

Form **990**

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
ROTARY INTERNATIONAL DISTRICT 5340

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2247 SAN DIEGO AVENUE 236

City or town, state or country, and ZIP + 4
SAN DIEGO CA 92110

D Employer identification number
33-0304451

E Telephone number
619-299-5341

G Gross receipts \$ **574,874**

F Name and address of principal officer:
DAVID BREEDING
4374 VISTA DEL PACIFICO
FALLBROOK CA 92028

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ROTARY5340.ORG**

H(c) Group exemption number ▶ **0573**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1941** **M** State of legal domicile: **CA**

Part I Summary

| | | | | | |
|---|--|---------------------------|----------------|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 1 | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 1 | | |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 1 | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | 0 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 113,961 | | |
| | 9 Program service revenue (Part VIII, line 2g) | | 456,129 | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 18 | | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 4,765 | | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 574,873 | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 189,710 | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 31,471 | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 631 | | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 333,284 | | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 554,465 | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 20,408 | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | 125,996 | | |
| | 21 Total liabilities (Part X, line 26) | End of Year | 127,438 | | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 10,476 | | |
| | | | 115,520 | | |
| | | | 126,400 | | |

Part II Signature Block

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 _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **SHANNON B. ROOT** Preparer's signature: **SHANNON B. ROOT** Date: **04/26/12** Check if PTIN self-employed PTIN: **P00021306**

Firm's name ▶ **COVELL & HOGAN, LLP** Firm's EIN ▶ **38-3730777**

Firm's address ▶ **345 W 9TH AVE STE 100 ESCONDIDO, CA 92025-5055** Phone no. **760-737-0700**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **91,358** including grants of \$) (Revenue \$ **99,875**)
ROTARY DISTRICT 5340 OFFERS TWO PROGRAMS TO DEVELOP LEADERSHIP FOR YOUNG PEOPLE IN OUR DISTRICT.

ROTARY YOUTH LEADERSHIP AWARD IS A WEEKEND CAMP THAT REWARDS HIGH SCHOOL JUNIORS WHO HAVE EXHIBITED LEADERSHIP AND SERVICE WITH AN OPPORTUNITY TO FURTHER DEVELOP QUALITIES OF SERVANT LEADERSHIP, SERVICE, AND GOOD CITIZENSHIP.

LEADERSHIP, ETHICS, AND DETERMINATION (L.E.A.D.) CONFERENCE IS A LEADERSHIP AND PERSONAL DEVELOPMENT PROGRAM FOR 8TH GRADE MIDDLE SCHOOL STUDENTS. TALENTED YOUNG PEOPLE ATTEND A TWO-DAY CAMP DEVELOPED AND PRESENTED BY

4b (Code:) (Expenses \$ **85,000** including grants of \$) (Revenue \$ **89,048**)
DISTRICT CONFERENCE, ASSEMBLY, AND COUNCIL ARE DISTRICT-WIDE MEETINGS OPEN TO ALL MEMBERS AND TO GUESTS FOR THE PURPOSE OF EDUCATION AND PROMOTION OF SERVICE ACTIVITIES AND PROGRAMS TO BRING ABOUT GREATER WORLD UNDERSTANDING AND PEACE. SERVICE IS THE MAJOR ELEMENT OF THE MISSION. THROUGH THE PLANS AND ACTIONS OF INDIVIDUAL CLUBS, ROTARY DISTRICT 5340 CREATES A CULTURE OF SERVICE THROUGHOUT THE ORGANIZATION THAT PROVIDES UNPARALLELED SATISFACTION FOR THOSE WHO SERVE.

THE POWER OF COMBINED EFFORTS KNOWS NO LIMITATION, MULTIPLIES RESOURCES, AND BROADENS LIVES AND PERSPECTIVES. FELLOWSHIP PROVIDED BY THESE EVENTS LEADS TO TOLERANCE AND TRANSCENDS RACIAL, NATIONAL, AND OTHER BOUNDRIES.

4c (Code:) (Expenses \$ **25,232** including grants of \$) (Revenue \$ **34,860**)
MODEL UNITED NATIONS IS A PROGRAM OF ROTARY INTERNATIONAL DISTRICT 5340 PEACE COMMITTEE. ROTARY INTERNATIONAL HAS A LONG AND PROUD ASSOCIATION WITH THE UNITED NATIONS. ROTARIANS WERE INVOLVED IN ITS CHARTER AND CONTINUE TO BE INVOLVED WITH THE UNITED NATIONS. WE ARE PARTNERS TOGETHER IN POLIO PLUS.

CLUBS SELECT TEAMS OF TWO HIGH SCHOOL STUDENTS AND ONE ADVISOR. THE ADVISOR CAN BE A ROTARIAN, TEACHER, OR PARENT. SEVERAL MONTHS BEFORE THE CONFERENCE, THE STUDENTS WILL BE ASSIGNED COUNTRIES, GIVEN THREE MODIFIED UN RESOLUTIONS TO PREPARE, WILL UNDERGO A DEBATE, AND LEARN WHAT TO EXPECT AT THE ACTUAL CONFERENCE. ADVISORS ARE ALSO GIVEN TRAINING.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **257,191** including grants of \$ **189,710**) (Revenue \$)

