Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(t) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public,
Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 2016

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A	For th	e 2016 caler	idar year, or to		inning Jul			and endin			1000		caum.	
В		applicable;				RICT 6860	, 2010,	and elimit	y Jun	30 In Emplo	varidan	, 2017		·····
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	Fina	al returniterminated				or foreign postal code				(25	6) 5	93-5105	<u> </u>	
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	1ef		1			E HUNTSVILI	F3 75 7F	,					Yes	X No
ī	Tax-e	xempl status	501(c)(3)	X 501(c) (umer bend briv 4) ⁴ (in		E AL 7(a)(1) or	35802	Il 'No,	subordinales allech a list. (uncauded Usni ses	ructions)	Yes	No
J			tary6860,		4) (11)	Sertro.) 1494	/(a)(1) or	1102/						
K		of organization:	X Corporation	Trust	Association	Other *	1,	······································		exemption no				
		Summai	V (21) Conporation	1 11050 1	Association 1	Tomer.	I. Ye	ear of formation	: 1945	9 M:	state of t	egal domicite:	AL	
la men	1 1 E	Briefly descrit	te the organiza	tion's missis	on or many and	ficant activities:	~ * * *	~						
d.	t .	SUPPORT	AND ASSIS	TONO MISSIC	PO TOCKT	OTTAN DV CTIII	AN_	INTERNAT	LONAL SI	ERVICE O	RGANI	ZATION TO	PRO	AIDE -
ĕ	SUPPORT AND ASSISTANCE TO LOCAL ROTARY CLUBS WITHIN A SPECIFIC GEOGRAPHICAL AREA													<u>}</u>
E	-			* *** **** *** ***	* **** **** **** **** ****			,						,
Activities & Governance	2 6	Check this bo	x F if the	organizatio	n discontinued	its operations or		of more th	an 28% o	file net a				
Ġ	3 1	Vumber of vo	ling members o	of the govern	ning body (Part	VI. line (a)					3			19
y:	4 1	Number of Inc	lependent votir	ig members	of the governing	ig body (Part VI.	line 1b) .				4			19
/#ie	5 T	Fotal number	of individuals e	mployed in	calendar year :	2016 (Part V. line	2a)				5			0
ਬੁ	6 1	ı otal number	of volunteers (estimate if n	ecessary)			* * * * *			6			0
*CC		oral unrelate	d business revi	enue from P	art VIII, columi	(C), line 12			× * * * *		7a		2	263.
	D 1	vet unrelated	business taxat	ole income li	rom Form 990-	T, line 34	* * * 1 2		* * * * *		7b			0.
		- Lancana							P	rior Year		Currer	it Yoa	r
9	8 C	contributions	and grants (Pa	rt VIII, line 1	ih)		* * * * *			204,4	85.	2	00,7	734.
Revenue	10 1	rugiani selvi	ce revenue (Pa	iri VIII, line :	29)	* * * * * * * * *	* * * * * *,	, * * * * *		43,9	90.		25,9	991.
Re	11 C	Ther revenue	One (Part VIII)	, column (A)	i, lines 3, 4, and	17d) 10c, and 11e) .	• • • • •	* * * * *		·**	72.		1	138.
	12 T	otal revenue	e and lines 8	inin (A), inte Ibranab 44 /	es o, ou, oc, sc,	t VIII, column (A)					0.			?63.
	13 G	Grants and sig	nilar amounte	aid (Dad IV	most equal Par	nes 1-3)	, iine 12)	* * * * *		248,5	47.	2	27,1	<u> 126.</u>
	14 B	enefils noid	n or for mambe	re (Dot IV	ontine (A), III	e 4)	* * * * *	* * * * *	<u> </u>	***********				
1	15 S	Calariae niha	compossolios	and that IV'	column (A), iii	84) · · · · · ·	* * 1 1 .	* * * * *						
Expenses	46 ~ 0	rafan-inunt	compensation	, employee	peneitts (Part i	X, column (A), lin	es 5-10)							
8	mar	roiessional fi	ındraising tees	(Part IX, co	ilumn (A), line 1	1e)				····				
81					mn (D), line 25			0.						
_	17 0	Other expense	is (Part IX, colu	ımn (A), line	ıs 11a-11d, 11f	-24e)		* * * * *		253,2	01.	2	11,0	120
ı	18 T	otal expense	s. Add lines 13	-17 (must ed	qual Part IX, co	lumn (A), line 25)		* * * * *		253,2		······	$\frac{11}{11,0}$	************
	19 R	levenue less	expenses, Sub	tract line 18	from line 12 .	4 2 4 4 2 4 2 5			Marie Communication of the Com	-4,6	*****	***************************************	16,1	
Not Assots or Fund Balances						A A A A A A A A A A A A A A A A A A A			Beginnin	g of Curren		End o		*******
2000	20 T	otal assets (F	Parl X, line 16)	* * * * * *		* * * * * * * * *				160,1		***************************************	73,2	***************************************
A P	21 To	otal liabilities	(Part X, line 26	3)	* * * * * * * * * *	* * * * * * *			***************************************	3,0		***************************************		0.
	22 N	et assels or i	und balances.	Subtract line	e 21 from line 2	0	, , , , ,	* * + * *		157,1	22	1 '	73,2	***************************************
Pa	rt II	Signatur	e Block		the state of the s	9614-yakin 1971-yakin 1971-yakin 1971-yakin 1971-yakin 1971-yakin 1971-yakin 1971-yakin 1971-yakin 1971-yakin 1	***************************************		***************************************				, 2, 2.	. / 🛶
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	,014, 1750/4	nation prepare	tomer than ourcely	ased on all	information of which	preparer has any kno	wledge.			3	J	,,,	-	
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	parer	Firm's name	MERCEI	R & ASSO	OCTATES,	PC		· · · · · · · · · · · · · · · · · · ·	7				A	
JSE	Only	201 WITHIAMS AVENUE SUITE 280						Firm's EIN ► 63-0812228				}		
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lay	the IRS	discuss this	return with the	preparer sh	own above? (s	ee instructions) .			* * * * ;			X Yes		No
BAA	For Pa	aperwork Re	duction Act N	otice, see t	he separate in	structions.		TEEAO	101 11/16/	16		Form		

