

Short Form

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 20 17

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
ROTARY INTERNATIONAL DISTRICT 5830

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
303 W LOOP 281, STE 110, PMB 119

City or town, state or province, country, and ZIP or foreign postal code
LONGVIEW, TX 75605-4444

D Employer identification number
36-4020680

E Telephone number
903-235-6474

F Group Exemption Number ▶ **573**

G Accounting Method: Cash Accrual Other (specify) ▶ **MODIFIED CASH**

I Website: ▶ **WWW.ROTARY5830.ORG**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **171,855**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	45,626
	2	Program service revenue including government fees and contracts	2	58,802
	3	Membership dues and assessments	3	55,556
	4	Investment income	4	21
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	11,850	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	171,855	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	45,626
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	148,159
17	Total expenses. Add lines 10 through 16 ▶	17	193,785	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-21,930
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	46,648
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	24,718

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	61,920	41,151
23 Land and buildings		23
24 Other assets (describe in Schedule O)	8,992	7,443
25 Total assets	70,912	48,594
26 Total liabilities (describe in Schedule O)	24,264	23,876
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,648	24,718

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **NON-PROFIT COMMUNITY AND VOCATIONAL SERVICE**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 YOUTH PROGRAMS-YOUTH EXCHANGE ACTIVITIES (1,144) YOUTH PROGRAMS-RYLA ACTIVITIES (41,299) YOUTH PROGRAMS-4 WAY TEST SPEECH CONTEST AWARDS (2,750) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	45,193
29 CLUB PROJECT GRANTS TO CLUBS OF DISTRICT (45,626) (Grants \$ 45,626) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	45,626
30 VOCATIONAL PROGRAMS-TRAINING AND CONFERENCES (14,087) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	14,087
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	104,906

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEE MONTGOMERY - GOVERNOR TYLER, TX	20	0	0	0
TED HUFFHINES - GOVERNOR ELECT MARSHALL, TX	1	0	0	0
JUDY GUTHRIE - GOVERNOR NOMINEE CARTHAGE, TX	1	0	0	0
JIM FINSTROM - GOVERNOR DESIGNATE JEFFERSON, TX	1	0	0	0
FRAN HALL - SECRETARY TYLER, TX	1	0	0	0
KRISTI KLEINIG - TREASURER LONGVIEW, TX	1	0	0	0
JASON CREEL - COMPROLLER TYLER, TX	1	0	0	0
THE 45 CLUB PRESIDENTS OF DISTRICT 5830 - VOTING DELEGATES	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financial reporting, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46**

Yes	No
	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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 **47**

Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**

Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a**

Yes	No

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer LEE MONTGOMERY, DISTRICT GOVERNOR 2016-17 ▶ Type or print name and title	Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization ROTARY INTERNATIONAL DISTRICT 5830	Employer identification number 36-4020680
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(4) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ROTARY INTERNATIONAL DISTRICT 5830	Employer identification number 36-4020680
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL 1560 SHERMAN DRIVE EVANSTON, IL 60201	\$ 45,626	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

OMB No. 1545-0047

2016

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▶ Attach to Form 990 or 990-EZ.

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Name of the organization

ROTARY INTERNATIONAL DISTRICT 5830

Employer identification number

36-4020680

**STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

REIMBURSEMENTS FROM ROTARY INTERNATIONAL \$ 11,850

**STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: NON-PROFIT COMMUNITY AND VOCATIONAL SERVICE
DONEE'S NAME: ROTARY CLUBS IN DISTRICT 5830
RELATIONSHIP OF DONEE: NONE
CASH AMOUNT GIVEN \$ 45,626

**STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

PROGRAM SERVICES (LESS GRANTS PAID)	\$ 59,280
JACKETS, BANNERS AND PINS	2,873
MEETINGS	24,100
CONTRACT CLERICAL	19,200
SUPPLIES	259
TELEPHONE	3,734
TRAVEL	6,420
WEB SITE COSTS	2,149
PETS SUBSIDY PAID TO CLUBS	10,725
CONTRIBUTION TO ROTARY FOUNDATION ANNUAL FUND	10,000
OTHER	<u>9,419</u>
TOTAL	\$ <u>148,159</u>

Name of the organization

Employer identification number

ROTARY INTERNATIONAL DISTRICT 5830**36-4020680****STATEMENT 4****FORM 990-EZ, PART II, LINE 24****OTHER ASSETS**

	<u>2015</u>	<u>2016</u>
ACCOUNTS RECEIVABLE	\$ 3,966	\$ 4,795
PREPAID EXPENSES	<u>5,026</u>	<u>2,648</u>
TOTALS	<u>\$ 8,992</u>	<u>\$ 7,443</u>

STATEMENT 5**FORM 990-EZ, PART II, LINE 26****TOTAL LIABILITIES**

	<u>2015</u>	<u>2016</u>
ACCRUED EXPENSES	\$ 6,081	\$ 16,676
4 WAY SPEECH CONTEST AWARDS PAYABLE	<u>9,450</u>	<u>7,200</u>
TOTALS	<u>\$ 15,531</u>	<u>\$ 23,876</u>

STATEMENT 6**FORM 990-EZ, SCHEDULE B, PART 1, ITEM 1****CONTRIBUTORS**

ROTARY INTERNATIONAL DISTRICT 5830 WAS DESIGNATED AS THE DISBURSING AGENT FOR THE ROTARY FOUNDATION'S 501 (C) 3 ORGANIZATIONS AND CHARITABLE PROGRAMS. THIS RETURN REFLECTS \$45,626 AS GRANTS TO THE SPECIFIC ORGANIZATIONS AND PROGRAMS AND THUS THE \$45,626 RECEIVED BY ROTARY INTERNATIONAL DISTRICT 5830, AS DISBURSING AGENT, IS SHOWN AS A CONTRIBUTION TO REFLECT ROTARY INTERNATIONAL DISTRICT 5830'S INTERNAL ACCOUNTING FOR THE DISBURSEMENT MADE ON BEHALF OF THE ROTARY FOUNDATION.