4e Total program service expenses ► **458,781**

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 | | X |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | | 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 | | 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 | | |
| 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 | X | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | 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 | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21; 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 | | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| 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 | | X |
| 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 | | 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 | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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 | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | | 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, XII, and XIII is optional | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | 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) | | 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 | | X |
| 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 | | X |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|---|-------------------------------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | <input checked="" type="checkbox"/> | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | <input checked="" type="checkbox"/> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | <input checked="" type="checkbox"/> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | | <input checked="" type="checkbox"/> |
| 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 any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | | <input checked="" type="checkbox"/> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | <input checked="" type="checkbox"/> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | <input checked="" type="checkbox"/> | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | <input checked="" type="checkbox"/> |
| c | 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 | <input checked="" type="checkbox"/> | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | <input checked="" type="checkbox"/> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | <input checked="" type="checkbox"/> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | <input checked="" type="checkbox"/> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | <input checked="" type="checkbox"/> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | <input checked="" type="checkbox"/> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | <input checked="" type="checkbox"/> | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| a | 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | <input checked="" type="checkbox"/> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | <input checked="" type="checkbox"/> | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|------------|--|----------|----------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X |
| 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 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | 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)? | | X |
| b | If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | 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? | | |
| 6a | 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? | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | X |
| 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? | | |
| 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? | | |
| 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? | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 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? | | |
| 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. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 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 | | |

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 to any question in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Does the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | <input checked="" type="checkbox"/> | |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | <input checked="" type="checkbox"/> | |
| 8b | b Each committee with authority to act on behalf of the governing body? | | <input checked="" type="checkbox"/> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | <input checked="" type="checkbox"/> |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-------------------------------------|-------------------------------------|
| 10a | Does the organization have local chapters, branches, or affiliates? | <input checked="" type="checkbox"/> | |
| 10b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | <input checked="" type="checkbox"/> | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | <input checked="" type="checkbox"/> |
| 12b | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12c | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | | |
| 13 | Does the organization have a written whistleblower policy? | | <input checked="" type="checkbox"/> |
| 14 | Does the organization have a written document retention and destruction policy? | | <input checked="" type="checkbox"/> |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | | <input checked="" type="checkbox"/> |
| 15b | b Other officers or key employees of the organization | | <input checked="" type="checkbox"/> |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| 16b | b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **W. DALE BAILEY** **2247 SAN DIEGO AVE., STE. 236**
SAN DIEGO **CA 92110** **619-299-5341**

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID BREEDING, DISTRICT GOVERNOR PRESIDENT | 20.00 | | | X | | | 0 | 0 | 0 | |
| (2) SCOTT PECK TREASURER | 3.00 | | | X | | | 0 | 0 | 0 | |
| (3) ALLISON CUMMINGS SECRETARY | 2.00 | | | X | | | 0 | 0 | 0 | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|---|-----|----------|
| 3 | | X |
| 4 | | X |
| 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|----------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | 113,961 | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f. | \$ | | | | |
| | h Total. Add lines 1a-1f | | 113,961 | | | |
| Program Service Revenue | 2a DISTRICT EVENT INCOME | Busn. Code | 258,123 | 258,123 | | |
| | b FV DISTRICT GRANT INCOME | | 127,250 | 127,250 | | |
| | c DISASTER RELIEF INCOME | | 38,439 | 38,439 | | |
| | d FV GLOBAL GRANT INCOME | | 17,500 | 17,500 | | |
| | e RI ALLOCATION | | 14,347 | 14,347 | | |
| | f All other program service revenue | | 470 | 470 | | |
| | g Total. Add lines 2a-2f | | 456,129 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 19 | 19 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross Rents | | | | | |
| | b Less: rental exps | | | | | |
| | c Rental inc. or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b Less: cost or other basis & sales exps | | | 1 | | |
| | c Gain or (loss) | | | -1 | | |
| | d Net gain or (loss) | | | -1 | -1 | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a 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 | | Busn. Code | | | | |
| 11a MISCELLANEOUS INCOME | | | 4,765 | 4,765 | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 4,765 | | | |
| 12 Total revenue. See instructions. | | | 574,873 | 460,912 | 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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 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 governments and organizations in the U.S. See Part IV, line 21 | 49,250 | 49,250 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 140,460 | 140,460 | | |
| 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 | 28,596 | | 28,596 | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 2,875 | | 2,875 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 10,241 | | 9,610 | 631 |
| 14 Information technology | 9,906 | | 9,906 | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 6,067 | 6,067 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 25,693 | 487 | 25,206 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 937 | 937 | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a DISTRICT EVENTS | 242,523 | 242,523 | | |
| b PUBLIC RELATIONS | 17,188 | | 17,188 | |
| c P. E. T. S. | 9,331 | 9,331 | | |
| d OTHER | 6,708 | 5,036 | 1,672 | |
| e SERVICE | 3,133 | 3,133 | | |
| f All other expenses | 1,557 | 1,557 | | |
| 25 Total functional expenses. Add lines 1 through 24f | 554,465 | 458,781 | 95,053 | 631 |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|---|---|--------------------------|---------|--------------------|-------|
| Assets | 1 Cash—non-interest bearing | 124,435 | 1 | 116,671 | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | | 4 | | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 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) | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | | 8 | | |
| | 9 Prepaid expenses and deferred charges | | 9 | | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 8,445 | | | |
| | b Less: accumulated depreciation | 10b 4,377 | 1,561 | 10c 4,068 | |
| | 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 | 6,699 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 125,996 | 16 | 127,438 | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 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. Complete Part X of Schedule D | | 10,476 | 25 | 1,038 |
| | 26 Total liabilities. Add lines 17 through 25 | | 10,476 | 26 | 1,038 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 115,520 | 27 | 126,400 | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 115,520 | 33 | 126,400 | | |
| 34 Total liabilities and net assets/fund balances | 125,996 | 34 | 127,438 | | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|--|---|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 574,873 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 554,465 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 20,408 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 115,520 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -9,528 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 126,400 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | | X |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | 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? | | X |
| 3b | 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. | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization ROTARY INTERNATIONAL DISTRICT 5340 | Employer identification number 33-0304451 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 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 **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (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) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

| | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (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. | | |
| If the amount on line 1e, column (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 amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a 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 | | | | | |