			TIVICI 000			***************************************	03-0	113910	U	aye z
Par				Accomplishment						Γ
1		cribe the organization		e or note to any line in	tnis Part III					
	-	-		ANIZATION TO E	DDOMEDE					
				CAL ROTARY CLU			C CECCDAI			
	5011011		TICE 10 TIC	CAL NOTALL CH	7D2	A DEFOTET	C GEOGRAL	LICAL	_AKEA_	
2	Did the org	anization undertake a	anv significant p	rogram services during	the vear which	were not listed or	the prior			
								П	Yes X	No
		cribe these new serv							[23]	
3				significant changes in	how it conducts	s, any program ser	vices?		Yes X	No
		cribe these changes								
4	Section 501	e organization's prog (c)(3) and 501(c)(4) e, if any, for each pro	organizations a	complishments for each re required to report the eported.	of its three large amount of gra	gest program servi nts and allocations	ces, as measu s to others, the	ired by ex total exp	rpenses. enses,	
4 a	(Code:) (Expenses	\$ \$ 21	0,872. including g	rants of \$	210,872	.) (Revenue	\$	101,0	23.)
	PROVIDE	E GRANTS TO I	OCAL ROTA	RY CLUBS FOR C	CIVIC AND			CTS.	<u> </u>	,
,										
				Annual Control of the			····			
4 b	(Code:) (Expenses	\$	including g	rants of \$) (Revenue	\$)
4 c	(Code:) (Expenses	\$	including g	rants of $\$$		_) (Revenue	\$)
<i>ا</i> ء ۾	Other pres	om convices (Desc-1-	o in Cahadula (2.)						
4 U		am services (Describ		· ·) /D			,	
40	(Expenses	\$ am service expenses		ding grants of \$ 210,872.) (Revenue	;)	
- U	. July progra	ooi vioo ovheiises	-	ZIU,0/Z.						

