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 private foundations)

Do not enter social security numbers on this form as it may be made public.

o not enter social security numbers on this form as it may be made publ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047
2022
Open to Public Inspection

| <u>A</u> | For the | 2022 calendar year, or tax year beginning 0 | 7/01/22 , and ending $06/30$ | /23 | | | | |
|---------------|-----------------------------|---|---|----------------------|---------------------|---|--|--|
| $\overline{}$ | Check if app | · | MEDNAMIONAL DICHDICM 7475 | | D Employe | er identification number | | |
| Ц | Address cha | Doing business as | TERNATIONAL DISTRICT 7475 | | 82-3 | 311297 | | |
| Ш | Name chang | Number and street (or P.O. box if mail is not delive | red to street address) | Room/suite | E Telephor | ne number | | |
| | Initial return | | | | 973- | 226-3111 | | |
| \Box | Final return/ terminated | | foreign postal code | | | | | |
| \exists | | CALDWELL | NJ 07006 | | G Gross rea | ceipts\$ 230,838 | | |
| \vdash | Amended re | r Marne and address of principal officer. | | H(a) Is this a gr | our roturn for | subordinates? Yes X No | | |
| | Application | | | n(a) is this a gr | oup return for s | | | |
| | | 35 SMULL AVE | | H(b) Are all su | | | | |
| | | CALDWELL | иј 07006 | If "No | " attach a list | . See instructions | | |
| <u> </u> | Tax-exemp | | sert no.) 4947(a)(1) or 527 | | | | | |
| J | Website: | | | H(c) Group ex | | | | |
| K | Form of org | | Other L | Year of formation: 2 | 2018 | M State of legal domicile: NJ | | |
| | art I | · - · · · · · · · · · · · · · · · · · · | | | | | | |
| ce | | riefly describe the organization's mission or most TO PROVIDE SOCIAL WELFARE AN | | CTIVITIES | OF ROT | 'ARY | | |
| Governance | | CLUBS IN THE DISTRCT | | | | | | |
| veri | | | | | | | | |
| Ó | 2 C | Check this box if the organization discontinue | 5% of its net asse | 1 | - | | | |
| ∞ ర | 3 N | lumber of voting members of the governing body | | | 3 | 5 | | |
| Activities | 4 N | lumber of independent voting members of the go | verning body (Part VI, line Ib) | | 4 | 5 | | |
| Ξ̈́ | 5 Te | otal number of individuals employed in calendar | | ~ \ | 5 | 0 | | |
| Ac | | otal number of volunteers (estimate if necessary) | | 6 | 0 | | | |
| | 1 | otal unrelated business revenue from Part VIII, c | * | | | 0 | | |
| | b N | let unrelated business taxable income from Form | 990-T, Part I, line 11 | Prior Ye | | Current Year | | |
| | 8 C | Contributions and grants (Part VIII, line 1h) | | | 6,150 | | | |
| Revenue | 9 P | (D. 13/11) [1.10] | | 7 | 8,675 | | | |
| Ver | 10 in | nvestment income (Part VIII, column (A), lines 3, | | | 120 | | | |
| å | 11 0 | Other revenue (Part VIII, column (A), lines 5, 6d, 8 | o 00 100 and 110) | | | 0 | | |
| | | otal revenue – add lines 8 through 11 (must equa | | 17 | 4,945 | 230,838 | | |
| | | Grants and similar amounts paid (Part IX, column | (A) Para (O) | | -/ | 0 | | |
| | | Benefits paid to or for members (Part IX, column (| * | | | 0 | | |
| " | 45 0 | Salaries, other compensation, employee benefits | | | | 0 | | |
| xpenses | 16aP | Professional fundraising fees (Part IX, column (A) | line 11e) | | | 0 | | |
| ber | . b T | otal fundraising expenses (Part IX, column (D), li | | | | China de Sal Sals Gares de Company de Maria | | |
| Щ | | Other expenses (Part IX, column (A), lines 11a-1 | | 14 | 2,110 | 167,466 | | |
| | | otal expenses. Add lines 13–17 (must equal Part | | | 2,110 | | | |
| | 19 R | Revenue less expenses. Subtract line 18 from line | | | 2,835 | | | |
| Net Assets or | Ses | • | | Beginning of Co | ırrent Year | End of Year | | |
| sets | [20 T | otal assets (Part X, line 16) | | | 9,657 | | | |
| AS | 21 T | otal liabilities (Part X, line 26) | | | 9,095 | <u> </u> | | |
| | | Net assets or fund balances. Subtract line 21 from | line 20 | 18 | 0,562 | 243,934 | | |
| | Part II | · | | | | | | |
| | | nalties of perjury, I declare that I have examined this ret ect, and complete. Declaration of preparer (other than o | | | | nowledge and belief, it is | | |
| | Tue, correc | out, and complete. Declaration of preparer (other than o | micer) is based on all information of which prepare | a nas any knowied | ye. | | | |
| ٥. | | Signature of officer | | • | Date | | | |
| | gn | | mpe a cupen | | Date | 3 | | |
| H | ere | JUDI FRANK Type or print name and title | TREASURER | | | | | |
| _ | | Print/Type preparer's name | Preparer's signature | Date | | k X if PTIN | | |
| Pa | id | | | | Chec 1/23 self-e | · • · | | |
| | eparer | JOSEPH VELOCCI, CPA | JVA ACCOUNTANTS & ADVISORS LLC | | | | | |
| | e Only | Firm's name JVA ACCOUNTAN 15 BROADWAY | | Firm's EIN | 27-2628827 | | | |
| - | | DESTRICT DE SET | 07834-2703 | | Disco | 973-620-9607 | | |
| N 1 - | y the IPS | S discuss this return with the preparer shown about | | | Phone no. | | | |
| IVI | ay use IRS | o discuss this return with the preparer shown abo | Me: Occ IIIorraciono | | <u></u> | X Yes No | | |