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) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 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? | | | |
| 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? If "Yes," describe in Part IV | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| 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? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

| | | |
|---|-----------|--|
| 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 | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number

33-0304451

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 8,445 | 4,377 | 4,068 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 4,068 |

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) YE MUSIC CAMP | 4,574 |
| (2) SCHOLAR ADVANCES | 2,125 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 6,699 |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|------------|
| (1) Federal income taxes | |
| (2) PAYROLL LIABILITIES | 1,038 |
| (3) PASS-THROUGH FUNDS HELD | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,038 |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
|---|--|----|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 |
| 4 | Net unrealized gains (losses) on investments | 4 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV.) | 8 |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|--|---|----|----|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | | 2a |
| b | Donated services and use of facilities | | 2b |
| c | Recoveries of prior year grants | | 2c |
| d | Other (Describe in Part XIV.) | | 2d |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | 4a |
| b | Other (Describe in Part XIV.) | | 4b |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|---|--|----|----|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | | 2a |
| b | Prior year adjustments | | 2b |
| c | Other losses | | 2c |
| d | Other (Describe in Part XIV.) | | 2d |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | 4a |
| b | Other (Describe in Part XIV.) | | 4b |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

2010
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number

33-0304451

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| JAPAN | | | | | |
| (1) | | | EARTHQUAKE RELIEF | | 35,000 |
| SUDAN | | | | | |
| (2) | | | SUSTAINABLE SCHOOLS | EDUCATION | 4,000 |
| MEXICO | | | | | |
| (3) | | | CONSTRUCTION EQUIP. | HOME BUILDING | 4,000 |
| SUDAN | | | | | |
| (4) | | | WATER WELLS | PROVIDE CLEAN WATER | 16,000 |
| INDIA | | | | | |
| (5) | | | HEART SURGERY-CHLDN | HEALTH | 4,000 |
| MALAWI | | | | | |
| (6) | | | WATER WELLS | PROVIDE CLEAN WATER | 4,000 |
| SOUTH AFRICA | | | | | |
| (7) | | | GARDENING TOOLS | SUSTAINABLE FOOD SRC | 4,000 |
| HONDURAS | | | | | |
| (8) | | | MICRO CREDIT | ECONOMIC GROWTH | 4,000 |
| EL SALVADOR | | | | | |
| (9) | | | SCHOOL FARM | SUSTAINABLE FOOD SRC | 4,000 |
| ZAMBIA | | | | | |
| (10) | | | MICRO CREDIT | ECONOMIC GROWTH | 4,000 |
| UGANDA | | | | | |
| (11) | | | ADOPT A VILLAGE | EDUC, HLTH, FOOD, ETC. | 26,660 |
| MEXICO | | | | | |
| (12) | | | EQUIPMENT | DENTAL CLINIC | 800 |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | 110,460 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 110,460 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|-------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | SPAIN | SCHOLARSHIP | 15,000 | CHECK | | | |
| (2) | | | THAILAND | SCHOLARSHIP | 15,000 | CHECK | | | |
| (3) | | | TOTAL FROM PART I | SEE PART I | 110,460 | CHECK | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471) Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes No

Part V Supplemental Information

Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART V - ADDITIONAL INFORMATION

PART 1, LINE 2 - REPORTS ARE REQUIRED TO BE REPORTED

ON WEBSITE: WWW.MATCHINGGRANTS.ORG/DISTRICT. FUNDS ARE MANAGED BY LOCAL ROTARTIANS IN THE BENEFICIARY COUNTRY. BANK STATEMENTS AND INVOICES SHOWING AMOUNTS DISBURSED ARE POSTED ON THE WEBSITE ALONG WITH THE REPORTS.

PART 1, LINE 3, COLUMN F - REPRESENTS THE AMOUNT OF CASH FROM ROTARY DISTRICT 5340 MANAGED FUNDS IN UNITED STATES THAT WAS CONTRIBUTED AS MATCHING FUNDS TO THE PROJECT. THESE FUNDS WERE ISSUED TO LOCAL ROTARY CLUBS WHO COMBINED THOSE FUNDS WITH FUNDS CONTRIBUTED BY THOSE CLUBS AND THEIR MEMBERS. THE CLUBS THEN SEND THE COMBINED FUNDS OVERSEAS TO FUND THE GRANT PROJECT.

PART II, LINE 1, PART 1: ACCOUNTING METHOD: CASH

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number

33-0304451

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows (1) through (9).

