Department of the Treasury Internal Revenue Service

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

2018 Open to Public Inspection

A	For the	e 2018 c	alendar year, or tax year beginning	07/01/18 , and endin	g 06/30/	19		
В_	Check if ap		C Name of organization				D Employe	r identification number
	Address cl	``	ROTARY I	INTERNATIONAL 7430	DISTRICT	ĺ		
ᆿ		-	Doing business as		·· <del></del> -		36-3	986051
ᆜ	Name cha	inge	Number and street (or P O box if mail is not del	ivered to street address)		Room/suite	E Telephon	ne number
	Initial retur	m	444 MAIN STREET				<u>610-</u>	<u>691-0113</u>
	Final return terminated		City or town, state or province, country, and ZIP	ľ				
ヿ			BETHLEHEM	PA 18018			G Gross rec	eipts \$ 217,743
닠	Amended (	return	F Name and address of principal officer		<del></del>			
	Application	n pending	HERB KLOTZ			H(a) Is this a grou	ip return for s	ubordinates? Yes No
					_	H(b) Are all subo	rdinates incl	uded? Yes No
					al	If "No,"	attach a list	(see instructions)
ı	Tax-exem	not status	501(c)(3) <b>X</b> 501(c) ( <b>4</b> )	◀ (insert no ) 4947(a)(1) or	527	7		
J	Website		WW.ROTARYDISTRICT74			H(c) Group exem	ntion numbe	er 🕨
<u></u>	Form of or		X Corporation Trust Association			Year of formation		M State of legal domicile
	art I		ımmary					
			escribe the organization's mission or mo	est significant activities	(			
a	] ' -	•	ATIONS OF ROTARY DISTRI	•	•			
ũ	İ							
L								
ve	1 2 0	Shook the	is box if the organization disconti	anned its operations or dispose	d of mare than 21	EO/ of its not see	-4-	
ŏ	ı				u of more than 2:	on or its net asse		5
∞් ග	1		of voting members of the governing bod	• •			3	5
ij	1		of independent voting members of the g		)		4	
Activities & Governance	1		nber of individuals employed in calenda				5	0
¥			nber of volunteers (estimate if necessar				6	0
			elated business revenue from Part VIII,		763		7a	0
	b N	let unrel	ated business taxable income from For	[4/]	<u> </u>	Dula v Va	7b	0
		`	considerable (Dest VIII, top. 4h)	APR 0 6 2020	191	Prior Year		Current Year
Ę.			ions and grants (Part VIII, line 1h)	] [ ]	<u>%</u>	100	,960	217,640
Revenue	9 P	rogram	service revenue (Part VIII, line 2g)	GODEN LIT	<b></b>		76	103
Rec	10 Ir	ivesime	nt income (Part VIII, column (A), lines 3	s, a and sols letter	====d -		- / 6	
,	1		renue (Part VIII, column (A), lines 5, 6d,		<u>,,                                   </u>	300	,036	217,743
<u>`</u>			enue – add lines 8 through 11 (must eq		2)	200	,036	
Ź			nd similar amounts paid (Part IX, colum	` '-	-	<del></del>		0
•	1		paid to or for members (Part IX, column	, ,,	40)			0
xbeuses	1		other compensation, employee benefits		<sup>10)</sup>			0
ĕ	i		nal fundraising fees (Part IX, column (A	**	o t			
Ä			draising expenses (Part IX, column (D),	·	· · · · · ·	104	,266	220 701
_			penses (Part IX, column (A), lines 11a-				,266	229,701 229,701
	J	•	enses Add lines 13–17 (must equal Pa				,770	
- v		evenue	less expenses Subtract line 18 from lin	ne 12	<del></del>	Beginning of Curre		-11,958 End of Year
Net Assets or Fund Balances	20 ⊤	otal asse	ets (Part X, line 16)		ŀ		,672	129,714
Assi Bal	21 T		lities (Part X, line 26)				70,2	
E E	22 N		is or fund balances Subtract line 21 fro	m line 20	ŀ	141	,672	129,714
_	art II		gnature Block	III iiile 20			, U . <u>L</u>	123,711
			perjury, I declare that I have examined this re	aturn including accompanying sch	edules and stateme	ents and to the hea	t of my kn	owledge and belief it is
			omplete Declaration of preparer (other than					owledge and belief, it is
		<b>N.</b> /	Thomas P Hantally	<del>-</del>			<u> </u>	3/21/2020
Sig	ın ĺ	Si	gnature of officer	<del></del>			Date	<u>-121/2020</u>
lei			TOM HARTZELL		TREAS	URER		
	-	TV	ype or pnnt name and title					<del></del>
			preparer's name	Preparer's signature	11/11	Date	Check	I PTIN
aic		-	A. PALMER	/3,	Malm		20 self-em	□"  <b>\</b>
	,,,,, l	Firm's nam	DILGIDIA TIATAN	XY & COMPANY, P.	.C.	1	n's EIN 🕨	23-2426656
-	Only	rinus nam	444 MAIN STRE		· · · · · · · · · · · · · · · · · · ·	FIR	II S EIN F	23 2-20030
	<b>'</b> ]	Firm's add					200 00	610-691-0113
lav			s this return with the preparer shown ab			1 200	one no	Yes No.
_			ction Act Notice, see the separate instruc					Form 990 (2018)