| | | TIONAL DISTRICT 747 | 5 82-3311297 | Page 2 |
|---|-------------------------------|--|--|---------------|
| Part III St | atement of Program | Service Accomplishments | | |
| | | | line in this Part III | <u>X</u> |
| | be the organization's missio | | ATE VARIOUS ACTIVITIES | OF BOTADY |
| | THE DISTRCT | | | |
| <u> </u> | | | | |
| * | | | | |
| 2 Did the organ | nization undertake any signif | icant program services during the year | which were not listed on the | |
| • | | | | Yes X No |
| • | cribe these new services on | | | |
| = | nization cease conducting, o | r make significant changes in how it cor | nducts, any program | |
| services? | | | | Yes X No |
| | cribe these changes on Scho | | ee largest program services, as measured by | • |
| | | | ne amount of grants and allocations to others, | |
| • | | or each program service reported. | ic amount of grants and anocations to others, | |
| | , <u>,</u> , | · · · · · | | |
| 4a (Code: |) (Expenses \$ | 48,400 including grants of | \$) (Revenue \$ | ·) |
| | INTERNATIONAL | GRANTS GIVEN TO CULI | BS IN THE DISTRICT FOR | SOCIAL |
| WELFARE | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| • | | | ······································ | |
| • | | | | |
| • | | | | |
| * | | | | |
| 4b (Code: |) (Expenses \$ | 32,329 including grants of | \$) (Revenue \$ |) |
| DISTRICT | r wide officer | TRAINING | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| * | | ······································ | · · · · · · · · · · · · · · · · · · · | |
| • | | | | |
| * | | | | |
| | | | | |
| 4c (Code: |) (Expenses \$ | 45,309 including grants of | \$) (Revenue \$ |) |
| DISTRIC | I CONFERENCE | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| • | | | •••••• | |
| • | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| 4d Other progra | am services (Describe on Sc | hedule O.) | | |
| (Expenses | \$ 36,656 | including grants of \$ |) (Revenue \$ |) |
| 4e Total progra | m service expenses | 162,694 | | |

