Department of the Treasury

Internal Revenue Service

EXTENDED TO MAY 15, 2019 2949308262007

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public! ◀ Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

4	A F	orthe	2017 calendar year, or tax year beginning JUL 1, 2017 and ending	<u>JUN 30, 2018</u>	
Ī	3 C	heżk if opilcable	C Name of organization	D Employer identifi	cation number
	x	Addres	ROTARY INTERNATIONAL DISTRICT 6960, INC.		
		Name change		59-2	346262
		Instial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
	匸	Final return/	27152 EDENBRIDGE CT		272-4712
		term:n- ated		G Gross receipts \$	475,620.
		Amend	BONITA SPRINGS, FE 34133	H(a) Is this a group re	eturn
		Application	F Name and address of principal officer BARBARA BIRD	for subordinates	o? ☐ Yes 🗶 No
_		pendin	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
-			mpt status 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or		list (see instructions)
۔ ما	<u>J V</u>	<u>Vebsit</u>	www.ROTARYDISTRICT6960.ORG	H(c) Group exemption	
$\langle \alpha $		orm of I rt I		ear of formation: 195/[I	VI State of legal domicile, FL
JΥ	Га		Summary Briefly describe the organization's mission or most significant activities: PROMOTE S	SOCIAL WELFAR	
	e S	1	Briefly describe the organization's mission or most significant activities.	DOCIAL WELLAK	<u> </u>
	Governance	2	Check this box If the organization discontinued its operations or disposed of me	ore than 25% of its net as	sets
	Ş	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
		5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
2019	Activities		Total number of volunteers (estimate if necessary)	6	100
	Act		Total unrelated business revenue from Part VIII, column (C), line 12	7 <u>a</u>	0.
20 -		b	Net unrelated business taxable income from Form 990-T, line 34	7b Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	302,996.	345,701.
۲ ۲	eune		Program service revenue (Part VIII, line 2g)	116,128.	129,808.
•	e e		investment income (Part VIII, column (A), lines 3, 4, and 7d)	135.	111.
]	Rev		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	419,259.	475,620.
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	156,036.	186,908.
}			Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
•	es	15	Salaries, other compensation, employee benefits (Part IX, column (A) lines 5 19)	0.	0.
	ens		Professional fundraising fees (Part IX, column (A), line 11e) RECEIVED	0.	0.
_	Exp		Total fundraising expenses (Part IX, column (D), line 25)	262,041.	202 242
2019			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,041. 2 418,077.	283,242. 470,150.
2				1,182.	5,470.
·	58		Revenue less expenses Subtract line 18 from line 12 OGDEN, U	Baginning of Current Year	End of Year
¥	ets c	20	Total assets (Part X, line 16)	150,280.	155,750.
MAK	Assets d Baland	21	Total liabilities (Part X, line 26)	0.	0.
\mathbf{x}	到		Net assets or fund balances Subtract line 21 from line 20	150,280.	155,750.
o l	Pa	rt II	Signature Block		
			ties of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
, <u>t</u>	гие,	correc	t, and complete. Deplaration of preparar (other thap office) is based on all information of which prepa	rer has any knowledge.	1/1/2
J			Signature of officer	Date	//19
•	Sigr		HENRY BIRD, DISTRICT TREASURER	Duic /	
!!	Here	е	Type or print name and title	·	
·			Print/Type preparer's name Preparer's signalufe	Date/ / Check	PTIN
ı	aid		JACK C. POHLMAN, CPA	2/20/19 if self-emplo	P00647510
		arer	Firm's name WILTSHIRE WHITLEY RICHARDSON ENGLISH		65-0129793
	-	Only	Firm's address 5249 SUMMERLIN COMMONS BLVD STE 100		,
_			FORT MYERS, FL 33907	Phone no. (2	39)334-9191
Ī	May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No
7	3200	11-28	LHA For Paperwork Reduction Act Notice, see the separate instructions.	111 つ	1 Form 990 (2017)