Part 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 candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
C	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	11 c		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	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		Χ
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
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 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
BAA	TFFA0103 11/16/16	Eorm	000 /	2016)

Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H Χ 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Χ 21 22 Χ 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 23 Χ 24 a 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 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Χ 25b 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? Χ 26 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 Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Χ 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 Χ Χ 35a b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Χ 38

BAA

63-0759180

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			. П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2 a	0		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			Λ
b If 'Yes,' has It filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		 	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<u>5 c</u>		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	' ' '		
Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			13000 T
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		2.57	
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	13/00/00 (COMP 1	155500 JC20-10
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 organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		L

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	X

Sec	tion A. Governing Body and Management				7	
		, ,		Visconomics.	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	1:	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad					
	authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	19	ə 📗		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation					
-	officer, director, trustee, or key employee?			. 2	100-2004-0200	Χ
3	Did the organization delegate control over management duties customarily performed by or under					
3	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?					X
5	Did the organization become aware during the year of a significant diversion of the organization's					X
6	Did the organization have members or stockholders?			6	X	
7 a	$_{f l}$ Did the organization have members, stockholders, or other persons who had the power to elect or					
	members of the governing body?			7 a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	stockholders, or persons other than the governing body?			7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	en duri	ing the year by			
	the following:					
а	The governing body?			8 a	X	
b	Each committee with authority to act on behalf of the governing body?			. 8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be					
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O					X
Sec	tion B. Policies (This Section B requests information about policies not require	ed by	the Internal Reve	nue C	ode.)	L
					Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?			10 a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, an					
	operations are consistent with the organization's exempt purposes?					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm? .	• • • • • • • • • •	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12 a	Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>			. 12 a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the to conflicts?			12 b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes.'	describe in			
	Schedule O how this was done					
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 appro		y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15 a		Χ
b	Other officers or key employees of the organization			15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).					
16 =	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	gemer	nt with a			
.08	taxable entity during the year?	_		16 a		Χ
ŀ	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalu	late its		11.75	61000000	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard	I the			
	organization's exempt status with respect to such arrangements?			16 b		
	tion C. Disclosure		,			
17						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 for public inspection. Indicate how you made these available. Check all that apply.	90-T (S	Section 501(c)(3)s only	availa	ble	
		ner <i>(ex</i>	plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	licy, and	d financial statements availa	ole to		
20	the public during the tax year.	hack-	and records			
20	State the name, address, and telephone number of the person who possesses the organization's) F C '	C = 1	4 C D C
		<u>L</u>	35802 (2		651-4 1 990 (2	
BAA	TEEA0106 11/16/16					711761

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

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

- 1 a 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 r				(C)						
(A) Name and Title	(B) Average hours per	thar	one both	do no box, i	ot che unles:	ck mor s perso and a ee)	re on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week	or director	Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUE MITCHELL	20.00									
DISTRICT GOVERNOR		Х		Χ						
(2) MARY GRACE EVANS	2.00									
SECRETARY		X		Χ						
_(3) RONNIE SMALLWOOD	2.00									
DISTRICT TREASURER		X		X						
(4) CAROL AROG DISTRICT GOVERNOR		Х		Х						
		X		Х						
(6) BONNIE RICHARDS ASST GOVERNOR COORDINATOR	2.00	Х								1
(7) BRANDON PRICE	2.00									
ASST GOVERNOR		X	,							
(8) GENE PFIEFFER ASST GOVERNOR	2.00	Х						,		
(9) BETH WHEELING DEAN ASST GOVERNOR	2.00	Х								
(10) HAROLD LEWIS ASST GOVERNOR	2.00	Х								_
(11) KAREN BALWIN ASST GOVERNOR	2.00	Х							-	
(12) WILBUR MASTERS ASST GOVERNOR	2.00	Х								
(13) TOMMIE GOGGANS III ASST GOVERNOR	2.00	Х								
(14) TOM LAFON ASST GOVERNOR	2.00	Х								