Form 990 (2022) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X. as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

| Pa | art IV Checklist of Required Schedules (continued) | | | |
|----------|--|-----|-------------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | ĺ |
| | employees? If "Yes," complete Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| LTU | \$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 Schodule K. If "No." go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization mivest any proceeds or tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 270 | · | |
| C | to defease any tax-exempt bonds? | 24c | | |
| A | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| d 25a | | Z4u | | |
| 25a | | 25a | | X |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | Z5a | | A |
| 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? | 051 | | v |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | İ | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | } |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | 12.00.000 | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | ļ | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," | | | |
| - | A Control of the M. Bod III | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | C 004 7704 0 1004 7704 00 K Wee I appellate Oaks date D Dart I | 33 | 1 | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| 34 | | 34 | | X |
| 35a | | | <u> </u> | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | <u> </u> | + |
| b | 1 1 1 11 11 11 11 11 11 11 11 11 11 11 | 35b | | |
| 26 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | 1 |
| 36 | | 36 | | |
| 27 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | † |
| 37 | | 37 | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | + | +** |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 38 | X | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance | 36 | 1 1 | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Check if Schedule O contains a response of hote to any line in this Fart v | | Yes | No |
| | Finder the number reported in box 3 of Form 1096. Enter -0- if not applicable | | res | 140 |
| 1a | | | 1 | |
| b | Enter the number of Fernie IV 20 metaded on the fail 2 metades | | | |
| С | | 4- | n stance in | a kasima |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ıed) | | | Yes | No |
|---------|--|-----------|---------------------------------------|------|--|-------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | • • • | | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthori | ty over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | ассо | unt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccour | nts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | ion? | | . 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | · · · · · · · · · · · · · · · · · · · | . 5c | | ļ |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | Э | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | . 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | | |
| | gifts were not tax deductible? | | | 6b | n A a daybarrana | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | oods | | | | |
| | and services provided to the payor? | | · | 7a | | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | S | | | , | |
| | required to file Form 8282? | | | 7с | 11111111111111111111111111111111111111 | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | t? | 7e | • | ļ. <u>.</u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | d by th | ne | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | | 8 | 4.307S | 1 186 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | a Laine a | Line |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | \vdash |
| b 40 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | . | | 9b | ing a garage | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | 10a | l . | | | 0.00 |
| a | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a | | | 100 | |
| b 11 | Section 501(c)(12) organizations. Enter: | 100 | | | | |
| a | Cross income from members or abarahalders | 11a | | | 14 | V , |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| | and the second of the second forms the second | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | · | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | 4430 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | 772 | |
| 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 | 13b | | | * 730 | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the experient receive any payments for indeer tenning consists during the tay year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | e O | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | ation | or | | ' | |
| | excess parachute payment(s) during the year? | | | 15 | ļ | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | 35 | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incon | ne? | | | X |
| | If "Yes," complete Form 4720; Schedule O. | | | 20 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity | | | |] | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | andriille e | |
| | If "Yes," complete Form 6069. | | | | | L |

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

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

Section A. Governing Body and Management

| | dental Severiming Body and Management | | | | | |
|-----|---|-----------|------------|----------|----------------------|--------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | . 1 | 5 | | Yes | No |
| | If there are material differences in voting rights among members of the governing body, or | + | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| | committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | 5 | | | |
| 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? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| • | supervision of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | • • • • • | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | |
| | one or more members of the governing hody? | | | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | - " | | |
| ~ | at a third day on a support of the order of | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by | | following: | | | |
| а | The governing hedy? | | | 8a | X | |
| b | Each committee with authority to get an hobalf of the governing hody? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | U.S. | | |
| • | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal | | | - | | |
| | HOLD I CHOICE THE COULT D'EQUOCE MEMBER ABOUT POROICE HOLF OQUITE D'UNE MEMBER | , , , | 707740 00 | 40.) | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | 100 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | ··· | | |
| ~ | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | form | າ? | 11a | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 70111 | •• | | 84, 17, | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | 12a | الشناسلانية المسادية | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | confl | licts? | 12b | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> | 001111 | | 12.0 | | |
| Ŭ | describe on Schoolule O how this was done | | | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | s ' 9 |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | المتناب المتنا | X |
| b | Other officers or key employees of the organization | | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | 138 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 0.40 | | |
| | with a taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | 1,298.13 | | - 9 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | Lauri Sikini | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | 32.117 |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section | | | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest | polic | у, | | | |
| | and financial statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | |
| J | JDI FRANK 35 SMULL AVE | | _ | | _ | |
| C | ALDWELL NJ 07006 | | 973 | 3-22 | 6-3 | 3111 |