	990 (2017) ROTARY INTERNATIONAL DISTRICT 6960, INC. 59-2346262 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROMOTE SOCIAL WELFARE
	PROMOTE SOCIAL WEBFARE
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.
3	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 (Code) (Expenses \$ 175,318 • including grants of \$) (Revenue \$)
4a	(Code) (Expenses \$175,318. including grants of \$175,318.) (Revenue \$) ROTARY DISTRICT & GLOBAL GRANTS - ROTARY INTERNATIONAL RETURNS A)
	PORTION OF FUNDS SENT TO THE ROTARY FOUNDATION FOR OUR DISTRICT TO USE
	FOR LOCAL CHARITABLE PROJECTS. THIS INCLUDES FOOD FOR THE NEEDY,
	DICTIONARIES, SCHOOL SUPPLIES AND COMMUNITY HEALTH CARE. STUDENT
	PROGRAMS - THE DISTRICT SUPPORTS FOREIGN EXCHANGE STUDENTS AND A HIGH
	SCHOOL STUDENT LEADERSHIP LEADERSHIP FORUM. SPECIAL PROGRAMS - THE
	DISTRICT THROUGH MEMBER DONATIONS PROVIDES GRANTS TO PROVIDE FOOD AND
	WHEELCHAIRS TO THE NEEDY AND TO ASSIST SCHOOLS WITH ADDITIONAL
	EDUCATIONAL SUPPORT EQUIPMENT.
	(Code) (Expenses \$ 207,990 · including grants of \$) (Revenue \$ 129,808 ·)
4b	(Code) (Expenses \$ 207,990. including grants of \$) (Revenue \$ 129,808.) THE DISTRICT CONDUCTS FORUMS, SEMINARS, ASSEMBLIES AND DISTRICT
	CONFERENCES TO TRAIN CLUB MEMBERS, ELECTED CLUB OFFICERS, AND DISTRICT
	OFFICERS IN THE PROPER PERFORMANCE OF THEIR DUTIES IN THEIR SPECIFIC
	OFFICES TO INCLUDE RUNNING THEIR CLUBS, COORDINATION OF LOCAL
	HUMANITARIAN PROJECTS, AND THE SUPPORT OF ROTARY INTERNATIONAL AND THE
	ROTARY FOUNDATION IN THEIR WORLD WIDE PROJECTS.
	(Code) (Expenses \$ 50,959 • including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
	AND THE DISTRICT GOVERNOR-NOMINEE FOR ACTUAL OUT-OF-POCKET EXPENSES
	INCURRED TO PERFORM THEIR DUTIES IN MANAGING THE DISTRICT. THESE
	EXPENSES INCLUDE TRAVEL TO REQUIRED ROTARY INTERNATIONAL CONFERENCES
	AND ZONE MEETINGS, TRAVEL TO EACH CLUB IN THE DISTRICT, AND OFFICE
	SUPPLY EXPENSES.
4d	
	(Expenses \$ 17,619. including grants of \$ 11,590.) (Revenue \$) Total program service expenses \$ 451,886.
<u>4e</u>	Total program service expenses ► 451,886.

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	ff "Yes," complete Schedule A	_1_	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	:	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	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		х
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	1		
Ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
15	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	'-10		<u> </u>
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17	<u> </u>	Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
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,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			32
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 00		x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 900 filers are required to complete Schedule O	38	Х	

Form 990 (2017) ROTARY INTERNATIONAL DISTRICT 6960, INC. 59-2346262 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
		•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0	-1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	lb 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	rtable gamıng	<u></u>		
	(gambling) winnings to prize winners?		1c	L	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		l		
	filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns)	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	nonty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X
þ	If "Yes," enter the name of the foreign country.		į	í l	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Access	ounts (FBAR).	L		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b	ļ	_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the control of the control o	rganization solicit	1		
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a	\vdash	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the fire form appears.	equirea	_ _		х
	to file Form 8282?	!	7c		
d		'd	7.	\vdash	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatio		7g 7h		
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		711		
G	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	, tile	8		
9	Sponsoring organizations maintaining donor advised funds.		۳		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
	n	0a			
	·	0b	1		
11	Section 501(c)(12) organizations. Enter		1	1	'
а	Gross income from members or shareholders	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a		
		2b			
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	Enter the amount of reserves the organization is required to maintain by the states in which the				ļ
	organization is licensed to issue qualified health plans	3b			İ
С	Enter the amount of reserves on hand	3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	· · · · · · · · · · · · · · · · · · ·	14b	لـــا	
			Farm	990	(2017)

