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

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

_	mai Revenu		Go to www.irs.gov/rormsso for instructions and the latest in			inspection		
<u>A</u>	For the	2017 cale	ndar year, or tax year beginning July 1 , 2017, and ending	Jui	ne 30	, 20 18		
В	Check if a	applicable	C Name of organization. Rotary Club of Atlanta		D Employ	er identification number		
✓	Address of	change	Doing business as		58-0412250			
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	e	E Telephor	ne number		
	Initial retu	υm	40 Courtland Street, Loudermilk Conference Center			404-376-4684		
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amended	d return	Atlanta, GA 30303		<b>G</b> Gross re	ceipts \$ 532,528		
	Application	on pending	F Name and address of principal officer Linda Thomason Glass, Exec. Director	H(a) Is this a g	roup return for	subordinates <sup>9</sup> Yes No		
			40 Courtland Street, Atlanta, GA 30303	H(b) Are all	subordinates	s included? Yes No		
<u> </u>	Tax-exem	npt status	☐ 501(c)(3)	If "N	lo," attach a	list. (see instructions)		
J	Website:	: ► ww	v.atlantarotary.org	H(c) Group	exemption	number ▶		
K	Form of or	organization	✓ Corporation Trust Association Other ► \ L Year of formation	n 1905	M State	of legal domicile GA		
Р	art I	Summ	ary \		•			
	1		scribe the organization's mission or most significant activities. The Rot	ary Club of	Atlanta p	romotes the		
ě			nent of international understanding, goodwill and peace through a world fello					
AUActilyitijes/argovernance	1 :	nersons i	inited in the idea of service					
era	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of	more than	125% of	its net assets.		
<u>@</u>	3	Number o	of voting members of the governing body (Part VI, line 1a)	ED	3	25		
Ş	4		of independent voting members of the governing bo	U	1 4	25		
S.	5		nber of individuals employed in calendar year 2017 Part V, line 2a)	019 [8]	5			
Si	6	Total mum	about of well-untoons (actimate of massacram)	161	6	2		
رق	7a	Total unr	elated business revenue from Part VIII, column (C), une 12GDEN, U	بيناقذا	7a			
$\supset$	' a	Not uprol	ated business taxable income from Form 990-T, line 34	JT· · [·	7b	0		
		INEL UITIE	ated business taxable income from 1 offit 550-1, line 54	Prior Y		Current Year		
SCHAPPINED		Contribut	tions and grants (Part VIII, line 1h)					
19	8				276,385	272,865		
ie.	9	_	service revenue (Part VIII, line 2g)		265,976	251,190		
Be	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		243	208		
2	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• •	7,073	8,265		
	-'-		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		549,677	532,528		
	l l		nd similar amounts paid (Part IX, column (A), lines 1–3)		25,760	18,048		
			paid to or for members (Part IX, column (A), line 4)					
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		155,547	147,590		
Expenses	16a		enal fundraising fees (Part IX, column (A), line 11e)					
×	_b		draising expenses (Part IX, column (D), line 25)			<u></u>		
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		386,172	366,889		
	l l	-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		567,479	532,527		
		Revenue	less expenses. Subtract line 18 from line 12		(17,802)			
Net Assets or				eginning of C	urrent Year	End of Year		
sset	20		ets (Part X, line 16)		499,886	472,249		
P P	21		ılıties (Part X, lıne 26)		177,378	149,740		
			ts or fund balances. Subtract line 21 from line 20		322,508	322,509		
Р	art II	Signat	ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and statem			ny knowledge and belief, it is		
tru	ie, correct,	t, and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer	has any know	ledge. 			
			Tindo Thoman Des		5//	4/20/9		
Sig		Sign	ature of officer	/ D	ate			
He	ere		Cinda Thomasa Class Executive Direct	+•/				
		Туре	or print name and title					
Pa	nid ———	Print/Ty	pe preparer's name Preparer's signature Dat	<i>)</i>	Check	Z] if PTIN		
	eparei	James	Dykhouse Amer Dykhouse	5/14/19	self-emp			
	se Only	'		Fin	n's EIN ▶	•		
J	e Om	v ——	ddress ► 330 Amherst Ct., Atlanta, GA 30328		one no	770-393-1364		
Ma	y the IR	RS discus	s this return with the preparer shown above? (see instructions)					
		_						