Form 990 (2022) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

| Officer this box if fletater the orga | | 1010 | ilou · | ((| C) | | ٠,,,, | Jones any current emec | r, andotor, or traded. | |
|---------------------------------------|---|--------------------------------|-----------------------|--|--------------|--|----------|--|---|---|
| (A) Name and title | (B) Average hours per week | offi | x, unle | Position not check more than one unless person is both an er and a director/trustee) | | | an ∋) | (D) Reportable compensation · from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) JUDI FRANK | 10.00 | | | | | | | | | |
| TREASURER | 10.00 | | i | x | | | | . 0 | 0 | o |
| (2) BOB LAW | 0.00 | | | | | | | | _ | |
| | 5.00 | | | | | | | | | |
| GOVERNOR NOMINEE (3) JULIA PHELPS | 0.00 | | | X | | | | 0 | 0 | 0 |
| (3) OODIA PHEDES | 20.00 | | | | | | | | | |
| DISTRICT GOVERNOR | 0.00 | | | X | | | | 0 | 0 | 0 |
| (4) JEANNIE TSUKAMO | | | | | | | | | | |
| DISTRICT GOV ELECT | 10.00 | - | | x | | | | 0 | o | 0 |
| (5) | | | | | | | | | - | - |
| | | | | | | | | | | |
| (6) | | <u> </u> | | - | | | | | | |
| | | | | | | | | | | |
| (7) | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | 1 | | | | | | | | |
| | | | | | | | | | | |
| (9) | | | | | - | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | + + | | | | |
| | | | | | | | | | | |
| (11) | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | 1 | | لـــــــــــــــــــــــــــــــــــــ | | <u> </u> | L | 1 |

| B1495 11/01/2023 4:: Form 990 (202 | 26 PM 2) ROTARY | INTERNATIO | ONAL DISTRI | CT 7475 | 82-3311297 |
|---------------------------------------|---------------------------|----------------------|----------------------|----------------|----------------------|
| Part VII | Section A. Offi | cers, Directors, Tru | ıstees, Key Employee | s, and Highest | Compensated Employee |
| | <u> </u> | | (C) | | |

| Pai | t VII Section A. Officers | , Directors, Trus | stee | s, Ke | ey E | mple | oyee | s, a | nd Highest Compensated | Employees (continued) | |
|---------|--|---|--------------------------------|-----------------------|--------------------------|-------------------------|------------------------------|-----------|---|--|---|
| | (A) Name and title | (B) Average hours per week | bo: off | x, unle icer ar | heck ess pe nd a d | ition more rson i | than o s both r/truste | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b c | Subtotal Total from continuation she | | | | | | | | | · | |
| d | Total (add lines 1b and 1c) | · · · <u>· · · · · · · · · · · · · · · · </u> | | | | | | | _ | <u> </u> | |
| 2 | Total number of individuals (ir reportable compensation from | | | d to | thos | se lis | sted a | abov | ve) who received more than | s100,000 of | IV. IN. |
| 3 | Did the organization list any for employee on line 1a? If "Yes, | " complete Sche | dule | J for | rsuc | h in | divid | ual | | | Yes No |
| 4 5 | For any individual listed on lin organization and related orga individual Did any person listed on line | nizations greater | thai | า \$15 | 50,00 | 90? | If "Υε | es," (| complete Schedule J for su | ich | 4 X |
| | for services rendered to the o | rganization? <i>If "</i> ነ | | | | | | | | | 5 X |
| 1 | Complete this table for your fi | ve highest comp | | | | | | | | | |
| | compensation from the organ | IZATION. Report C (A) I business address | omp | ensa | ation | tor i | ine c | alen | | nin the organization's tax y (B) otion of services | ear. (C) Compensation |
| | | | | | | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | • | | | | | | | | | | |
| 2 | Total number of independent received more than \$100,000 | contractors (included of compensation | udin 1 fro | g but m th | t not e or | limi gani: | ted to | tho n | ose listed above) who | 0 | |
| DAA | | | | | | | | | | | Form 990 (2022) |