Form 990 (2016) ROTARY DISTRICT 6860								V	63-07591	80 Page 8
Part VII Section A. Officers, Directors, Tru	1	Key	En			es, a	anc	d Highest Com	pensated Em	ployees (continued)
(A) Name and title	Average hours per week	box	, unle	heck ss pe nd a c	ition more rson i directo	than or	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) LARRY SPARKS ASST GOVERNOR	2.00	X				О.				
(16) SUSAN CAPLES ASST GOVERNOR	2.00	X								
(17) MIKE WADE ASST GOVERNOR	2.00	X								
ASST GOVERNOR ASST GOVERNOR	2.00	X								
(19) DANNY COONER ASST GOVERNOR (20)	2.00	X								
(21)										
(22)										
(23)										
(24)									e in the second	
(25)										
1 b Sub-total	on A					!	•			
2 Total number of individuals (including but not limited from the organization ►							ive	d more than \$100,0	000 of reportable o	compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										Yes No X
4 For any individual listed on line 1a, is the sum of reputhe organization and related organizations greater to such individual	han \$150,	000?	If 'Y	es,'	com	plete	Sci	hèdule J for		4 X
5 Did any person listed on line 1a receive or accrue c for services rendered to the organization? If 'Yes,' c	ompensat	ion fr	om a	any i	unre	lated	org	anization or individ	lual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Report compe	ed indepe nsation fo	nden r the	t cor	ntrac ndai	tors	that ar enc	rece ling	eived more than \$1 with or within the	100,000 of organization's tax	year.
(A) Name and business address								(B) Description o	f services	(C) Compensation
	L.A.	-:-	4- **							
2 Total number of independent contractors (including \$100,000 of compensation from the organization	>	nited				ed abo	ove)) who received mo	re than	Form 990 (2016)