		•	
Form	990	(201)	7)

		_
Pa	пe	2

Rart	
1	*Check if Schedule O contains a response or note to any line in this Part III
'	Encourage and foster the ideas of service as a basis of worthy enterprise.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
<b>3</b> -	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code <sup>-</sup> ) (Expenses \$ 18,048 including grants of \$ 18,048 ) (Revenue \$ )
40	Grants whose primary purpose is to develop, foster and promote civic responsibility of each of its members through projects and
	services that are designed to improve the general welfare of the community it serves.
4b	(Code:) (Expenses \$342,273 including grants of \$) (Revenue \$)
	Weekly luncheons and other member functions.
	K K
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······
	· · · · · · · · · · · · · · · · · · ·
44	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 360.321



Rart .	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		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		<b>V</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	·	1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>✓</b>	
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
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	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>V</b>
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		<b>v</b> ✓
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	10		

Fairt	Checklist of Required Schedules (Continued)			
00	Dut the annual state of a suppose beautel facilities 2 15 (Vac " complete Cabadula II	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		<b>√</b>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
22	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	21_		✓
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		<b>√</b>
b c	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		
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>√</b>
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		<b>√</b>
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		1
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? <i>If "Yes," complete Schedule L, Part III</i>	27		<b>✓</b>
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		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>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		<b>▼</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<b>√</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		<b>✓</b>
		1 00	_ <del>*</del>	<u> </u>

Form **990** (2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	*Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
	<b>&gt;-</b>		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	200 J	200 g
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	rin	
С	Did the organization comply with backup withholding rules for reportable payments to vendors reportable gaming (gambling) winnings to prize winners?	and 1c		T%, 14
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		P, / C* /	2967 74 °
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			200
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	? . <b>2b</b>	1 18 cli wetwell	36320-
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		ريار لا عني	Aller C
3a-		-3a-		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial		
	account)?	· · 4a	L	✓
b	If "Yes," enter the name of the foreign country ▶	77.5% 7.5%	<b>8</b> 2.00	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts	100	
	(FBAR).	\$4.00 M		30,00
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di	• 1		_ ا
b	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 contribution	<u>6a</u>	-	<b>✓</b>
U		·		
7	gifts were not tax deductible?	6b	etaliha	Pathe 14
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	goods	MARKAN TANK	
_	and services provided to the payor?	7a	1 4774	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>  •</b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		Q. Santa	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		2000	<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the 🍱	A plan	
_	sponsoring organization have excess business holdings at any time during the year?	8	late a se	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	. <u>9a</u>		ļ
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	<u>9b</u>	######################################	70t-18.69
10 a		90.000 90.000	27570 286 7	1
b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		20,40	9.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	41? <b>12a</b>	201004,3013	788208.020
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	in the same of the	<b>第</b> 次系	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	<b>大艺</b> 为	数位	
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		See	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a	<u> </u>	✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b	I	1

₽art				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	· ·		. 🗸
Secti	on A. Governing Body and Management		Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year  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.	5	Tes Tes	
b 2	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?	52-		
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
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		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		10 to 51 3 ;	
a	The governing body?	8a	1	
ь	Each committee with authority to act on behalf of the governing body?	8b	<b>/</b>	<u> </u>
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	<del></del>	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	,	<b>✓</b>
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	ļ <u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14		/
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15-		
b	Other officers or key employees of the organization	15a 15b	<b>V</b>	
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		<b>√</b>
Ь	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	7	
Secti	on C. Disclosure			L
17	List the states with which a copy of this Form 990 is required to be filed ▶ Georgia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 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	policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	Linda Thomason Glass 40 Courtland St. Atlanta. GA 20202: 404-276 4684		-	

orm	990	(2017)	

