2,806						
Conference/Seminars 49,678							
District Travel	36,860						
Website Expense	23,423						
Meeting Expense	34,582						
Leadership Training	17,373						
Community Contributions	6,806						
Misc Expense	1,418						
Total 25	59,862						
Form 990, Part VI, Line 11b. District financials reviewed by internal audit committee, and Form 990 filed with District Advisory Committee							
Form 990, Part VI, Line 19: District governing documents and financial statements available upon request to District Advisory Committee							
	,						