| Pa | rt VI | III Statem | ent o | f Revenue | ine s | resnon | se or note | to any line | in thi | s Part VIII | | |
|--|-------|---|----------|--------------------|-----------|----------|---------------------------------------|--|---------------|--|---|--|
| | | · | 1 0011 | edule o come | | тезроп | SC OF FIOLE | (A) Total revenu | | (B) Related or exempt function revenue | (C) Unrelated busiriess revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated camp | paigns | | 1a | | | | | | | |
| Sra Iou | | Membership du | | | 1b · | | 100,925 | | | | | |
| ts, (| С | Fundraising eve | ents | | 1c | | | | | | | |
| ia gi | | Related organiz | | | 1d | | 80,657 | | | | | |
| Sim, | | Government grants (c All other contributions | | | <u>1e</u> | | - | | | | | |
| utio | • | and similar amounts n | | | 1f | | | | | | | |
| 를 함 | g | Noncash contributions lines 1a-1f | | | 1g | ¢ | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | | | | | | · · · · · · · · · · · · · · · · · · · | 181 | ,582 | | | |
| | | | | | | | Business Code | | | | | |
| بو | 2a | PETS PROGR | RAM | | | | | | ,053 | 35,053 | | |
| e Zi | b | GOVERNORS | STIPE | END | | | | 12 | ,550 | 12,550 | | |
| Program Service Revenue | С | AFFINITY E | ROGRA | AMS | | | | | 514 | 514 | | |
| Re | d | | | | | | | | | | | |
| Pro | e | | | ice revenue | | | | | | | | |
| | | | | f | | | | 48 | ,117 | | | |
| _ | 3 | | | cluding dividend | | | | | , | Table 1 Table 1 December 2 Sec. 2 2 Control 2 Sec. 2 Control 2 Sec. 2 Se | | |
| | | other similar an | | = | | | | 1 | ,139 | 1,139 | | |
| | 4 | Income from in | vestme | ent of tax-exempt | bond | proceeds | | | | | | |
| | 5 | Royalties | | | | 1 | | ende a decidir a con la consta | Burra Cortes | SALAN CARRESTON OF CARRESTAN | | |
| | _ | | | · (i) Real | | (ii) | Personal | | | | | |
| | 6a | Gross rents | 6a 6b | | | | | | | | | |
| | b | Less: rental expenses Rental inc. or (loss) | 6c | | | | | | | | | and a second |
| | d | | | loss) | | | | 1000 TEACH 1000 PROCESSES | 8563563 114-6 | 1 to 6 x 50 x 50 x 50 st 1 to 2 - 10 x move 4 1 southout | 5 (446) 1-1.7 Sec. 1.5 (446) 4 (446) 246 (476) 25 (476) | 9 x 1,0 x 2,000 (0 x 1 x 1 2 x |
| | | Gross amount from | , | (i) Securities | | |) Other | | | | | |
| | | sales of assets other than inventory | 7a | | | | | | | | | |
| ne | b | Less: cost or other | | | | | | | | | | |
| er Revenue | | basis and sales exps. | | | | | | | | | | |
| Ŗ | l | Gain or (loss) | 7c | | | | | | | | | |
| | ı | Gross income from | | aising avents | | | | | | | | |
| ŏ | oa | (not including | | - | | | | | | | | |
| | | of contributions re | | on line | | | | | | | | |
| | ļ | 1c). See Part IV, I | • | | 8a | | | | | | | |
| | | Less: direct exp | | | 8b | | | | | | | |
| | I | | | rom fundraising | events | s | | C4000000000000000000000000000000000000 | KOKO ZUKO | | | Design States |
| | 9a | Gross income t | _ | | | | | | | | | |
| | | activities. See | | | 9a 9b | 1 | | - | | | | |
| | | Less: direct exp | | rom gaming acti | | 1, | | 38.90.68.25.426.426.4 | | | 363 | |
| | | Gross sales of | ` ' | | 11100 | Ţ | | | i k | | | |
| | | returns and allo | | | 10a | | | | | | | |
| | b | Less: cost of g | oods s | old | 10b | | | | | | | |
| | | Net income or | (loss) f | from sales of inve | entory | <u> </u> | | 1285 T. & SK. (4.34.) X 60 | 48587275744 | | | |
| Sno | ۱,, | | | | | | Business Code | | | | | |
| scellaneous Revenue | 11a | | | | | | | | | | | + |
| ella | b | | | | | | - | | | | | |
| Misc | d | | | | | | _ | | | | | |
| _ | 1 | | | -11 <u>d</u> | | | | | | | | |
| | 12 | Total revenue | . See i | nstructions | | | | 230 | ,838 | 49,256 | 5 0 | 0 |