	_
Daga	7

Part VII	Compensation of Officers, Directors, 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 heither the organization hole	r any related	a orga	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.	
				(0	C)						
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated	
	hours per week (list any	office	er and	_	irect	or/trust		compensation from	compensation from related	amount of other	
	hours for	유료	Inst	Officer	<u>چ</u>	ᆵ	Former	the	organizations	compensation	
	related organizations	lrec vid.	₫	Cer	em	bloy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	below dotted	oral	ona		Key employee	<sup>8</sup> 2		(VV-2/1099-WIIGC)		organization and related	
	line)	Individual trustee or director	Institutional trustee		ee /	nper		1		organizations	
		ď	stee			Highest compensated employee					
			_			ä.					
(1) Linda Thomason Glass, Executive Director	40.										
(1) Linda Momason Glass, Executive Director	40+			1	1			100,000	o		
(2) See Statement 1	5							100,000			
		1		✓				0	0		_(
(3)	ļ							i			
(4)	-			<u> </u>		ļ					
(4)											
(5)							_				_
(6)											
(7)			<u> </u>								
(7)	<b></b>										
(8)						-				-	_
	<del> </del>							1			
(9)											_
<del></del>				<u></u>						<u> </u>	
(10)	<u> </u>										
(11)				-			_				
31.11	ļ										
(12)			-						-		_
(13)	ļ										
(4.A)			_					,		<u> </u>	
(14)	<b></b>									Ì	

₽art	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (cor	tınued)		
	•				•	C)							
	(A)	(B)	(do n	nt ch		ition	than c	nne	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportable		Estimated	
		hours per week (list any	<b>-</b>	er and		_	or/trust	·	compensation from	compensation fro related	m a	amount of other	
		hours for	Individual trustee or director	Inst	Officer	Key	Highest compensated employee	Former	the	organizations		mpensatio	n
		related organizations	irec	2	e	em	Joyest Joyest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC	,	from the	
		below dotted	or tal	onal		employee	# cg		(00-2/1099-10113C)			rganization ind related	
		line)	) ste	Institutional trustee		èe	nper				or	ganization	S
			%	stee			ısatı						
						_	- g	<u> </u>			$\bot$		
(15)			-		_			^			1		
(16)													
				_				-			<del></del>	_	
(17)		ļ						İ					
/4.D				<u> </u>									
(18)													
(4.0)											+	<del></del>	
(19)		ļ									1		
(00)				-							+		
(20)		<b></b>											
(21)				$\vdash$		-	<u> </u>				+		
121)													
(22)		-		$\vdash$	<u> </u>		<u> </u>				<del></del>		
\													
(23)	<del> </del>										+		
<u> </u>		<del> </del>											
(24)						_				<del>.</del>	+		
37.17													
(25)													
1b	Sub-total			•		<del></del>		<b>&gt;</b>	100,000		0	_	
С	Total from continuation sheets to Part	VII, Sectio	n A					▶				_	
d	Total (add lines 1b and 1c)							<b>&gt;</b>	100,000		0	_	
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,	000 of		
	reportable compensation from the organi								_0				
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	loyee, or high	est compensa	ıted 📕		
	employee on line 1a? If "Yes," complete S											3	✓_
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater that	an \$1	150,	000	11 11	f "Ye	s, "	complete Sch	edule J for s	uch		
_	ındıvıdual	•		٠.	•		•					<u> </u>	✓_
5	Did any person listed on line 1a receive o	or accrue co	ompe	nsat	tion	fror	n any	un.	related organiz	ation or individual	-		
	for services rendered to the organization'	r ir "Yes," c	ompi	ete	Scr	ieal	ile J t	or s	sucn person	· · · · ·	·	5	✓_
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep												
	year.	ort compe	risalic	או וונ	וו זכ	ie c	aleno	ar y	rear ending wit	n or within the	organiza	ation's ta	ıх
	(A)						-			<del></del>		······································	
	Name and business add	ress							(B) Description of s	ervices		(C) ensation	
None			-	-				-			· · · · · ·		
											<del></del>	<del></del>	
						-						<del></del> -	
					-			$\vdash$					
										<del>     </del>			
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens								^				