Form 990 (2016) ROTARY DISTRICT 6860 Part VIII Statement of Revenue

Total revenue			Check if Schedule O contains a	respor	nse or note to any li	ne in this Part VIII .			
Business Code Business Code							Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Business Code Business Code	ts	1 a	Federated campaigns	1 a		a programme de la companya de la co	1945 (1945)		
Business Code Business Code	ran	1	· -	1 b	86 375				
Business Code Business Code	G E	c	Fundraising events	1 c	00/0/0:				
Business Code Business Code	ifts ir A	ı	_	1 d					
Business Code Business Code	n, G	ı	-	1 e				1.3	100000000000000000000000000000000000000
Business Code Business Code	Sis		•						
Business Code Business Code	t i	ſ	All other contributions, gifts, grants, and similar amounts not included above.	1 f	114 600		100		
Business Code Business Code	걸		L. L		114,022.			Landson St. Landson	
Business Code Business Code	E E	_				200 007			
3 Investment income (including dividends, interest and other similar amounts) 138. 138. 0. 0.	<u></u>					200,997.			
3 Investment income (including dividends, interest and other similar amounts) 138. 138. 0. 0.	n Service Reven			 		(2000)	retter til frinskrivet frederiket beståt	Annia (1906年) 2000年 (1906年)	
3 Investment income (including dividends, interest and other similar amounts) 138. 138. 0. 0.	Ta	f	All other program convice revenue			05.001	05.004		
3 Investment income (including dividends, interest and other similar amounts) 138. 138. 0. 0.	ဦ			L			25 , 991.	0.	0.
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscollinaccus Revenue Business Code 11a b C Odd Inter revenue e Total. Add lines 11a-11d	<u> </u>					25,991.			
Income from investment of tax-exempt bond proceeds .		3	other similar amounts)	ends,	interest and	120	120		
For a Gross rents () () Personal (b) Personal (b) Personal (c) Less: rental expenses (c) Rental income or (loss) (c) A Common (cos) (c) (c) Common (c) (c) Common (c		4	•			130.	130.	<u>U.</u>	0.
1 1 1 2 2 2 2 2 2 2					•				
b Less: rental expenses c Rental income or (loss). d Net rental income or (loss). 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). d Net gain or (loss). 6 A Gross income from fundraising events (not including). S of contributions reported on line 1c). See Part IV, line 18. a 42,512. c Net income or (loss) from fundraising events. See Part IV, line 19. a b Less: direct expenses b 42,512. c Net income or (loss) from gaming activities. See Part IV, line 19. a b Less: direct expenses b c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscollaneous Revenue Business Code 11 a b c c All other revenue. e Total. Add lines 11a-11d									
b Less: rental expenses c Rental income or (loss). d Net rental income or (loss). 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). d Net gain or (loss). 6 A Gross income from fundraising events (not including). S of contributions reported on line 1c). See Part IV, line 18. a 42,512. c Net income or (loss) from fundraising events. See Part IV, line 19. a b Less: direct expenses b 42,512. c Net income or (loss) from gaming activities. See Part IV, line 19. a b Less: direct expenses b c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscollaneous Revenue Business Code 11 a b c c All other revenue. e Total. Add lines 11a-11d		6 a	Gross rents						
C Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 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) from fundraising events d Net gain or (loss) from gaming activities. 9 a Gross income from gaming activities. See Part IV, line 19 d D D D D D D D D D D D D D D D D D D									
d Net rental income or (loss) 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) for contributions reported on line 1c). See Part IV, line 18. a 42,512. b Less: direct expenses b 42,512. c Net income or (loss) from fundraising events no less: direct expenses b c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c C d All other revenue. e Total. Add lines 11a-11d					-	1008 3508 1008			
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses									
Page 25 of the than inventory be Less: cost or other basis and sales expenses			/i) Coour						
b Less: cost or other basis and sales expenses		/ a	Gross amount from sales of						Control of the Contro
and sales expenses									
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including\$ of contributions reported on line 1c). See Part IV, line 18 a 42,512. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	:	b	Less: cost or other basis and sales expenses						
d Net gain or (loss). 8 a Gross income from fundraising events (not including\$ of contributions reported on line 1c). See Part IV, line 18. b Less: direct expenses . b 42,512. c Net income or (loss) from fundraising events		c			 				
8 a Gross income from fundraising events (not including. \$\frac{5}{5}\$ of contributions reported on line 1c). See Part IV, line 18. b Less: direct expenses c Net income or (loss) from fundraising events see Part IV, line 19. a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19. a b Less: direct expenses b c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d			` ′		<u> </u>				
(not including\$ of contributions reported on line 1c). See Part IV, line 18			,						
of contributions reported on line 1c). See Part IV, line 18		8 а		nts					and the second
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities	je je			·					
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities	Re		· · · · · · · · · · · · · · · · · · ·		10 510				
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities	ē	h			12/012.				
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities	돗								
b Less: direct expenses b c Net income or (loss) from gaming activities)		Gross income from gaming activitie	·S.				U.	
c Net income or (loss) from gaming activities		h							
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory									
and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11 a b					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory > Miscellaneous Revenue Business Code 11 a b c d All other revenue		тоа	and allowances		a				1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
c Net income or (loss) from sales of inventory		b	Less: cost of goods sold						
Miscellaneous Revenue Business Code 11 a									
b c d All other revenue		·		T					
e Total. Add lines 11a-11d		11 a				Action of Assert Street Str	na vezen izere ere festen e-leg dik i 7000 6000 6000 600		
e Total. Add lines 11a-11d		b							
e Total. Add lines 11a-11d		С						,	
		d	All other revenue						
		е	Total. Add lines 11a-11d						
		12	Total revenue. See instructions .			227,126.	26,129.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.......

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	*			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		The state of the s		
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			*	,
13	Office expenses	12,579.	12,579.	0.	0.
14	Information technology	3,357.	3,357.	0.	0.
15	Royalties				
16	Occupancy				Carlo
17	Travel	14,070.	14,070.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	9,638.	9,638.	0.	0.
20	Interest				
21	Payments to affiliates	101,059.	101,059.	0.	0.
22	Depreciation, depletion, and amortization		***************************************		
23 24	Insurance				
а	TRAINING CONFERENCES	41,799.	41,799.	0.	0.
b	MEETING EXPENSES	28,370.	28,370.	0.	0.
С	MISCELLENEOUS EXP	0.	0.	0.	0.
d	BANK_CHARGES	148.	0.	148.	0.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	211,020.	210,872.	148.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	87,534.	1	66,564.
	2	Savings and temporary cash investments	71,612.	2	105,609.
	3	Pledges and grants receivable, net	1,000.	3	1,100.
	4	Accounts receivable, net		4	,
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 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		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10 b		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11 ′		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	160,146.	16	173,273.
	17	Accounts payable and accrued expenses	3,024.	17	0.
	18	Grants payable		18	
	19	Deferred revenue		19	
ĺ	20	Tax-exempt bond liabilities		20	
S S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,024.	26	0.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	And the production of the control of		
ă	27	Unrestricted net assets	157,122.	27	173,273.
39	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds	e namen kan kan kan kan di dan kan di dan kan di dan kan di dan di d	30	ermenne vorbeleter i menskativer beter vitalier vitalier vitalier i menskative i menskative i menskative i men
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	157,122.	33	173,273.
z	34	Total liabilities and net assets/fund balances	160,146.	34	173,273.