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THE GRANT REQUESTS ARE ENTERED ON THE WEBSITE
 WWW.MATCHINGGRANTS.ORG/DISTRICT. ONCE GRANTS ARE APPROVED AND FUNDED,
 INTERIM AND FINAL REPORTS ARE REQUIRED TO BE POSTED ON THE WEBSITE. IN
 ADDITION, RECEIPTS AND BANK STATEMENTS MUST BE POSTED ON THE WEBSITE. THE
 GRANTS COMMITTEE MONITORS THE PROGRESS OF ALL FUNDED GRANTS AND SENDS EMAIL
 REMINDERS TO FILE REPORTS. THE GRANT CANNOT BE CLOSED WITHOUT A FINAL
 REPORT. THE GRANTEE MAY NOT START A NEW GRANT UNTIL THE PREVIOUS GRANTS
 ARE CLOSED.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number

33-0304451

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|-----|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number

33-0304451

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE ACTIVITIES AND ORGANIZATION OF ROTARY DISTRICT 5340 SHALL EXIST SOLELY TO HELP THE INDIVIDUAL CLUBS ADVANCE THE OBJECT OF ROTARY. ROTARY DISTRICT 5340 PROVIDES LEADERSHIP TRAINING AND HUMANITARIAN SERVICE; MOTIVATION AND SUPPORT TO INDIVIDUAL CLUBS WITHIN THE DISTRICT.

FORM 990, PART III - ADDITIONAL INFORMATION

PART III, LINE 1: ROTARY DISTRICT 5340 PROVIDES SERVICE TO OTHERS; PROMOTES INTEGRITY AND ADVANCES WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH OUR FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS. ROTARY DISTRICT 5340 PROVIDES LEADERSHIP AND TRAINING TO HELP OUR ROTARY CLUBS ADVANCE THE OBJECT OF ROTARY AND TO PROMOTE THE MISSION OF ROTARY FOUNDATION.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

ROTARIANS OR ROTARY INTERNATIONAL DISTRICT 5340. L.E.A.D. ENCOURAGES YOUNG PEOPLE TO DISCUSS ISSUES OF ETHICAL RESPONSIBILITY, IMPROVE LEADERSHIP AND COMMUNICATION SKILLS, AND DEVELOP A POSITIVE OUTLOOK ON LIFE, WHILE HAVING FUN AND MAKING FRIENDS.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

MODEL UN TRAINS STUDENTS IN CONFLICT RESOLUTION, CRITICAL & ANALYTICAL THINKING, AND PRESENTATION SKILLS. MODEL UN EXPOSES STUDENTS TO DIFFERENT CULTURES AND POLITICAL IDEOLOGIES.

Name of the organization

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number

33-0304451

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

OTHER DISTRICT EVENTS FOR CARRYING OUT THE MISSION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

AT A GENERAL DISTRICT MEETING, VOTING REPRESENTATIVES FROM THE CLUBS ELECT A NOMINATING COMMITTEE TO SELECT THE GOVERNING BODY FOR THE FOURTH YEAR IN THE FUTURE. EACH YEAR THE CHAIR OF THE NOMINATING COMMITTEE ANNOUNCES THE SCHEDULE FOR NOMINATIONS AND REQUESTS THAT QUALIFIED CANDIDATES BE SUBMITTED TO THE CLUBS. THE NOMINATING COMMITTEE THEN SELECTS THE GOVERNING BODY. IF NO CHALLENGING CANDIDATE IS PUT FORTH BY THE CLUBS WITHIN THE TIME FRAME ALLOTTED, THE SELECTION OF THE NOMINATING COMMITTEE BECOMES THE GOVERNING BODY FOR THE THIRD YEAR IN THE FUTURE. THIS SCHEDULE ALLOWS TIME FOR TRAINING AND ORDERLY TRANSITION OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION

NO MINUTES ON FILE FOR ALL COMMITTEES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FINANCE COMMITTEE OF ROTARY DISTRICT 5340 REVIEWED FORM 990 INDIVIDUALLY. THE RETURN WAS DISTRIBUTED TO THE TREASURER, FINANCE COMMITTEE, OFFICE MANAGER, AND CONTRACT BOOKKEEPER FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST.

Name of the organization

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number

33-0304451

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

FOR FISCAL YEAR ENDED JUNE 30, 2010, THE ORGANIZATION HELD PASS-THROUGH FUNDS FOR ROTARY INTERNATIONAL. THESE FUNDS WERE PAID OUT DURING THE CURRENT FISCAL YEAR; THE FUNDS ARE NOT INCOME TO THE ORGANIZATION, NOR AN EXPENSE.

THE ACCOUNTING SYSTEM WAS UPDATED AND A CHANGE IN BEGINNING BALANCES WAS NOTED. THIS CHANGE IS RELATED TO A PRIOR PERIOD AND IS NOT SIGNIFICANT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL DISTRICT 5340