<u> </u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			NO I	espon	se.
	•	066 111	ou acaons.			X
800	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	······		Δ
Sec	tion A. Governing Body and Management				Tv	I No
	The state of the s	ا	I	5	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	l		-	1	
ь	Enter the number of voting members included in line 1a, above, who are independent	_1b_		5	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	<u> </u>	 	77
	officer, director, trustee, or key employee?			2	 	X
3	Did the organization delegate control over management duties customanly performed by or under the	dırec	supervision			٠,,
	of officers, directors, or trustees, or key employees to a management company or other person?			3	 	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	┼	X
6	Did the organization have members or stockholders?			6	├	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b	├	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:	<u> </u>	 	<u> </u>
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?		•	8b	X	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9	<u> </u>	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		1	т
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	+	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	ļ		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	/ befo	e filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				 -	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	+	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	↓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "!	'es," a	escnbe			İ
	ın Schedule O how this was done			120	X	ļ
13	Did the organization have a written whistleblower policy?			13	-	X
14	Did the organization have a written document retention and destruction policy?			14	X	_
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				.	ļ
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	ļ	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				}	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith a		_	
	taxable entity during the year?			16a	1_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıoı	ı's	<u> </u>	<u> </u>	ļ
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶FL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Sect	on 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	d finan	cıal	
	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 box	oks an	d records			
	HENRY BIRD - 239-272-4712					
	27152 EDENBRIDGE CT, BONITA SPRINGS, FL 34135					

 $\Delta \Delta \Delta$	(2017)	

ROTARY INTERNATIONAL DISTRICT 6960, INC.

59-2346262

Pane **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key 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 `

X Check this box if neither the organization	nor any related				nper	sat		irector, or trustee		
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average) (do	not c	Pos	itior more	l than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s bott	n an	compensation	compensation	amount of
	week	\vdash	l a	luau	Tecic	17005	_	from	from related	other
	(list any	recto	1					the	organizations	compensation
	hours for related	5	_ <u>s</u>]]	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	1 trus		99	E E		(44-27 1033-141130)	<u>}</u>	and related
•	below	la i	trona	_	l du	st co	<u> </u>		Ì	organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA BIRD	30.00	_								
DISTRICT GOVERNOR		X	1	X				0.	0.	0.
(2) SANDRA HEMSTEAD	10.00							<u> </u>		
DISTRICT GOVERNOR-ELECT		X		X		1		0.	0.	0.
(3) RICHARD KIRSCHNER	5.00									
DISTRICT GOVERNOR-NOMINEE		X	ĺ	X	ĺ	ĺ		0.	0.	0.
(4) LOUIS AURICCHIO	1.00									
SECRETARY		X		X				0.	0.	0.
(5) HENRY BIRD	20.00				ĺ					
TREASURER		X		X				0.	0.	0.
							L			
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		<u> </u>	_	<u> </u>	<u> </u>	_	<u> </u>			
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Form 990 (2017) ROTARY II									<u> </u>	346	262	[*] Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee		ī			
(A)	(B)			-	C)			(D)	(E)			(F)	
, Name and title	Average	(do		Pos		i than c	one	Reportable	Reportable			tımate	
·	hours per	box	unles	ss pe	rson i	s both	n an	compensation	compensatio			ount	of
	week	-	Jer all	lo a u	Tecto	17003	100,	from	from related			other	
	(list any hours for	ecto						the	organizations (W-2/1099-MIS			oensa	
	related	o d	tee			sated		organization (W-2/1099-MISC)	(44-271099-14113) 		om the anızatı	
	organizations	ruste	1 trus		9	mpen		(10 27 1033 101100)			-	relat	
	below	dualt	rtrona	_	l old m	stco	 =					nızatı	
_)	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Form			}			
		1								-			
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1b Sub-total	1			•		•	<u> </u>	0.		0.	_		0.
c Total from continuation sheets to Part V	II. Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)							•	0.		0.			0.
Total number of individuals (including but r	not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	;			
compensation from the organization						•			•				0
												Yes	No
3 Did the organization list any former officer	. director, or tr	uste	e. ke	ev er	nplo	vee.	orl	highest compensated e	mployee on			ï	
line 1a? If "Yes," complete Schedule J for s				•	•	•					3		Х
4 For any individual listed on line 1a, is the si		le co	mpe	ensa	ation	and	i oth	ner compensation from t	he organization				
and related organizations greater than \$15									Ū		4		Х
5 Did any person listed on line 1a receive or									dual for services				
rendered to the organization? If "Yes." con											5		X
Section B. Independent Contractors													-
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than	\$100,000 of comp	ensa	tion fro	m	
the organization Report compensation for													
(A)								(B)			(C	;)	
Name and business	address	N	INC	E			ŀ	Description of	services	С	omper		n
							- 1						
.'													
	- <u>-</u> -												
										_			
							Ì						
2 Total number of independent contractors (ıncludina biit n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organ						0		,					
- January Constitution of the Constitution of		-									Form	990 (2017)