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Form 990 (2016)

1-0111	1990 (2010) ROTART DISTRICT 6860 63	-0129180	,		age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2	27,1	126.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2	11,0)20.
3	Revenue less expenses. Subtract line 2 from line 1	, 3		16,1	106.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		57,1	
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses				
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	73,2	<u> 228.</u>
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. X
				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.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	а			
	s <u>ep</u> arate basis, consolidate <u>d b</u> asis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		!	1	
k	Were the organization's financial statements audited by an independent accountant?		2 b	<u> </u>	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain				11211100
	in Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e			v
	Audit Act and OMB Circular A-133?		3 a		X
k	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required		_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
BAA			Form	990 ((2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) org	••			•	
	of organization	amzatione. Complete Fait III.		Employer identific	ation number	
RO	TARY DISTRICT 6860			63-075918	Ω	
		rganization is exempt under secti	on 501(c) or is a			
1	Provide a description of the or (see instructions for definition	rganization's direct and indirect political camp of 'political campaign activities')	aign activities in Part I	V.		
2	Political campaign activity exp	penditures (see instructions)		. ⊳ \$	}	
3	Volunteer hours for political ca	ampaign activities (see instructions)		· · · · · · · · · · · · · · ·		
Pa	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any excis	e tax incurred by the organization under sect	ion 4955	, , ▶ \$		
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955			
3		section 4955 tax, did it file Form 4720 for this	•		1 1 1 1	
			• • • • • • • • • • • • •		· · · · Yes No	
	o If 'Yes,' describe in Part IV.	rganization is exempt under secti	FO4/->	4 4' FO4(-)(0)	***	
1		ended by the filing organization for section 52				
'				,		
2	function activities	organization's funds contributed to other orga		27 exempt ▶ \$		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b					
4	Did the filing organization file I	Form 1120-POL for this year?			Yes No	
5						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if section 501(the organization	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	lection under	
	· · · · · · · · · · · · · · · · · · ·	gs to an affiliated group (and	d list in Part IV each affi	liated group member's na	me	
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).					
B Check ► if the filin	g organization check	ed box A and 'limited contro	l' provisions apply.			
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ins amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expenditure	res to influence publi	c opinion (grass roots lobby	ing)			
		islative body (direct lobbying				
c Total lobbying expenditur	res (add lines 1a and	11b)				
d Other exempt purpose ex	xpenditures					
e Total exempt purpose ex	penditures (add lines	s 1c and 1d)				
f Lobbying nontaxable amoboth columns	ount. Enter the amou	int from the following table i	n <i>.</i>			
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable	amount is:			
Not over \$500,000		20% of the amount on line 1e.				
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.			
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.			
Over \$17,000,000		\$1,000,000.				
g Grassroots nontaxable a	mount (enter 25% of	line 1f)				
		nter -0				
i Subtract line 1f from line	1c. If zero or less, er	nter -0				
j If there is an amount othe section 4911 tax for this	er than zero on eithe year?	r line 1h or line 1i, did the or	ganization file Form 472	20 reporting	Yes No	
(Som	e organizations tha	1-Year Averaging Period U t made a section 501(h) el low. See the separate inst	ection do not have to		beneved Second	
	Lobb	ying Expenditures During	4-Year Averaging Per	iod		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2 a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