Employer identification number
33-0304451

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| | (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | | Yes | No |
| (1) | ROTARY INTERNATIONAL ONE ROTARY CENTER EVANSTON IL 60201 36-1707667 | GROUP | IL | (C) (4) | | N/A | | X |
| (2) | THE ROTARY FOUNDATION ONE ROTARY CENTER EVANSTON IL 60201 36-3245072 | FDN | IL | (C) (3) | | N/A | | X |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (1) | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate alloc? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-----|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (1) | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|-----|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to other organization(s) | X | |
| c Gift, grant, or capital contribution from other organization(s) | X | |
| d Loans or loan guarantees to or for other organization(s) | | X |
| e Loans or loan guarantees by other organization(s) | | X |
| f Sale of assets to other organization(s) | X | |
| g Purchase of assets from other organization(s) | X | |
| h Exchange of assets | X | |
| i Lease of facilities, equipment, or other assets to other organization(s) | X | |
| j Lease of facilities, equipment, or other assets from other organization(s) | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | X | |
| l Performance of services or membership or fundraising solicitations by other organization(s) | X | |
| m Sharing of facilities, equipment, mailing lists, or other assets | X | |
| n Sharing of paid employees | X | |
| o Reimbursement paid to other organization for expenses | | X |
| p Reimbursement paid by other organization for expenses | X | |
| q Other transfer of cash or property to other organization(s) | | X |
| r Other transfer of cash or property from other organization(s) | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----|------------------------------------|-------------------------------|------------------------|--|
| (1) | VARIOUS ROTARY CLUBS-DISTRICT 5340 | B | 127,250 | GENERAL LEDGER |
| (2) | VARIOUS ROTARY CLUBS-DISTRICT 5340 | C | 113,961 | GENERAL LEDGER |
| (3) | ROTARY INTERNATIONAL | P | 14,347 | GENERAL LEDGER |
| (4) | THE ROTARY FOUNDATION | K | 1,051,998 | THE ROTARY FDN RECORDS |
| (5) | ROTARY INTERNATIONAL | M | | MAILING LIST |
| (6) | THE ROTARY FOUNDATION | R | 17,500 | GENERAL LEDGER |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| | (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|------|---|-------------------------|--|--|----|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
| | | | | Yes | No | | Yes | No | | Yes | No |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| (5) | | | | | | | | | | | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2010
 Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **ROTARY INTERNATIONAL DISTRICT 5340** Identifying number **33-0304451**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

| | | | |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|--|----|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | 445 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 3,445 | 7.0 | HY | 200DB | 492 |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 27.5 yrs. | MM | S/L | |
| | | | 39 yrs. | MM | S/L | |

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|-----|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 937 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

Year Ended: June 30, 2011

33-0304451

ROTARY INTERNATIONAL DISTRICT 5340
2247 SAN DIEGO AVENUE 236
SAN DIEGO, CA 92110

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

Federal Asset Report**Form 990, Page 1**

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|---|-------------------------|--------------------|---------------|----------|------------------|-------------------|--------------|---------------|------------|
| 7-year GDS Property: | | | | | | | | | |
| 9 | COPIER | 12/22/10 | 3,445 | | | 3,445 | 7 HY 200DB | 0 | 492 |
| | | | <u>3,445</u> | | | <u>3,445</u> | | <u>0</u> | <u>492</u> |
| Prior MACRS: | | | | | | | | | |
| 1 | OFFICE EQUIPMENT | 1/01/95 | 5,058 | | | 5,058 | 5 HY 200DB | 5,058 | 0 |
| | Sold/Scrapped: 12/31/10 | | | | | | | | |
| 2 | OFFICE EQUIPMENT | 7/27/95 | 594 | | | 594 | 5 HY 200DB | 593 | 0 |
| | Sold/Scrapped: 12/31/10 | | | | | | | | |
| 3 | RYLA EQUIPMENT | 1/01/98 | 1,669 | | | 1,669 | 5 HY 200DB | 1,669 | 0 |
| | Sold/Scrapped: 12/31/10 | | | | | | | | |
| 4 | COMPUTER EQUIPMENT | 1/01/98 | 1,968 | | | 1,968 | 5 HY 200DB | 1,968 | 0 |
| | Sold/Scrapped: 12/31/10 | | | | | | | | |
| 5 | RYLA EQUIPMENT | 1/01/99 | 885 | | | 885 | 5 HY 200DB | 885 | 0 |
| | Sold/Scrapped: 12/31/10 | | | | | | | | |
| 7 | RYLA CAMP EQUIPMENT | 9/15/06 | 2,000 | | | 2,000 | 7 HY 200DB | 1,376 | 178 |
| 8 | RYLA TRAILER | 9/15/06 | 3,000 | | | 3,000 | 7 HY 200DB | 2,064 | 267 |
| | | | <u>15,174</u> | | | <u>15,174</u> | | <u>13,613</u> | <u>445</u> |
| Amortization: | | | | | | | | | |
| 6 | WEBSITE DEV-RYLA | 5/15/03 | 9,038 | | | 9,038 | 36 MO Amort | 9,038 | 0 |
| | | | <u>9,038</u> | | | <u>9,038</u> | | <u>9,038</u> | <u>0</u> |
| Grand Totals | | | 27,657 | | | 27,657 | | 22,651 | 937 |
| Less: Dispositions and Transfers | | | 10,174 | | | 10,174 | | 10,173 | 0 |
| Less: Start-up/Org Expense | | | 0 | | | 0 | | 0 | 0 |
| Net Grand Totals | | | <u>17,483</u> | | | <u>17,483</u> | | <u>12,478</u> | <u>937</u> |

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|----------------|-------------------|--------------------|-------------------------|-----------------|
| YOUTH PROGRAMS | \$ 1,557 | \$ 1,557 | \$ | \$ |
| TOTAL | \$ 1,557 | \$ 1,557 | \$ 0 | \$ 0 |

