DLN: 93493078005289 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 

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

Open to Public

Department of the Treasu
Internal Revenue Service

 Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <a href="www.IRS gov/form990">www.IRS gov/form990</a> Inspection

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A Fo	or the	2017 ca		ar, or tax yea	ar beginn	ing 07-0	01-2017	7, an	nd endi	ing 06-	30-20	18	<b>-</b>				
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	al retu	_	Doing busi	ness as													
☐ Fina	l return/	terminated											ГТ-1	L			
	ended			nd street (or P O NWALL AVENUE		l ıs not del	livered to	street a	address)	Room/	suite		E Telep	none n	umber		
□ App	olication	n pending											(360	) 756-	1010		
				n, state or prov AM, WA 98225		y, and ZIF	P or foreig	gn posta	l code								
			DEEEH (OI)	, 30223									<b>G</b> Gross	s receip	ts \$ 44	2,042	
			<b>F</b> Name a	nd address of	f principal	officer					H(a	a) Is th	ıs a group	returi	n for		
													rdinates?			□Yes 🗹 N	10
											_  H(I		all subordı ded?	nates		☐ Yes 🛂	10
Tax	-exem	pt status	501(c)(i	3) 🗹 501(0	c) ( 4 ) <b>4</b> (ıı	nsert no )	□ 4 <sup>1</sup>	947(a)(1	1) or [	527				a list	(see	instructions)	
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<b>(</b> Form	n of org	janization	<b>✓</b> Corpora	tion 🔲 Trust	Associ	ation $\square$	Other <b>&gt;</b>				L Ye	ar of forn	nation 1987	7   <b>M</b>		of legal domicile	
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Ravenue		-		nue (Part VIII						•	-		31	L7,170	-	228	,419
Ę.			·	Part VIII, colu				•		•	L			51			57
			•	VIII, column (					•					-4,702			,963
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æ	<b>15</b> S	Salaries,	other compe	ensation, emp	oloyee ben	efits (Par	rt IX, co	lumn (A	A), lines	s 5–10)	<u> </u>			6,000		6	,000
Expenses	<b>16</b> a	Professio	nal fundrais	ing fees (Part	: IX, colum	n (A), lır	ne 11e)				L						0
d X	<b>b</b> ⊺	otal fundr	aising expens	es (Part IX, colu	ımn (D), line	e 25) <b>►</b> 0					L						
ш	17 (	Other exp	oenses (Part	IX, column (	A), lines 1	1a-11d,	11f−24€	≘) .			L		40	3,293		235	,861
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	<b>19</b> F	Revenue	less expense	es Subtract li	ne 18 fror	n line 12							-5	8,437		36	,454
or Ses											В	eginnın	g of Curren	nt Year		End of Year	
Net Assets of Fund Balances											L				-		
Ba				line 16)						•	L			58,934	<del>                                     </del>	185	,600
				X, line 26) .				•					11	L2,069			834
zű	<b>22</b> N	let asset	s or fund ba	lances Subtr	act line 21	. from lın	e 20 .		•				14	16,865		184	,766
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Form	990 (2017)					Page <b>2</b>							
Par	t IIII Statement	of Program Service	e Accomplis	hments									
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗆							
1		organization's mission		···· <b>,</b> ·····									
		GANIZATION IS TO PROM R CLUBS AND ROTARY II			ROTARY CLUBS WITHIN DISTRICT	5050 AND SERVE AS A							
2	<del>-</del>	undertake any significal		<del>-</del> •	hich were not listed on	□ Yes ☑ No							
	•	or 990-EZ?				⊔ Yes 💌 No							
_	•	ese new services on Sch		-1									
3	-	cease conducting, or m	-	changes in now it cond	ucts, any program	☐ Yes ☑ No							
	If "Yes," describe these changes on Schedule O												
4	Section $501(c)(3)$ ar		ns are required	to report the amount of	largest program services, as mea of grants and allocations to others								
4a	(Code	) (Expenses \$	126,843	including grants of \$	) (Revenue \$	45,374 )							
	See Additional Data												
4b	(Code	) (Expenses \$	88,026	including grants of \$	) (Revenue \$	88,323 )							
	See Additional Data												
4c	(Code	) (Expenses \$	86,680	including grants of \$	) (Revenue \$	94,722 )							
	See Additional Data												
4d	Other program servi	ces (Describe in Schedu	le O )										
	(Expenses \$	ınclı	ıdıng grants of	\$	) (Revenue \$	)							
4e	Total program ser	vice expenses ▶	301,5	49									