Par	t VIII	Statement of Reve	enue					<u>~</u> _
		Check if Schedule C	contains a resp	oonse or note t	o any line in this	s Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants Amounts	1a b	Federated campaigns Membership dues .	1b	272,865	Store in the reason consequences.		A TE	Tinfrica (n. 1707) distribuich Tink (n. 1707) distribuich (n. 1707) Tink (dans (n. 1707) distribuich (n. 1707)
Gifts, ılar Ar	d e	Fundraising events . Related organizations Government grants (con	s 1d		Aller State of State	The state of the s		
Contributions, Giff and Other Similar	f	All other contributions, g _and.similar.amounts not inc	lifts, grants, cluded above <b>1f</b>		tamanan manggara sakundu supubba senggara sase senggara sase	rtain (, ) phraic thirm and president	pouro di propini de la sesencia del sesencia del sesencia de la sesencia de la sesencia del sese	diminimasemmasammanimasi sah 1973-22 S. Sadamasi madamman
P D	g	Noncash contributions includ		<del></del>	in another a deposition of a constitution of a			addinated assessment of the second
	h	Total. Add lines 1a-1	T	Business Code	272,865			Control of the Contro
Service Revenue	2a b	Weekly luncheon meet Business Prayer Break		business odde	207,925 29,245	207,925		deficient de la constantina del constantina de la constantina del constantina de la
8	C	Holiday party income			14,020	1		<u> </u>
m Servic	d				14,020	14,020		
Program	f g	All other program ser Total. Add lines 2a-2	भ , ' ; , , , ,		251,190			
	3	Investment income and other similar amount income from investmen	ounts)	•	208			208
	5	<b>5</b>	(i) Real	(II) Personal			-	
	6a b c d 7a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or Gross amount from sales of	(loss) (l) Secunties	<b>&gt;</b>				
	b	assets other than inventory Less cost or other basis and sales expenses		_	Surface of defining			
	d	Gain or (loss) Net gain or (loss)		▶	The Committee Committee of the Committee Commi			
Other Revenue	8a	Gross income from fu events (not including \$				Mas Manufacture and the second	And Angeles (Angeles	
ther Re	,	of contributions reporte See Part IV, line 18	····a	•	ունան արագայուններությունին հայ Հայաստանական	giddianaga calang	ារ ប្រាសាទប្រជាជនជាក្នុងក្រៅប្រែក្រែបប្រែក ដូចជ្រើតប្រើក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រែក្រុមប្រ	անայրոնիկացությունների իրկինիներիներ (Ենում է Աներինինի անույն հայուրագույն և ՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀՀ
Ó	b	Less, direct expenses. Net income or (loss) f		events . ►				
		Gross income from ga See Part IV, line 19	aming activities.	events . P		11		
	b -c	Less direct expenses Net income or (loss) f	rom gamıng actı	vities . ▶		er og det en	The state of the s	ing a survival and the
,		Gross sales of in	es a					
	b c	Less. cost of goods s Net income or (loss) f	rom sales of inve					
	11a	Miscellaneous R		Business Code	8,265	8,265	antaga a a a a a a a a a a a a a a a a a a	
	b d	All other revenue .				-,300	,	
	e	Total. Add lines 11a-		<b>.</b>	8,265	To the state of th		Tradit Communication (Communication)

Form 990 (2017)
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
8b, 9t	of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,048	18,048		
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				
	Tindividuals: See Part IV, lines 15 and 16				John Both Sall Comment
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	100,000		100,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				-
, <b>7</b>	Other salaries and wages	25,431	·	25,431	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,000		3,000	
9	Other employee benefits	8,018		8,018	
10	Payroll taxes	11,141		11,141	
11	Fees for services (non-employees)				
· a b	Management				
C	Accounting	3,000		3,000	
d	Lobbying	. 3,000		3,000	·
e	Professional fundraising services See Part IV, line 17		7		'
f	Investment management fees		12 Mary Alban Carlotter Constitution of the Control	Second Transposition of the Control	,
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)			,	
12	Advertising and promotion	-	-		
13	Office expenses	6,457		6,457	
14	Information technology				
15	Royalties				
16	Occupancy	4,809	`	4,809	
17 18	Travel				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	264,933	264,933		
21	Payments to affiliates	64,547	64,547		
22	Depreciation, depletion, and amortization	<u>' 1,158</u>		1,158	
23	Insurance	1,532	LEGGE CONTRACTOR SPECIAL CONTRACTOR	1,532	no consession and a second of personal second
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	almana ja siin si ka ka ka	Aut 1		And the second s
	line 24e amount exceeds 10% of line 25, column	Alexandra (alexandra)			
	(A) amount, list line 24e exponses on Schedule O.)				
а	Supplies	6,585	205	6,380	E EL IL JONES HANGEL L'ANNUAGE CON LOS ESSE
b	Printing	12,588	· · · · · · · · · · · · · · · · · · ·		
C	Postage	1,280		1,280	
d					
e	All other expenses	,			
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	532,257	360,321	172,206	
<b>∠</b> 0	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)	,			