| Secti | on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp | | | mplete column (A). | X |
|----------|---|---------------------------------------|---|--|---------------------------------------|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 8b, 9 | b, and 10b of Part VIII. | rotal expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | • | • | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | · · · · · · · · · · · · · · · · · · · | | | |
| 7 | Other salaries and wages | | | | · · · · · · · · · · · · · · · · · · · |
| 8 | Pension plan accruals and contributions (include | | | | • |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | • | |
| a | Management | | | | , |
| b | Legal | | | | |
| C | Accounting | | | | |
| d | Lobbying Professional fundraising services. See Part IV, line 17 | , | | | |
| f | Investment management fees | | PERSONAL ST. LUBE ELECTRONIC OF A LAPIN TO THE LUCCOR | 43. 4 (54 ° 6. 34) 34(332) 3. () () () () () 3 (| |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 9 | (A) amount, list line 11g expenses on Schedule O.) | 167,466 | 162,694 | 4,772 | |
| 12 | Advertising and promotion | 20,,100 | 202/031 | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | · | - | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | Ac a way regular way and a subject to the subject t | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | | | | | - |
| b | | | | | |
| C | | | | | 1 |
| d | <u></u> | | | | |
| е | All other expenses | 167 466 | 160 604 | A 770 | 0 |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 167,466 | 162,694 | 4,772 | |
| _0 | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |

Form 990 (2022) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297

Part X Balance Sheet

| | | · · · · | (A) | | (B) |
|-----|--|---------------------------------------|--|----------|-----------------|
| | | | Beginning of year | | End of year |
| 1 | Cash—non-interest-bearing | | | 1 | 131,059 |
| 2 | Savings and temporary cash investments | | | | 161,190 |
| 3 | Pledges and grants receivable, net | | | 3 | |
| 4 | Accounts receivable, net | | | 4 | 14,780 |
| 5 | Loans and other receivables from any current or form | er officer, director, | 75 SEE SEE SEE | | |
| | trustee, key employee, creator or founder, substantial | · · · · · · · · · · · · · · · · · · · | | | |
| | controlled entity or family member of any of these per | | in the second second in the second se | 5 | |
| 6 | Loans and other receivables from other disqualified pe | | | | |
| | under section 4958(f)(1)), and persons described in se | | 6 | | |
| 7 | Notes and loans receivable, net | | 7 | | |
| 8 | | | 8 | | |
| 9 | Prepaid expenses and deferred charges | | 8,410 | 9 | |
| | Land, buildings, and equipment: cost or other | | | | |
| | basis. Complete Part VI of Schedule D | 10a | | | |
| l h | Less: accumulated depreciation | | | 10c | |
| 11 | Investments—publicly traded securities | . [100] | | 11 | |
| 12 | Investments—other securities. See Part IV, line 11 | | • | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | • | 13 | |
| 14 | | | | 14 | |
| i | 0" | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line | | | 16 | 307,029 |
| 17 | Accounts payable and accrued expenses | | | 17 | 307,023 |
| 18 | | | 18 | | |
| 19 | D-f | | 19 | | |
| 20 | T | | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part N | V of Schodula D | | 21 | |
| 22 | · · · · · · · · · · · · · · · · · · · | | | 23431 | |
| 22 | Loans and other payables to any current or former off | | | | |
| | trustee, key employee, creator or founder, substantial | | | 22 | |
| 22 | controlled entity or family member of any of these per | aird partica | | | |
| 23 | | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third | | | 24 | |
| 25 | Other liabilities (including federal income tax, payable | | | | |
| | parties, and other liabilities not included on lines 17-2 | | 29,095 | 25 | 63,095 |
| 00 | of Schedule D | | 29,095 | 25 26 | 63,095 |
| 26 | Total liabilities. Add lines 17 through 25 | | 29,093 | 26 | 03,090 |
| | Organizations that follow FASB ASC 958, check h and complete lines 27, 28, 32, and 33. | ere A | | | |
| 27 | Makaan Makaan Johanna Albaria | | 180,562 | 27 | 243,934 |
| 27 | | | 180,302 | 28 | 243,934 |
| 28 | | | | 20 | |
| | Organizations that do not follow FASB ASC 958, o | | | | |
| 20 | and complete lines 29 through 33. | | | 20 | |
| 29 | Capital stock or trust principal, or current funds | ant found | | 29 | |
| 30 | Patiend carriage and aumont accumulated income | | | 30 | |
| 31 | Retained earnings, endowment, accumulated income Total net assets or fund balances | e, or other funds | 100 560 | | 243,934 |
| 32 | | | | | _ 4 = 3 , 2) 4 |