or X as applicable

Section 501(c)(3) organizations.

Page 3

No Nο

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Form **990** (2017)

Par	rt IV	Che	ckli	ist	of F	≀eq	uire	ed S	Sch	edı	ıles													
																								١
1	Is the	e organ dule A																ר)? <i>If</i>	f "Ye:	s," c	complet	te	1	

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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 . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . .

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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Yes

Yes

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Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 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 . . . . . . . . . .

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?

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

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

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

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

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," 

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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," 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? 

instructions for applicable filing thresholds, conditions, and exceptions)

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami (gambling) winnings to prize winners?	ng 1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		No
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
ь	If "Yes," enter the name of the foreign country ▶OC			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicitiany contributions that were not tax deductible as charitable contributions?		Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts word tax deductible?	ere 6b		No
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7c <b>7</b> c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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 For 1098-C?	— <del>-</del>		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time dui	ing		
	the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv \mid$		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments $^{7}$ If "No," provide an explanation in Schedule $^{O}$	14b		
			orm OO	0 (2017)

	+VI C	."	4. /-	Page <b>o</b>
Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to II	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	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? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 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 interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CARLYE GILLESPIE 1621 CORNWALL AVENUE BELLINGHAM, WA 98225 (360) 756-1010			

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (A) (E)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of or/t	t cho unles ficer	s pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) SCOTT DUDLEY	0 00	x						0	0	0
PAST DG	0 00									
(2) CARLYE GILLESPIE Treasurer	0 00	Х		х				0	0	0
(3) JOAN APEL Secretary	0 00	Х		x				0	0	0
(4) DENIS BOYD FINANCE CHAIR	0 00	Х						0	0	0
(5) BRAD WHITTAKER DG NOMINEE	0 00	Х						0	0	0
(6) LINDA MURRAY DG ELECT	0 00	Х						0	0	0
(7) LINDAGENE COYLE DIST GOVENOR	0 00	Х						0	0	0
(8) JANE HELTEN FDN CHAIR	0 00	Х						0	0	0
										Form 000 (2017)
										Form <b>990</b> (2017)

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	Name and Title	Average hours per week (list any hours for related	than o	ne b	ox, ι in of tor/t	t ch unle: ficei		son	Reportable compensation from the organization (W	from related - organizations (	n . d (W-	Estimate amount of c compensate from the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 (1130)	2,1033 1130		relati organiza	ed
											#		
										_	+		
c ·	Sub-Total	Part VII, Sectio		· .			<b>*</b>						
2	Total number of individuals (includir of reportable compensation from th	ng but not limited	to thos			bov	e) who	rec	eived more than	\$100,000			
												Yes	No
3	Did the organization list any <b>forme</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	mpl	oyee,	or hi	ghest compensat	ed employee on			
4	For any individual listed on line 1a, organization and related organization	ıs the sum of rep	ortable								3		No
	ındıvıdual			•		٠	•				4		No
5	Did any person listed on line 1a reconservices rendered to the organization								-		5		No
S	ection B. Independent Contra	ctors											
1	Complete this table for your five hig from the organization Report comp										mpens	sation	
		(A) e and business addre		, cu.		9	With 0			(B) escription of services		(C Compen	
											$\overline{}$		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$  0