Statement of Revenue

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Total revenue Unrelated exempt function business revenue revenue ributions, Gifts, Grants Cther Similar Amounts 1 a Federated campaigns 1b 138,190. **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 207,511. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 345,701. Total. Add lines 1a-1f Business Code 900099 129,808. 129,808. 2 a REGISTRATION FEES Program Service Revenue f All other program service revenue 129,808 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 111 111 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ____ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 475,620. 129,808. 0. Total revenue See instructions.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
_	Check if Schedule O contains a respon-	se or note to any line in t	(B)	(C)	<u> </u>
	nbt include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	180,408.	180,408.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	<u>6,500.</u>	6,500.		
3	Grants and other assistance to foreign			-	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	<u> </u>			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		,		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				··· <u>·</u>
11	Fees for services (non-employees).				
а	Management				
b	*				
c	Accounting	1,800.		1,800.	
d	· · · · · · · · · · · · · · · · · · ·	,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				-
13	Office expenses	10,928.		10,928.	
14	Information technology	5,332.		5,332.	
15	Royalties				
16	Occupancy				
17	Travel	-			
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings	207,990.	207,990.		
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,172.	6,029.	143.	
24	Other expenses, Itomize expenses not covered	,			•
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			Į	
	amount, list line 24e expenses on Schedule 0.)				
а	GOVERNOR'S SUPPORT	50,959.	50,959.		
b	FL ANNUAL REPORT	61.		61.	<u> </u>
С					
d					
е	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	470,150.	451,886.	18,264.	0.
26	Joint costs. Complete this line only if the organization		ĺ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 29,547. 11,739. 1 Cash - non-interest-bearing 135,091. 125,203. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c 10b b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets <u>3,450.</u> 1,000. 15 15 Other assets See Part IV, line 11 155,750 150,280. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25_ Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 152,750. 144,280. 27 27 Unrestricted net assets 6,000. 3,000. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 150,280. 155,750. 33 33 Total net assets or fund balances 155,750. 150,280.