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

| State Charity Registration Number <u>74850</u> <u>ROTARY INTERNATIONAL DISTRICT 5340</u> Name of Organization <u>2247 SAN DIEGO AVENUE</u> <u>236</u> Address (Number and Street) <u>SAN DIEGO</u> <u>CA 92110</u> City or Town, State and ZIP Code | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>9763840</u> Federal Employer I.D. No. <u>33-0304451</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|--------------------|--|--------------------------------|------|---|----------------------|----------|---|------|-----------------------------------|--|---|----------------------|---|--------------------------------------|----------|---|-------|---------------------------|--|--|----------|--|--|----------|--|--|----------|--|--|
| ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Less than \$25,000</td> <td>0</td> </tr> <tr> <td>Between \$25,000 and \$100,000</td> <td>\$25</td> </tr> </tbody> </table> | Gross Annual Revenue | Fee | Less than \$25,000 | 0 | Between \$25,000 and \$100,000 | \$25 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$100,001 and \$250,000</td> <td>\$50</td> </tr> <tr> <td>Between \$250,001 and \$1 million</td> <td>\$75</td> </tr> </tbody> </table> | Gross Annual Revenue | Fee | Between \$100,001 and \$250,000 | \$50 | Between \$250,001 and \$1 million | \$75 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Gross Annual Revenue</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Between \$1,000,001 and \$10 million</td> <td>\$150</td> </tr> <tr> <td>Between \$10,000,001 and \$50 million</td> <td>\$225</td> </tr> <tr> <td>Greater than \$50 million</td> <td>\$300</td> </tr> </tbody> </table> | Gross Annual Revenue | Fee | Between \$1,000,001 and \$10 million | \$150 | Between \$10,000,001 and \$50 million | \$225 | Greater than \$50 million | \$300 | | | | | | | | | | |
| Gross Annual Revenue | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less than \$25,000 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Between \$25,000 and \$100,000 | \$25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross Annual Revenue | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Between \$100,001 and \$250,000 | \$50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Between \$250,001 and \$1 million | \$75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross Annual Revenue | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Between \$1,000,001 and \$10 million | \$150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Between \$10,000,001 and \$50 million | \$225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Greater than \$50 million | \$300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART A - ACTIVITIES For your most recent full accounting period (beginning <u>07/01/10</u> ending <u>06/30/11</u>) list: Gross annual revenue \$ <u>574,873</u> Total assets \$ <u>127,438</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? STMT 1</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?</td> <td></td> <td style="text-align: center;">X</td> </tr> </tbody> </table> | | Yes | No | 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? STMT 1 | X | | 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds? | | X | 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X | 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X | 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X | 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X | 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X | 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X | 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | X | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? STMT 1 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds? | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization's area code and telephone number <u>619-299-5341</u> Organization's e-mail address <u>HEY-JUDE@PRODIGY.NET</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ Signature of authorized officer | _____ Printed Name | _____ Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <u>04/26/12</u> Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

California Statements

Statement 1 - Form RRF-1, Part B, Line 1 - Financial Transactions

Description

PHILIPPE LAMOISE IS A PAST DISTRICT GOVERNOR WHO PROVIDES
MERCHANT SERVICES TO THE DISTRICT FOR A FEE.

RON BEAUBIEN IS A PAST DISTRICT GOVERNOR WHOSE COMPANY, CROWN
ISLAND INSURANCE PROVIDES INSURANCE SERVICES.

TAXABLE YEAR

2010

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2010 or fiscal year beginning 07/01/10 month day year, and ending 06/30/11 month day year

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 _____ (insert letter) **CORP #** 9763840
 IRC Section 4947(a)(1) trust

Corporation/Organization Name ROTARY INTERNATIONAL DISTRICT 5340 FEIN 33-0304451

Address 2247 SAN DIEGO AVENUE 236

City SAN DIEGO State CA ZIP Code 92110

C Amended Return? Yes No **H** Accounting method used (1) Cash (2) Accrual (3) Other

D Are you a subordinate/affiliate in a group exemption? Yes No **I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations N/A Yes No

(a) Is this a group filing for affiliates? See General Instruction L Yes No
 (b) If "Yes," enter the number of affiliates _____
 (c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No
 (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 (e) Federal Group Exemption Number 0573
 (f) Is a roster of subordinates attached? Yes No

E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)

If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
 (1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | | |
|-----------------------|----|---|----|---------|-------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 460,913 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. | 3 | 113,961 | 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B | 4 | 574,874 | 00 |
| | 5 | Cost of goods sold | 5 | | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 1 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | | 1 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 574,873 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 554,465 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 20,408 | 00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | | 10 00 |
| | 12 | Total payments | 12 | | 00 |
| | 13 | Penalties and Interest. See General Instruction J | 13 | | 00 |
| | 14 | Use tax. See General Instruction K | 14 | | 00 |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | | 10 00 |

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|--|---|---|
| Signature of officer | Title | Date | Telephone |
| Preparer's signature | SHANNON B. ROOT | 04/26/12 | P00021306 |
| Firm's name (or yours, if self-employed) and address | COVELL & HOGAN, LLP 345 W 9TH AVE STE 100 ESCONDIDO, CA 92025-5055 | Check if self-employed <input type="checkbox"/> | Preparer's PTIN/SSN P00021306 FEIN 38-3730777 Telephone 760-737-0700 |