Part		II Statement of Revenue								rage 9
		Check if Schedule O contains	a respo	nse or note to an	y line in t	this Part VII				<u> </u>
						( <b>A)</b> revenue	(B) Related exemp function	ot on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1:	a Federated campaigns	1a				revenu	ie		312-314
nts Ints		<b>b</b> Membership dues	1b	123,536						
ira 10u		c Fundraising events	1c	· · ·						
S. ( An		<b>d</b> Related organizations	1d							
Siff Bar		e Government grants (contributions)	1e							
S.E		f All other contributions, gifts, grants,	16							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f	12,960						
造 축		g Noncash contributions included								
Contributions, Giffs, Grants and Other Similar Amounts		ın lınes 1a-1f \$								
<u>ة</u> ك	ַ_ר	n Total.Add lines 1a-1f		<u> </u>		136,496				
пe				Busines	s Code					
٧٠	_	PROGRAM FEES					40,096	140,096		
Service Revenue	b	DSG GRANT					88,323	88,323	3	
Z.	C	·								
3										
ran	e f	All other program service revenue								
Program		Total.Add lines 2a-2f		_	228,419					
_		Investment income (including dividence)		nterest and other	r					
	9	sımılar amounts)			<b>&gt;</b>	5				57
		Income from investment of tax-ex	-	•	<u> </u>		0			
	5	Royalties		(II) Personal	<u>▶ </u>		0			
	6a	Gross rents	"	(II) Personal	$\dashv$					
	Ŀ	Less rental expenses								
	•	Rental income or			_					
		(loss)  Net rental income or (loss)			4	1	0			
	Ì	(i) Securi	ties	(II) Other			-			
	7a	Gross amount from sales of assets other than inventory	cies -	(ii) otile.						
		Less cost or other basis and sales expenses								
		Gain or (loss)  Net gain or (loss)		•	$\dashv$	1	0			
Other Revenue		Gross income from fundraising ev (not including \$ contributions reported on line 1c) See Part IV, line 18	ents of	·	10					
}ev	ŀ	Less direct expenses	. а Ь	77,07 23,10						
er F		: Net income or (loss) from fundrai	L			53,96	3			53,963
Oth	9a	Gross income from gaming activit See Part IV, line 19	ies a l							
		Less direct expenses:	b	es •		!	0			
	10	aGross sales of inventory, less returns and allowances	a							
	ŀ	Less cost of goods sold	ь							
	(	Net income or (loss) from sales o	f invent			-	0			
	11	Miscellaneous Revenue		Business Code	4					
	ŀ	<b>,</b>		•						
	•									
	(	:					+			
	c	I All other revenue					1			
	6	e Total. Add lines 11a-11d		•			0			
	12	Protal revenue. See Instructions				418,93		228.419		F4.020
				-		418,93	اد	220,419		54,020 Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	140,620	140,620		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,000		6,000	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	0			
c Accounting	2,000		2,000	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	2,203		2,203	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	136,875	136,875		
<b>20</b> Interest	0	,		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	24,054	24,054		
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 )	2 1,00	21,001		
a DGN, DGE COSTS	32,402		32,402	
b GOVERNOR COSTS	27,058		27,058	
c EXCHANGE LOSS	5,774		5,774	
d BANK & MERCHANT FEES	2,583		2,583	
e All other expenses	2,912		2,912	
25 Total functional expenses. Add lines 1 through 24e	382,481	301,549	80,932	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

(A)

Beginning of year

196,131

51.562

6.674

4.567

258.934

112,069

112,069

109,288

37.577

146,865

258,934

1

2 3

4

5

6

8

9

10c

11

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Page **11** 

118,701

51.619

0

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0

0

0

0

0

0

0

0

0

834

834

141.030

43.736

184,766

185,600

Form **990** (2017)

185,600

15.280

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

Accounts receivable, net .

Part II of Schedule L . . .

Inventories for sale or use .

Less accumulated depreciation

Investments—publicly traded securities .

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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 . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Cash-non-interest-bearing .