Form **990** (2017)

34

Total liabilities and net assets/fund balances

	1990 (2017) ROTARY INTERNATIONAL DISTRICT 6960, INC.	<u>59-2346</u>	<u> 262</u>	Pag	_{qe} 12
Pa	rt 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	47	5,6	<u> 20.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	
3	* Revenue less expenses Subtract line 2 from line 1	3		5,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 150</u>),2	80.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) ´	10	155	5,7	<u>50.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	٥.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.		} }		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,]]		
	consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				. 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Form	
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OMB No 1545-0047	2017	Open to Public	Inspection

Employer identification number

Name	Name of the organization	Employer identification number
	ROTARY INTERNATIONAL DISTRICT 6960, INC.	59-2346262
Par	Part I General Information on Grants and Assistance	
-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	X Yes No
^	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Part I Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, respectance of grant valuation (book, respectance of grant valuation (book)
--	---

recipient that received more than \$5,000 Part II can be duplicated	5,000 Part II can	be duplicated if additic	if additional space is needed	ğ			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							PURCHASE DICTIONARIES TO
ROTARY CLUB OF FT MYERS TRUST FUND							GIVE TO 3RD GRADERS IN
2101 MCGREGOR BLVD #102							PUBLIC SCHOOLS, JOSH THE
FORT MYERS, FL 33901	30-6254864	501(C)(3)	21,772.	.0			OTTER WATER SAFETY
							MEALS FOR HOMELESS
ROTARY CLUB OF BRADENTON							CHILDREN AND PURCHASE
PO BOX 1117							DICTIONARIES TO GIVE TO
BRADENTON, FL 34206	59-6138574	501(C)(4)	5,014.	0			3RD GRADERS IN PUBLIC
							PROVIDE DICTIONARIES TO
ROTARY CLUB OF NAPLES				-			THIRD GRADERS IN PUBLIC
PO BOX 812							SCHOOL, MEALS OF HOPE
NAPLES, FL 34106	27-1405132 501(C)(4)	501(C)(4)	9,570.	0.			FOOD PACKING, AND HINCHE
ALL FAITHS FOOD BANK							
8171 BLAIKIE CT							
SARASOTA, FL 34240	65-0115814	501(C)(3)	40,000.	0.			FOOD PANTRY TRUCK
MEALS OF HOPE							
2221 CORPORATION BLVD							MEALS OF HOPE FOOD
NAPLES, FL 34109	27-0268307 501(C)(3)	501(C)(3)	6,932.	0.			PACKING PROGRAM
							ROVIDE DICTIONARIES TO
ROTARY CLUB OF ENGLEWOOD, LEMONBAY							THIRD GRADERS IN PUBLIC
PO BOX 897							SCHOOL, MEALS OF HOPE
ENGLEWOOD, FL 34295	59-3165457 501(C)(4)	501(C)(4)	5,177.	.0			FOOD PACKING, BUILD A
		14 - 17 - 4 - 17 4	1 h. c. 4 4 c. b. c.				4

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

59-2346262 Page 1	
rm 990) ROTARY INTERNATIONAL DISTRICT 6960, INC.	tinuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Schedule I (Form 990) ROTARY INTERNATIONAL DISTR	TERNATIONA	AL DISTRICT rernments and Organ	6960, INC. izations in the Unite	ted States (Sche	ICT 6960, INC. Organizations in the United States (Schedule I (Form 990), Part II)		59-2346262 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF FORT MYERS SUNRISE 15750 NEW HAMPSHIRE CT STE C FORT MYERS, FL 33908	36-3981036	501(C)(4)	14,000.	.0			CREATE A COMMUNITY GARDEN IN PINE MANOR AND PRCVIDE WHEELCHAIRS IN MEXICO.
.l ~ ≈ ≲l	65-1028203	501(C)(4)	6,324.	0			PURCHASE DICTIONARIES TO'GIVE TO 3RD GRADERS IN PUBLIC SCHOOLS AND FUND OOSH THE OTTER WATER
ROTARY CLUB OF SARASOTA PO BOX 2766 SARASOTA, FL 34230	59-6153264	501(C)(4)	5,000.	0			FUND FOOD FOR SCHOOL PANTRIES AND A VENTED STOVE PROJECT,
ROTARY CLUB OF SARASOTA SUNRISE PO BOX 595 SARASOTA, FL 34230	59-2089501	501(C)(4)	8,105.	0			PURCHASE DICTIONARIES TO GIVE TO 3RD GRADERS IN PUBLIC SCHOOLS AND FUND JOSH THE OTTER WATER
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201	36-3245072	501(C)(3)	5,090.	0.			END POLIO
							-
							Schedule I (Form 990)