Form 990 (2018) ROTARY INTERNATIONAL 7430 DISTRICT 36-3986051	Page 2
Part III Statement of Program Service Accomplishments	€7
Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission OPERATIONS OF ROTARY DISTRICT CLUBS	
OPERATIONS OF ROTART DISTRICT CHOBS	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
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?	Yes X No
If "Yes," describe these changes on Schedule O	b
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
the total expenses, and revenue, if any, for each program service reported.	11.51
the total expenses, and total est, in any, for each program out too reported.	
4a (Code ) (Expenses \$ 181,950 including grants of \$ ) (Revenue	\$
DISTRICT ADMINISTRATION AND OPERATIONS INCLUDING EXPENSES TO	ASSIST MEMBER
CLUBS IN ACHIEVING OVERALL GOALS OF ROTARY FOR THE PROGRAM YE	AR AND THE
ANNUAL CONFERENCE	
4b (Code. ) (Expenses \$ 18,335 including grants of \$ ) (Revenue 5	
SUPPORT TO DISTRICT ROTARY FOUNDATION ACTIVITIES INCLUDING OP	
DISTRICT -WIDE YOUTH ACTIVITIES TO PROMOTE WORLD PEACE AND UN	DERSTANDING.
4c (Code ) (Expenses \$ 26,870 including grants of \$ ) (Revenue S	<u> </u>
4c (Code ) (Expenses \$ 26,870 including grants of \$ ) (Revenue SPECIAL ACTIVITIES FOR YOUTH PROGRAMS AND GROUP STUDY EXCHANG	
PROMOTE PEACE AND UNDERSTANDING.	
	,
4d Other program services (Describe in Schedule O )	
(Expenses \$ 2,546 including grants of \$ ) (Revenue \$	
4e Total program service expenses ► 229,701	
	- 000

Page 3





P	art IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		x
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		_ <u>^</u>
Ü	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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>		$\neg \neg$	<u> </u>
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			<del></del>
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ĺ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	j	j	ĺ
	complete Schedule D, Part VI	11a	[	X
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	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	ĺ	X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		j	!
	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		İ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ĺ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
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			77
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	<u>X</u>

_ P	art IV Checklist of Required Schedules (continued)			r——
22	Did the expension result may then \$5,000 of arrate as other acceptance to or for demands individuals on		Yes	No
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			ł
	employees? If "Yes," complete Schedule J	23		x
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
ь	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?			ĺ
	If "Yes," complete Schedule L, Part I	25b		X
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		_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		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1 1	ĺ	
	Schedule L, Part IV	28b	<b></b> -∤	X
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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			77
	complete Schedule N, Part II	32	$\longrightarrow$	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_	-	37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	04		v
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b	l	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
50	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	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	$\rightarrow$	
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>  "  </del>	$\neg \neg$	<u></u>
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		L	
~ **	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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u>x</u>
		Forn	n <mark>990</mark>	(2018)

Po	ert V Statements Regarding Other IRS Fillings and Tax Compilance (Condition	<u>ueu)</u>	T <sub>V</sub> = 0	No
_	The state of the s		Yes	No
_ 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	. 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	E	-	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3:		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		<del>'  </del>	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			x
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l account)?	<del>'  </del>	
b	If "Yes," enter the name of the foreign country	1 (FDAD)		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	1 _	.	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5:		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 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?	50	+	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6	.	x
	organization solicit any contributions that were not tax deductible as charitable contributions?	<del></del> -	<b>'</b>	<del></del>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	61		
_	gifts were not tax deductible?	0	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	nonds		
а	and services provided to the payor?	900ds 7	.	1
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71		<u> </u>
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del></del>		
·	required to file Form 8282?	70	.	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		, ]	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		,	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9:	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	<u> </u>	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		a	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	├
а	Is the organization licensed to issue qualified health plans in more than one state?	13	a	-
_	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	1401		
	the organization is licensed to issue qualified health plans	13b		
С	Enter the amount of reserves on hand	13c   14		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<del></del>	+-	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		+	<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or	.	x
	excess parachute payment(s) during the year?	<u> </u>	+	<del>  **</del>
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	tincome?	,	х
16	If "Yes," complete Form 4720, Schedule O	The state of the s		<del></del> -
	ii i day sampioto i ann 1120, danodulo a		orm 99	0 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