Savings and temporary cash investments . . Pledges and grants receivable, net . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D

10a

10b

25 26

☐ Both consolidated and separate basis

2c

3a

3b

No

Form 990 (2017)

Separate basis

Audit Act and OMB Circular A-133?

Consolidated 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

### Additional Data

CLUBS AND ROTARY INTERNATIONAL

Software Version: 2017v2.2 **EIN:** 26-0588178

Name: ROTARY INTERNATIONAL DISTRICT 5050

**Software ID:** 17005038

Form 990 (2017) Form 990, Part III, Line 4a: THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE, SUPPORT, AND ENHANCE THE ROTARY CLUBS WITHIN DISTRICT 5050 AND SERVE AS A LIASON BETWEEN MEMBER

### Form 990, Part III, Line 4b: DISTRICT SIMPLIFIED GRANTS-DISTRICT GRANTS ENABLE CLUBS TO ADDRESS IMMEDIATE NEEDS IN THEIR COMMUNITIES AND ABROAD DISTRICTS MANAGE AND DISBURSE THESE FUNDS TO SUPPORT DISTRICT AND CLUB SPONSORED ACTIVITIES

Form 990, Part III, Line 4c: YOUTH PROGRAMS-ROTARY'S PROGRAMS FOR STUDENTS AND YOUTH CAN CHANGE THE LIVES OF THOSE WHO PARTICIPATE THROUGH THESE PROGRAMS, YOUNG PEOPLE CAN EARN SCHOLARSHIPS, TRAVEL ON CULTURAL EXCHANGES, OR HELP A COMMUNITY THROUGH A SERVICE PROJECT

SCHEDULE C

(Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

DLN: 93493078005289

Open to Public Inspection

www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ROTARY INTERNATIONAL DISTRICT 5050 26-0588178 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? ✓ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

	ee (PAC) If additional space is needed, p			io a separate segregatea
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

#### Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE F	State	ement of A	Activities (	Outside the Uni	ited St	tates	OMB No 1545-	0047
(Form 990)	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ► Attach to Form 990.							
Department of the Treasury nternal Revenue Service	► Informa	tion about Sched	ule F (Form 990)	and its instructions is at wi	vw.irs.gov/	form990.	Open to Pul Inspection	olic
Name of the organization						Employer ider	ntification numb	er
COTART INTERNATIONAL	DISTRICT 505	.0				26-0588178		
	<b>nformation</b> Part IV, line		Outside the U	<b>Jnited States.</b> Comple	ete if the	organızatıon a	inswered "Yes"	to
_		-		substantiate the amount	_			
to award the grar	_		e grants or assi	stance, and the selection	i criteria t	isea	☐ Yes [	_ N•
2 For grantmaker outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its	grants and ot	her assistance	
3 Activites per Regio	n (The followir	ng Part I, line 3 t	able can be dupl	cated if additional space is	s needed )			
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents and independent contractors in region		program spe	ity listed in (d) is a service, describe cific type of e(s) in region	(f) Total expend for and investr in region	nents
(1) VANCOUVER B C C	ANADA	1	0	SEE ATTACHED STATEMENT				
( 2)								
( 3)								
( 4)								
( 5)		1						

(1)				
( 2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

Schedule F (Form 990) 2017

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part III can be	duplicated if addition	<u>onal space is r</u>	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(4) (5) (6) (7) (8) (9) (10)

(11) (12)

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>✓</b> No
	Schedul	e F (Form 9	990) 2017

Schedule Fi	(Form 990) 2017	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