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

ROTARY INTERNATIONAL DISTRICT 5340 33-0304451

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | | |
|------------------------------------|----|---|---|----|---------|----|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 456,129 | 00 |
| | 2 | Interest | • | 2 | 19 | 00 |
| | 3 | Dividends | • | 3 | | 00 |
| | 4 | Gross rents | • | 4 | | 00 |
| | 5 | Gross royalties | • | 5 | | 00 |
| | 6 | Gross amount received from sale of assets (See Instructions) SEE STATEMENT 1 | • | 6 | | 00 |
| | 7 | Other income. Attach schedule SEE STATEMENT 2 | • | 7 | 4,765 | 00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | 8 | 460,913 | 00 |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 3 | • | 9 | 189,710 | 00 |
| | 10 | Disbursements to or for members | • | 10 | | 00 |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 4 | • | 11 | 0 | 00 |
| | 12 | Other salaries and wages | • | 12 | 28,596 | 00 |
| | 13 | Interest | • | 13 | | 00 |
| | 14 | Taxes | • | 14 | | 00 |
| | 15 | Rents | • | 15 | | 00 |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | 937 | 00 |
| | 17 | Other. Attach schedule SEE STATEMENT 5 | • | 17 | 335,222 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 554,465 | 00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|---------|----------------------------|---------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 124,435 | | 116,671 |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans (number of loans _____) | | | | |
| 9 | Other investments | | | | |
| 10 | a Depreciable assets | 24,212 | | 8,445 | |
| | b Less accumulated depreciation | (22,651) | 1,561 | (4,377) | 4,068 |
| 11 | Land | | | | |
| 12 | Other assets. STMT 6 | | | | 6,699 |
| 13 | Total assets | | 125,996 | | 127,438 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | | |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. STMT 7 | | 10,476 | | 1,038 |
| 19 | Capital stock or principle fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 115,520 | | 126,400 |
| 22 | Total liabilities and net worth | | 125,996 | | 127,438 |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|---|--|---|--------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000 | | | |
| 1 | Net income per books | • | 20,408 |
| 2 | Federal income tax | • | |
| 3 | Excess of capital losses over capital gains | • | |
| 4 | Income not recorded on books this year. Attach schedule | • | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | |
| 6 | Total. Add line 1 through line 5 | | 20,408 |
| 7 | Income recorded on books this year not included in this return. Attach schedule | • | |
| 8 | Deductions in this return not charged against book income this year. Attach schedule | • | |
| 9 | Total. Add line 7 and line 8 | | |
| 10 | Net income per return. Subtract line 9 from line 6 | | 20,408 |

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

| | |
|---|---|
| Corporation name ROTARY INTERNATIONAL DISTRICT 5340 | California corporation number 9763840 |
|---|---|

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|--|----|--|
| 1 Maximum deduction under IRC Section 179 for California | 1 | |
| 2 Total cost of IRC Section 179 property placed in service | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation | 3 | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| (a) Description of property | | |
| (b) Cost (business use only) | | |
| (c) Elected cost | | |
| 6 | | |
| 7 Listed property (elected IRC Section 179 cost) | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

| (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|----------------------|----------------------------|---|----------------------------|---------------------|-----------------------------------|---|
| 14 SEE STATEMENT 1 | | | | | | 937 | |
| 15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 15 | 937 |

Part III Summary

| | | |
|--|----|------------|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 937 |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | |

Part IV Amortization

| (a) Description of property | (b) Date acquired | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|--|----------------------|----------------------------|---|--|-----------------------------|-----------------------------------|
| 19 | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | 20 |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | 21 |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 | | | | | | 22 |

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II - Depreciation Detail Information

| Description | Date Acquired | Cost / Basis | Accum Depr | Method | Life / Rate | Current Depr | Add'l 1st Year |
|---------------------|---------------|-----------------|-----------------|--------|-------------|---------------|----------------|
| COPIER | 12/22/10 | \$ 3,445 | \$ | MACRS | 7 | \$ 492 | \$ |
| RYLA CAMP EQUIPMENT | 9/15/06 | 2,000 | 1,376 | MACRS | 7 | 178 | |
| RYLA TRAILER | 9/15/06 | 3,000 | 2,067 | MACRS | 7 | 267 | |
| TOTAL | | <u>\$ 8,445</u> | <u>\$ 3,443</u> | | | <u>\$ 937</u> | <u>\$ 0</u> |

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

| Description | How Received | Whom Sold | Date Acquired | Date Sold | Gross Proceeds | Cost & Expense | Depr | Net Basis |
|--------------------|--------------|-----------|---------------|-----------|----------------|----------------|-----------|-----------|
| | | | | | | | | |
| OFFICE EQUIPMENT | PURCHASE | | 1/01/95 | 12/31/10 | \$ | 5,058 | 5,058 | \$ |
| OFFICE EQUIPMENT | PURCHASE | | 7/27/95 | 12/31/10 | | 594 | 593 | 1 |
| RYLA EQUIPMENT | PURCHASE | | 1/01/98 | 12/31/10 | | 1,669 | 1,669 | |
| COMPUTER EQUIPMENT | PURCHASE | | 1/01/98 | 12/31/10 | | 1,968 | 1,968 | |
| RYLA EQUIPMENT | PURCHASE | | 1/01/99 | 12/31/10 | | 885 | 885 | |
| TOTAL | | | | | \$ 0 | \$ 10,174 | \$ 10,173 | \$ 1 |

California Statements

Statement 2 - Form 199, Part II, Line 7 - Other Income

| <u>Description</u> | <u>Amount</u> |
|----------------------|------------------------|
| MISCELLANEOUS INCOME | \$ <u>4,765</u> |
| TOTAL | \$ <u><u>4,765</u></u> |