Form **990** (2022)

| orm | 990 (2022) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297 | | | Pag | је 12 |
|-----|---|-----------|--------------|--------------------|----------------|
| Pa | rt XII Reconciliation of Net Assets | . = - | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u>.,</u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 30,8 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 57,4 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (| 53,3 | 372 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18 | 30,5 | 562 |
| 5 | Net unrealized gains (losses) on investments | 5 | | • | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 24 | 13, | 934 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | .1 | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | h ka sibabaalah i | X |
| ~ | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | , S. (1) | 84.3 |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | Earlichteat. | ALMERICA | |
| · | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | 23323 | |
| | Schedule O. | | | | |
| 3- | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | 13.4386.0 | ata di Santa di Sa | |
| Ja | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X. |
| h | If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the | | 3a | | |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

| • 5 | section 501(c)(4), (5), or (6) organizations: Complete Part III. | • | | | |
|------|--|-----------------------------------|---------------------------------------|---|---|
| Nam | e of organization ROTARY INTERNATIONAL | L DISTRICT 7475 | | Employer identi 82 – 33112 | fication number 97 |
| Pai | * I-A Complete if the organization is exem | pt under section 501(c) | or is a sectio | n 527 organizatio | n. |
| 1 | Provide a description of the organization's direct and indire definition of "political campaign activities." | ect political campaign activities | in Part IV. See ins | tructions for | |
| 2 | Political campaign activity expenditures. See instructions | | | \$ | |
| 3 | Volunteer hours for political campaign activities. See instru | | | | |
| Pa | t I-B Complete if the organization is exem | | | | |
| 1 | Enter the amount of any excise tax incurred by the organiz | ation under section 4955 | | \$ | |
| 2 | Enter the amount of any excise tax incurred by organizatio | n managers under section 495 | 5 | \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Fo | rm 4720 for this year? | | | Yes No |
| 4a | | | | | Yes No |
| b | If "Yes," describe in Part IV. | | | | |
| Pa | t I-C Complete if the organization is exem | <u> </u> | · · · · · · · · · · · · · · · · · · · | on 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization | on for section 527 exempt func | tion | | |
| | activities | , | | \$ | · |
| 2 | Enter the amount of the filing organization's funds contribu | • | | | |
| | 527 exempt function activities | | | \$ | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Ent | ter here and on Form 1120-PO | L, | | |
| | line 17b | | | \$ | □Vaa □ Na |
| 4 | Did the filing organization file Form 1120-POL for this year | | | | Yes No |
| 5 | Enter the names, addresses and employer identification no | | | | |
| | organization made payments. For each organization listed | | | | , |
| | the amount of political contributions received that were pro | | | • | |
| | as a separate segregated fund or a political action commit | T : | · | | |
| | (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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 E-Z.