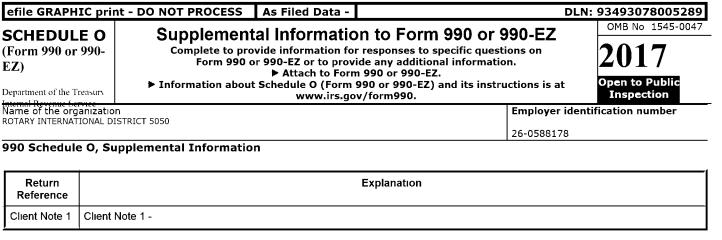
Schedule F (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493078005289 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization **ROTARY INTERNATIONAL DISTRICT 5050** 26-0588178 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ✓ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **GOLFUN** FOUNDATION (add col (a) through **DINNER** (total number) (event type) col (c)) (event type) Revenue 1 Gross receipts. 61,909 15,161 77,070 2 Less Contributions. 3 Gross income (line 1 minus 61,909 15,161 77,070 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 10,472 12,635 23,107 8 Entertainment **9** Other direct expenses **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 23,107 11 Net income summary Subtract line 10 from line 3, column (d) . . . . 53,963 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain \_

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entit	ΣY	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13	a		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
Ь		evenue received by the organization ► \$ a the third party ► \$	and the			
c	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$	······································				
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to	)	□Yes	Пио	
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or spities during the tax year <b>&gt;</b> \$	pent	63		
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017



Return Explanation

990 Schedule O, Supplemental Information

Reference	
Form 990,	AN ASSOCIATED CPA OF THE TREASURER REVIEWS THE 990 THE SIGNING OFFICER THEN LOOKS OVER THE 990
Part VI, Line	PRIOR TO SUBMISSION
11b Form	
990 Review	
Process	

Return Reference Explanation

Form 990, ALL POLICIES ARE ANNUALLY REVIEWED, DISCUSSED AND AMENDED (AS NECESSARY) BY THE BOARD

990 Schedule O, Supplemental Information

Part VI, Line		
12c		
Explanation		
of Monitoring		
and		
Enforcement		
of Conflicts		

990 Schedule O, Supplemental Information

Return Explanation

Peference

Reference	
	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST
19 Other	
Organization	
Documents	
Publicly	
Available	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493078005289 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ROTARY INTERNATIONAL DISTRICT 5050 26-0588178 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) Legal domicile (state **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (d) (e) Primary activity End-of-year assets Total income or foreign country) entity

Part III Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Complete if the organ	nization answered "	Yes" on Form 990,	Part IV, line 34 be	cause it had one or	more
(a)  Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?
(1)ROTARY INTERNATIONAL	TAKE ACTION ON WORLD'S	IL	501C4			Yes No
1560 SHERMAN AVE	PERSISTENT ISSUES	IL.	30104		N/A	l l No
EVANSTON, IL 60201 36-1707667					IV/A	

			1		1	1				ı .			
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	d, total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Т	(g)	(1	1)	Т	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal omicile or foreign untry)		entity (C	pe of entity corp, S corp, or trust)	Share of total income		e of end- year assets	of- Percel owne		(1	ction 51 3) contr entity
			unu y)									\	res
								+					
												$\top$	$\top$

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		T
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	а	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	b	No
	c	No
d Loans or loan guarantees to or for related organization(s)	d	No
e Loans or loan guarantees by related organization(s)	e	No
f Dividends from related organization(s)	.f	No
g Sale of assets to related organization(s)	g	No
h Purchase of assets from related organization(s)	h	No
i Exchange of assets with related organization(s)	.i	No
j Lease of facilities, equipment, or other assets to related organization(s)	.j	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g	$\Box$	No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	$\rightarrow$	No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
_	Charges of facilities arranged mariling light or other cases with valetad arranged (a)	1n	-	No

i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

I Exchange of assets with related organization(s)			•	+	NO	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No	
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No	
o Sharing of paid employees with related organization(s)				10	No	
p Reimbursement paid to related organization(s) for expenses				1p	No	
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No	
r Other transfer of cash or property to related organization(s)				1r	No	
f s Other transfer of cash or property from related organization(s)				1s	No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and trar	nsaction thresholds	•		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved			
	1					

Schedule R (Form 990) 2017

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

- See management of garileactors see and accords regarding exclusion													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017