California Statements

Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

| Activity No. | Class | City | State | Zip | Relationship | Name | Status | Property Information | Address | Amount |
|--------------|-------|--------------|-------|-------|--------------------------|------|--------|----------------------|---------|---------|
| | | | CA | 92174 | SOUTHEAST SD ROTARY | | | | | 15,000 |
| | | SAN DIEGO | | | | | | PO BOX 740589 | | |
| | | | CA | 92065 | RAMONA ROTARY | | | | | 15,000 |
| | | RAMONA | | | | | | PO BOX 726 | | |
| | | | CA | 92054 | EL CAMINO REAL ROTARY | | | | | 110,460 |
| | | OCEANSIDE | | | | | | 2530 VISTA WAY, F100 | | |
| | | | CA | 92169 | MISSION BAY ROTARY | | | | | 1,000 |
| | | SAN DIEGO | | | | | | PO BOX 90376 | | |
| | | | CA | 92023 | ENCINITAS ROTARY | | | | | 2,000 |
| | | ENCINITAS | | | | | | PO BOX 230762 | | |
| | | | CA | 92028 | FALLBROOK VILLAGE ROTARY | | | | | 300 |
| | | FALLBROOK | | | | | | PO BOX 2186 | | |
| | | | CA | 92033 | ESCONDIDO ROTARY | | | | | 4,000 |
| | | ESCONDIDO | | | | | | PO BOX 1822 | | |
| | | | CA | 92068 | SAN LUIS REY ROTARY | | | | | 2,000 |
| | | SAN LUIS REY | | | | | | PO BOX 504 | | |
| | | | CA | 91944 | LA MESA ROTARY | | | | | 1,500 |
| | | LA MESA | | | | | | PO BOX 182 | | |
| | | | CA | 92037 | LA JOLLA GOLDEN TRIANGEL | | | | | 4,000 |
| | | LA JOLLA | | | | | | PO BOX 13023 | | |
| | | | CA | 92074 | POWAY ROTARY FOUNDATION | | | | | 4,000 |
| | | POWAY | | | | | | PO BOX 184 | | |
| | | | CA | 92198 | RANCHO BERNARDO ROTARY | | | | | 3,000 |
| | | SAN DIEGO | | | | | | PO BOX 28005 | | |
| | | | CA | 92038 | LA JOLLA SUNRISE ROTARY | | | | | 2,000 |
| | | LA JOLLA | | | | | | PO BOX 8625 | | |
| | | | CA | 92227 | BRAWLEY ROTARY | | | | | 4,000 |
| | | BRAWLEY | | | | | | PO BOX 1442 | | |

California Statements

33-0304451

FYE: 6/30/2011

Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts (continued)

| Activity No. | Class | City | State | Zip | Relationship | Name | Status | Property Information | Amount | Address | |
|--------------|-------|---------------|-------|-------|--------------------------|------|--------|----------------------|--------|------------|--|
| | | OCEANSIDE | CA | 92051 | CAMP PENDLETON ROTARY | | | PO BOX 9000 #216 | 2,000 | | |
| | | VISTA | CA | 92085 | VISTA ROTARY | | | PO BOX 24 | 2,000 | | |
| | | ESCONDIDO | CA | 92033 | ESCONDIDO SUNRISE ROTARY | | | PO BOX 163 | 2,000 | | |
| | | VALLEY CENTER | CA | 92082 | VALLEY CENTER ROTARY | | | PO BOX 493 | 2,000 | | |
| | | BONSALL | CA | 92003 | BONSALL ROTARY | | | PO BOX 934 | 2,000 | | |
| | | ESCONDIDO | CA | 92033 | ESCONDIDO EAST ROTARY | | | PO BOX 578 | 2,000 | | |
| | | CARLSBAD | CA | 92018 | CARLSBAD ROTARY | | | PO BOX 34 | 500 | | |
| | | SUBTOTAL | | | | | | | | \$ 189,710 | |
| | | TOTAL | | | | | | | | \$ 189,710 | |

California Statements

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation

| Name | Address | City | State | Zip | Title | Avg Hrs | Compensation Amount |
|-----------------------------------|---------|------|-------|-----|-----------|------------|------------------------|
| DAVID BREEDING, DISTRICT GOVERNOR | | | | | PRESIDENT | 20.00 | |
| SCOTT PECK | | | | | TREASURER | 3.00 | |
| ALLISON CUMMINGS | | | | | SECRETARY | 2.00 | |
| TOTAL | | | | | | | 0 |

33-0304451

California Statements

FYE: 6/30/2011

Statement 5 - Form 199, Part II, Line 17 - Other Expenses

| Description | Amount |
|------------------|-------------------|
| | \$ 2,875 |
| | 6,067 |
| | 25,693 |
| DISTRICT EVENTS | 242,523 |
| YOUTH PROGRAMS | 1,557 |
| SERVICE | 3,133 |
| PUBLIC RELATIONS | 17,188 |
| P.E.T.S. | 9,331 |
| OTHER | 6,708 |
| | 10,241 |
| | 9,906 |
| TOTAL | <u>\$ 335,222</u> |

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

| Description | Beginning of Year | End of Year |
|-------------------|----------------------|-----------------|
| YE MUSIC CAMP | \$ | \$ 4,574 |
| SCHOLAR ADVANCES | | 2,125 |
| INTANGIBLE ASSETS | | |
| TOTAL | <u>\$ 0</u> | <u>\$ 6,699</u> |

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

| Description | Beginning of Year | End of Year |
|-------------------------|----------------------|-----------------|
| PASS-THROUGH FUNDS HELD | \$ 10,476 | \$ |
| PAYROLL LIABILITIES | | 1,038 |
| TOTAL | <u>\$ 10,476</u> | <u>\$ 1,038</u> |