_: <u>P</u>	ar.t <sub>-</sub> X_				
		`Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	421,577	+	466,573
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	71,976	4	3,445
	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	2 C)
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	uko (samatagan) mangunan mendudi (bi yang adharan kata) (bi yang dapan) dapan dapan	977	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,943	9	THE T SHOULD THE CONTROL
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a . 26,09	9 10 10 10 10 10 10 10 10 10 10 10 10 10		
	b	Less accumulated depreciation 10b 23,86	3,390	10c	2,231
	11	Investments—publicly traded securities		11	<u></u>
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	499,886	16	472,249
	17	Accounts payable and accrued expenses	177,378	17	149,740
	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	Carlotte Control Control
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë.	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	177,378	26	149,740
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	1 A**	15	
an	27	Unrestricted net assets	322,508	27	322,509
Ba	28	Temporarily restricted net assets		28	` <u></u>
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ō		complete lines 30 through 34.	and the second of the second	Siring	Service and Servic
ets	30	Capital stock or trust principal, or current funds		30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χtΑ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	322,508		322,509
	34	Total liabilities and net assets/fund balances	499,886	34	472,249

Form	990	(2017)

Page **12** 

_Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		53	32,528
2	Total expenses (must equal Part IX, column (A), line 25)	2		53	32,527
3	Revenue less expenses. Subtract line 2 from line 1	3			1
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32	2,508
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		32	2,509
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<del></del>	ᆜ
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," ex Schedule O.	olaın ır	ī 🐉	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both	 piled o	<b>2a</b>		<b>√</b>
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	2b	<b>V</b>	
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	<b>V</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ir	1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a .		<b>√</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo the udits.	3b		
	3		Forr	n <b>990</b>	(2017)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

90,

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name o	f the organization		Employer identification number
Rotary	Club_of Atlanta		58-0412250
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	-	
5	Did the organization inform all donors and donor	r advisors in writing that the assets hi	eld in donor advised
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Part		· · · · · · · · · · · · · · · · · · ·	103   100
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	a certified historic structure
	Preservation of open space	Treservation of	a definied filstorie structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.	old a qualified correct vation contribute	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		<u> </u>
d	Number of conservation easements included in	` · ·	
u			
3	Number of conservation easements modified, tran		
•	tax year ►	sicired, released, extinguished, or terr	milated by the organization during the
4	Number of states where property subject to conse	envation easement is located	
5	Does the organization have a written policy re		nection handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
•	b	ming, rialitating of violations, and officing t	sonsolvation casements during the year
7	Amount of expenses incurred in monitoring, inspecting	no handling of violations, and enforcing	conservation easements during the year
-	<b>▶</b> \$	ng, manaming of violations, and officioling	oonservation basements daming the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easem-		
Part	III Organizations Maintaining Collection	s of Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide the following amounts relat	ting to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art	, historical treasures, or other similar	assets for financial dain provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	ems:
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of collection items (check all that apply)  a '□ Public exhibition	rits Part
collection items (check all that apply)  a ' Public exhibition	<b>No</b>
a ' □ Public exhibition	<u>No</u> 
b ☐ Scholarly research c ☐ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ N	<u>No</u> 
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? YesN</li> </ul>	<u>No</u> 
XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes	<u>No</u> 
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	- <del>-</del> -
	- <del>-</del> -
Part IV Escrow and Custodial Arrangements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form-990, Part X, line 21.	No 
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	_
c Beginning balance	
d Additions during the year	
e Distributions during the year	—
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   Yes	—–
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	••
Part V Endowment Funds.	—
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ck
1a Beginning of year balance	
<b>b</b> Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment > %	
b Permanent endowment >%	
c Temporarily restricted endowment ► %  The percentages on lines 3s, 3h, and 3s should equal 1999/	
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the	
	— 10
(i) unrelated organizations	<u>.                                    </u>
(ii) related organizations	—
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	<u>.                                    </u>
Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (d) Book value	
1a Land	
b Buildings	
c Leasehold improvements	
	231
e Other	<del></del>