BAA

Schedule C (Form 990 or 990-EZ) 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?			128		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	orania and	Zalini kalise			
b If 'Yes,' enter the amount of any tax incurred under section 4912					12/9/5/14/2013
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		10/4/19/19			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or		1	
A Warranda da a fiella all (000) an area and alcohol and a said a da a fiella become a				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				X	<u> </u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye				1	X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	c)(5) Part I	, or s III-A,	section 5 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			***************************************
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization Employer identification number ROTARY DISTRICT 63-0759180 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е b Internet and email solicitations f Solicitation of government grants Phone solicitations С Special fundraising events g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity have custody or control (or retained by) or entity (fundraiser) from activity fundraiser listed in of contributions? organization column (i) Yes No 2 3 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		(manufacture)		(=	Maria Ma	¥-
Sche	dule	G (Form 990 or 990-EZ) 2016 ROTARY	DISTRICT 6860	17	63-07.	59180 Page 2
Par	t II	Fundraising Events. Complete if the more than \$15,000 of fundraising events events with gross receipts greaters.	≀ent contributions a			
R			(a) Event #1 POLIO PLUS (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REVERUE	1	Gross receipts	42,512.			42,512.
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	42,512.			42,512.
	4	Cash prizes				
D I	5	Noncash prizes				
R E C T	6	Rent/facility costs				
	7	Food and beverages				
E X P E N	8	Entertainment				
ENSES	9	Other direct expenses	111/011.			42,512.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from				
Par	t III	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.				
		, ,				
R V E V			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1	Gross revenue	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
E N U E	1 2	Gross revenue	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
ENUE EXPEN	2		(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
ENUE EXPEN		Cash prizes	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
ENUE EXPEN	3	Cash prizes		bingo/progressive bingo		(add column (a)
ENUE EXPEN	3	Cash prizes	(a) Bingo	`bingo/progressive	(c) Other gaming	(add column (a)
ENUE EXPEN	3 4 5	Cash prizes	Yes %	bingo/progressive bingo Yes % No	Yes %	(add column (a) through column (c))
ENUE EXPEN	3 4 5 6	Cash prizes	Yes % No gh 5 in column (d)	bingo/progressive bingo Yes 8	Yes %	(add column (a) through column (c))
EXPENSES 9 4	3 4 5 6 7 8 Enter	Cash prizes	Yes % No gh 5 in column (d) 7 from line 1, column (c) ucts gaming activities:	Yes % No states?	Yes %	(add column (a) through column (c))

b If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2016 ROTARY DISTRICT 6860 63-0759	180	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility		90
	o An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name •		
	Address		
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	No
ŀ	o If 'Yes,' enter the amount of gaming revenue received by the organization	t —	LI
	of gaming revenue retained by the third party > \$		
.(c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address •		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
ē	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		п.
ł	state gaming license? Dienter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes	No
-	organization's own exempt activities during the tax year		
Pai	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v);	
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
	mornation. Gee matructions		

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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization	•		Employer identification number
ROTARY DISTR	ICT 6	860	63-0759180
Pt XI		INVENTORY ADJUSTMENT, CASH BASIS REMOVAL	
Pt VI, Line	11b	REVIEWED BY DISTRICT TREASURER, AUDIT COMMMITTER	E AND DISTRICT GOVERNOR
Pt VI, Line	19	GOVERNING DOCUMENTS ARE ONLY AVAILABLE UPON REQU	JEST BY THE PUBLIC
		THE DISTRICT REP OF EACH CLUB IS ELECTED BY HIS,	HER RESPECTIVE
Pt VI, Line	7a	ORGANIZATION WITH A RIGHT TO VOTE	
Pt VI, Line	15a	THERE ARE NO COMPENSATED EMPLOYEES OR DIRECTORS.	•
		THE DISTRICT REP IS ELECTED FROM INDEPENDENT ROT	TARY CLUBS IN A
Pt VI, Line	6	GEOGRAPHIC AREA	
Pt XII, Line	1	THE ORGANIZATION WAS REQUIRED TO OBTAIN REVIEWED	FINANCIAL STATEMENTS.