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

Sec	etion A. Governing Body and Management					
	No. 77. Ooverning Dody and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		1	1
	If there are material differences in voting rights among members of the governing body, or			$\neg$		
	If the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		$\neg$		
	any other officer, director, trustee, or key employee?			2	]	x
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	1	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		х
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 appoint			<u> </u>		
	one or more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			'-		<del></del>
-	stockholders, 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	hy th	e followr			<del></del>
а	The governing body?	Dy ti	C IOIIOVVII	'9 8a	x	Ī
b	Each committee with authority to act on behalf of the governing body?			8b	X	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			100	<del></del> -	$\vdash$
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	ļ	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Intern	al R	evenue		L	
000	to I B. I Oncies (This occion B requests information about policies net required by the intern	27 7 1	2001140	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	ne fo	m?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10101	•••	110		
12a				12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	0 00	oflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.0 001	illiots.	125	<b></b>	
·	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	<del>                                     </del>	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 approval by			1-7		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		$\mathbf{x}_{-}$
b	Other officers or key employees of the organization			15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	with a taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				16b		
500	organization's exempt status with respect to such arrangements?					
_						
17 19	and the states with which a copy of this round to be mad p	or F	)1(c)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sect	on 5	) I(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply					
40	Own website Another's website Upon request Other (explain in Schedule O)	m = 1!				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	polic	y, and			
20	financial statements available to the public during the tax year					
20 mr	State the name, address, and telephone number of the person who possesses the organization's books and records	· •				
	E ORGANIZATION 444 MAIN STREET THLEHEM PA 18018		e	10-69	1 _ ^	112
בם	THLEHEM PA 18018		O	エローロヨ	エーロ	x + 2

Form 990 (2018) ROTARY INTERNATIONAL 7430 DISTRICT 36-3986051

Page 7 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**21033-14130)	organization and related organizations
(1) CINDY HORNAMAN								-		
	2.00									
PAST DISTR GOVERNOR	0.00	ļ	ļ	X				0	0	0
(2) HERB KLOTZ						i l				
	2.00			.,				0	o	0
DISTRICT GOVERNOR	0.00	┼	-	X		╁┈┤				0
(3) JANET KOLEPP	2.00									
DIGED COMEDUAD ELECT	0.00		1	x				0	0	0
DISTR GOVERNOR ELECT (4) LINDA YOUNG	0.00		├─	^		-				
(4) LINDA TOONG	2.00									
SECRETARY	0.00			x				0	o	0
(5) TOM HARTZELL	0.00					Н				
(3) 1011 11111111111	2.00									
TREASURER	0.00			X				l o	0	0
(6)										
(7)										
(8)										
(9)										
(10)				<u> </u>						
(10)										
(11)									,	
DAA				<u> </u>						Form <b>990</b> (2018)

P	art VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	• (A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than one of the than of the the than of the than of the than of the than of the than of the the than of the the than of the theorem.	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimate amount other compensation	of ation	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relations or and relations or and relations or an incomplete from the organizations of the organizations or an incomplete from the organizations of the	tion ted	
							:							
												<u>-</u>		_
	·····													
1b c d	Sub-total  Total from continuation she  Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A	١			<b>&gt;</b>						
2	Total number of individuals (in reportable compensation from	icluding but not li the organization	mite	d to 0	thos	e lis	ted a	bove	e) who received more than	\$100,000 of			Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	" complete Sched	lule	J for	suci	h ind	lıvidu	al				3	103	X
5	organization and related organ individual Did any person listed on line 1	nizations greater a receive or acc	than	\$15 comp	0,00 ens:	i0? <i>l</i> a	f "Ye ı fron	s," c n an	complete Schedule J for suc y unrelated organization or	ch		4		<u>x</u>
Sect	for services rendered to the or tion B. Independent Contracto	ors										5		X
1	Complete this table for your fix compensation from the organi	zation Report co							lar year ending with or with	in the organization's tax ye	ar		(0)	
	Name and	(A) business address							Descript	(B) ion of services		Com	(C) pensatio	n
				_							-			
2	Total number of independent of received more than \$100,000	contractors (inclu	dıng fron	but the	not I orga	ımıte anıza	ed to	thos	se listed above) who	0				
DAA												Form	990	(2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) (C) Unrelated exempt excluded from tax function under sections 512-514 revenue 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn Code 69,760 69,760 MEMBERSHIP DUES 2a 58,575 58,575 b REGISTRATION FEES 34,580 34,580 TUITIONS 14,430 14,430 CLUB INBOUND HOSTING FEE 12,000 12,000 OUTBOUND FEE 28,295 28,295 f All other program service revenue 217,640 g Total. Add lines 2a-2f Investment income (including dividends, interest, 103 103 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ii) Personal (i) Real 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) Þ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b b Less direct expenses c Net income or (loss) from fundraising events  $\blacktriangleright$ 9a Gross income from gaming activities See Part IV, line 19 b b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 11a b All other revenue Total. Add lines 11a-11d 217,743 217,743 0 0