Part VII	Investments—Other Securities.			, ago C
	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11b. See Form 9	90, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation -year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				•
(C)				
(D)		•••		
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				<u> </u>
(G)				
(H)	15 000 D 1V 1 (D) 1 (A) N		No. 100 Carlo State Control Control	Factor 100 Aldren . 33 51 6 5645 75
	b) must equal Form 990, Part X, col (B) line 12)		5362Y926362465	
Part VIII	Investments—Program Related.	n Form 000 Bort IV lin	0 110 Coo Form 0	00 Bort V line 12
	Complete if the organization answered "Yes" o	(b) Book value		d of valuation
	(a) Description of investment	(b) Book value	, , ,	year market value
(1)				·
(2)				
(3)				
(4)				٤,
(5)				^*
(6)		,		खान स्ट्रीय
_(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶		er a William Traditional a constant	AND SAND OF THE SECOND OF THE SECOND
Part IX	Other Assets.		and and desirable to the second	
FaitiA	Complete if the organization answered "Yes" o	n Form 990 Part IV lin	a 11d Saa Form 0	00 Part V line 15
	(a) Description	11 1 OTT 350, 1 art 10, III	e rid. See i Oilli s	(b) Book value
(1)				(1) - 0011 1010
(2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				,
(5)		-		
(6)				
(7)				
(8)				<u></u>
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15)	<del> </del>	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered "Yes" o	n Form 990, Part IV, Im	e 11e or 11f. See F	Form 990, Part X,
1.	line 25.  (a) Description of liability (b) Book (c)	value	DV, residente al Million de la Marca de Conse	PARTA SERVICE TO SERVICE SERVI
(1) Federal in		····· · · · · · · · · · · · · · · · ·	gan anna ( a. fa. a ro-annagan dan annagan annagan a	ragionaleteralitymitalityseeriseeris engalamissa kale
(2)		1275/48/79/16/03/03/88/940 97:34 66/03	Programme and the contract of	
(3)			i Parilan († 1241 ingle hollohiger manneliker († 1	
(4)			7/3/Min 1803/04/20 19/	
(5)				
(6)				
(7)				
(8)			overhoone promotypological and a second	
(9)			Madamar miningalang til	Annual Maria Ma
	b) must equal Form 990, Part X, col (B) line 25 ) ▶			and the state of t
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	n's financial statement	s that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740	)). Check here if the text of the	he footnote has been j	provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		e per Return	•
1	Total revenue, gains, and other support per audited financial statements		14	500 500
	*Amounts included on line 1 but not on Form 990, Part VIII, line 12.		· ·	532,528
a a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	532,528
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			332,320
	Investment expenses not included on Form 990, Part VIII, line 7b	-4a-		
ь	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		. 5	532,528
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents With Expen	ses per Retu	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements		1	532,527
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	532,527
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	+		<b>v</b> t
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	A 4.4.4			
_	Add lines <b>4a</b> and <b>4b</b>			
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir			· 532,527
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines III) Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 11.	ne 18.)	and 2b; Part V,	line 4; Part X, line

Schecüle D (Fo	orm 990) 2017			Page <b>5</b>
Part XIII	Supplemental Information (continued)			
	•	<b>(</b> 6.	•	
		<u></u>		
	-	**************************************	<b>⊕</b> ъ	
			<b>4</b> 1.	
		••••••••••••		
		•••••	***************************************	
<del></del>				
			,	
				••••
		•	रू र	
	<u>.</u>			
	··			
			,	
	•	••••••		
	•			
		•		

## SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

Employer identification number

Rotary Club of Atlanta	58-0412250
•	
Form 990, Part VI, Section B, Line 11a:	
The Club's Form 990 is prepared by the organization's CPA. It is then reviewed by the Club's treasurer	and finance committee. The
executive director signs the return.	
Farm 200 Part VII Contrar D. Live 40	•
Form 990, Part VI, Section B, Line 12c;	
The Club's board of directors and its executive director sign the conflict of interest statement annually	y
	······································
Form 990, Part VI, Section C,Line 19:	
The Club makes its governing documents and Form 990 available to the general public upon request.	<u> </u>
	·
	•••••
·	<del></del>
<del>-</del>	
	·
	••••••
•	