Schedule I (Form 990) (2017) (f) Description of noncash assistance REIMBURSABLE COSTS ASSOCIATED ADMINISTRATIVE FEES AND WITH FIELD TRIPS. (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed 3RD TREE FUND OL AND GRANT OR ASSISTANCE: MEALS FOR HOMELESS CHILDREN AND BOOK FT MYERS TRUST GRANT OR ASSISTANCE: PURCHASE DICTIONARIES TO GIVE (d) Amount of non-cash assistance 。 SAFETY PROGRAM, PURCHASE DICTIONARIES TO GIVE TO 3RD GRADERS IN PUBLIC SCHOOLS GOVERNMENT: ROTARY CLUB OF BRADENTON 6,500, (c) Amount of cash grant GOVERNMENT: ROTARY CLUB OF THE OTTER WATER (b) Number of recipients JOSH PUBLIC SCHOOLS (a) Type of grant or assistance COLUMN ORGANIZATION OR ORGANIZATION OR FLORIDA YOUTH EXCHANGE PROGRAM LINE 1, (H) PURPOSE OF Schedule I (Form 990) (2017) (H) PURPOSE OF Z PLANTING PART II, NAME OF NAME OF GRADERS 732102 11-01-17 Part III

Page 2

59-2346262

ROTARY INTERNATIONAL DISTRICT 6960

Schedule I (Form 990) ROTARY INTERNATIONAL DISTRICT 6960, INC. 59-2346262 Page 2 Part V Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: ROTARY CLUB OF NAPLES
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE DICTIONARIES TO THIRD
GRADERS IN PUBLIC SCHOOL, MEALS OF HOPE FOOD PACKING, AND HINCHE SURGICAL
PROJECT.
NAME OF ORGANIZATION OR GOVERNMENT: ROTARY CLUB OF ENGLEWOOD, LEMONBAY
(H) PURPOSE OF GRANT OR ASSISTANCE: ROVIDE DICTIONARIES TO THIRD GRADERS
IN PUBLIC SCHOOL, MEALS OF HOPE FOOD PACKING, BUILD A PLAYGROUND AND FUND
A RESCUE TUBE PROGRAM.
NAME OF ORGANIZATION OR GOVERNMENT: ROTARY CLUB OF MURDOCK
(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE DICTIONARIES TO GIVE TO 3RD
GRADERS IN PUBLIC SCHOOLS AND FUND JOSH THE OTTER WATER SAFETY PROGRAM.
NAME OF ORGANIZATION OR GOVERNMENT: ROTARY CLUB OF SARASOTA SUNRISE
(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE DICTIONARIES TO GIVE TO 3RD
GRADERS IN PUBLIC SCHOOLS AND FUND JOSH THE OTTER WATER SAFETY PROGRAM.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 59-2346262 ROTARY INTERNATIONAL DISTRICT 6960, INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: A GRANT WAS GIVEN TO THE ROTARY INTERNATIONAL FOUNDATION. THE ROTARY YOUTH EXCHANGE PROGRAM HAD GRANTS PAID OF \$6,500 AND OTHER PROGRAM EXPENSES. EXPENSES \$ 17,619. INCLUDING GRANTS OF \$ 11,590. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE DISTRICT TREASURER AND THEN A DRAFT IS EMAILED TO THE GOVERNORS PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY STATES THAT THE GOVERNONRS MUST DISCLOSE CONFLICTS OF INTEREST AT MEETINGS AND ARE EXCLUDED FROM DISCUSSIONS AND VOTES RELATING TO THE ISSUES WHERE A CONFICT EXISTS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.