Total revenue. See instructions

Page **10** 

Sect	ion 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a resp			nplete column (A)	X
Dc =		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 1	Grants and other assistance to domestic organizations			30 0	3,000
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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			<del>-</del>	-
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management		-		
b	Legal				
С	Accounting				
d	, •				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
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			<del></del>	
13	Office expenses	2,546	2,546		
14	Information technology	2,340	2,340		
15	Royalties				
16	Occupancy Travel				
17 18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			<u></u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	TOTAL DISTRICT CONFERENCE	59,775	59,775		
b	PRIOR YEAR TRANSFER	43,045	43,045		
С	TOTAL YOUTH EXCHNGE PROGR	26,870	26,870		
d	PRES. ELECT TRAIN, ASSEMB	19,651	19,651		
е	All other expenses	77,814	77,814		
25	Total functional expenses Add lines 1 through 24e	229,701	229,701	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign <u>and</u>				
	fundraising solicitation Check here ▶ If				
DAA	following SOP 98-2 (ASC 958-720)	<u> </u>			Form <b>990</b> (2018)
					10111 000 (2010)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 141,672 129,714 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 129,714 141,672 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 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 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 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 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 141,672 129,714 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 129,714 141,672 33 Total net assets or fund balances 129,714 141,672 Total liabilities and net assets/fund balances

Forr	n 990 (2018) ROTARY INTERNATIONAL 7430 DISTRICT 36-3986051			Pa	ge <b>12</b>
Pa	art 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		17,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2:	29,	<u>701</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>11, </u>	<u>958</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	41,	<u>672</u>
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	1:	<u>29, '</u>	<u>714</u>
Pŧ	art 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 O				
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		<u> </u>
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	i	
	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				
	Schedule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			F	<b>9</b> 90	(2019)

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.

2018

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL 7430 DISTRICT

Employer identification number

36-3986051

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

DISTRICT AMDINISTRATIVE EXPENSE FOR PUBLICATION TO KEEP MEMBERS INFORMED

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

TO	T/PROG SERVICE	MGT	& GENERAL	FUNI	ORAISING			
TOTAL CAMP NEIDIG								
\$	18,335	\$	0	\$	0			
DISTRICT PROGR	AMS AND ACT							
\$	12,816	\$	0	\$	0			
DISTRICT CONFE	RENCE							
\$	9,925	\$	0	\$	0			
ZONE INSTITUTE	TRAINING							
\$	9,022	\$	0	\$	0			
ADMIN. EXPENSE								
\$	5,712	\$	0	\$	0			
INTERNATIONAL	CONVENTION							
\$	3,800	\$	0	\$	0			
ASST. GOVERNOR	EXP.							

Schedule O (Porm 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number ROTARY INTERNATIONAL 7430 DISTRICT 36-3986051 0 \$ 3,000 \$ \$ 0 DIST. GOV PERSONAL REIMBU \$ \$ 0 \$ 2,803 0 ROTARY LEADERSHIP INST EX 2,750 \$ 0 \$ 0 DIST. GOVERNOR ELECT EXP \$ 2,259 0 \$ 0 DIST. CONFERENCE & COMM \$ 1,500 0 0 DGN PERSONAL REIMNURSEMEN \$ 1,399 0 \$ 0 OTHER DISTRICT ADMIN EXP 1,003 \$ 0 \$ 0 MEMBERSHIP DEVELOPMENT 960 0 NEWSLETTER 876 \$ 0 \$ 0 CLUB EXTENSION \$ 0 \$ 0 534 FOUNDATION WORKSHOP 518 0 \$ 0 PINS, BANNERS, MISC. \$ 435 \$ 0 \$ 0 **INSURANCE** \$ 167 \$ 0 \$ 0 TOTAL \$ 77,814 \$ 0 \$ 0 PAGE 1 OF 1