| • | 5 11/01/2023 4:26 | | ARY INTERNAT | TONAT DIEM | OTCT 7/1 | 75 | 02_221120 | 7 |
|---|--|--|---|---|--------------|-----------|----------------------------------|---------------------------------------|
| | nedule C (Form | Complete if the organ section 501(h)). | | | | | | |
| | Check | if the filing organization address, EIN, expension if the filing organization | ses, and share of exc | ess lobbying expen | ditures). | | iated group mem | ber's name, |
| | | | obbying Expendit | ures | • | | (a) Filing anization's totals | (b) Affiliated group totals |
| | b Total lobbc Total lobbd Other exee Total exer | ying expenditures to influence ying expenditures to influence ying expenditures (add lines 1 mpt purpose expenditures mpt purpose expenditures (add nontaxable amount. Enter the | public opinion (grassro a legislative body (dired a and 1b) | ots lobbying) ct lobbying) | | | | |
| If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 | | | 20% of the amoun \$100,000 plus 15% | The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. | | | | |
| | | 0,000 but not over \$17,000,000 | | of the excess over \$1,50 | | | | |
| | h Subtract Ii Subtract Ij If there is | s nontaxable amount (enter 26 ine 1g from line 1a. If zero or le ine 1f from line 1c. If zero or le an amount other than zero on section 4911 tax for this year? | ess, enter -0- ess, enter -0- either line 1h or line 1i, | • | le Form 4720 | | | Yes No |
| | (So | me organizations that ma | | | ave to com | olete all | of the five colu | mns below. |
| | | | Lobbying Expenditu | res During 4-Year | Averaging | Period | | · · · · · · · · · · · · · · · · · · · |
| | Calend | lar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 202 | 21 | (d) 2022 | (e) Total |
| | 2a Lobbying | nontaxable amount | | | | | | |
| | | ceiling amount 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

Schedule C (Form 990) 2022

| Pai | t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | filed | Forn | า 576 | 8 | |
|-----------------|---|----------|---------|---|---|----------|
| _ | | (8 | 1) | | (b) | |
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. | Yes | No | | Amou | ınt |
| 1 a | 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: Volunteers? | | | | | |
| c d | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? | | | 200 | | |
| е | Publications, or published or broadcast statements? 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? | | | | | |
| j | Other activities? Total. Add lines 1c through 1i | | | 0.0000000000000000000000000000000000000 | | |
| 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c | (5), | or se | ction |) ************************************ | <u> </u> |
| | 501(c)(6). | | | | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 1 | X |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | X |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | | | | 3 | Х |
| Pa | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes." | | | | | s, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | | | | |
| a | political expenses for which the section 527(f) tax was paid). Current year | | 2a | | | |
| b | Carryover from last year | | 2b | | | |
| С | 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 | • • • • | -15 | | | |
| - | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | | | | |
| | and an III and a second and a second and a | | 4 | | | • |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | • • • • | 5 | | | |
| raismentalentic | rt IV Supplemental Information | | | | | |
| Prov | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part e instructions); and Part II-B, line 1. Also, complete this part for any additional information. | I-A, lir | nes 1 a | and | | |
| 2 (3) | ee instructions), and Part II-b, line 1. Also, complete this part for any additional information. | | | | | |
| | ······································ | | | | | |
| | | | | | | |
| | ······································ | | | | | |
| | | | | | | |
| | | | | | | |

| Schedule C (For | m 990) 2022 | ROTARY | INTERNATION | AL DISTRICT | /4/5 | 82-3311297 | Page 4 |
|-----------------|-------------|---|---|-------------|------|------------|---|
| Part IV | Supplem | ental Information | (continued) | | | | |
| | | | 1 (001111111111111111111111111111111111 | | | | |
| | | | | | | • | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | • | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | · | |
| | | | | | | | |
| | | | | | | | |
| | | • | | | | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | • | | | | |
| | , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | • | | | |
| | | | | | | | |
| | | • | | | | | |
| | | | | | | | |
| | | | 1 | | - | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | • | | | | | | |
| | | | | | | | |
| | | | | | | • | |
| | | | | | | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | ā | | | |
| | | • | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | • | | | | | • |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization

Inspection Employer identification number

| R | OTARY INTERNATIONAL DISTRICT 7475 | | 82-3311297 |
|----|--|---|---------------------------------|
| | Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on | inds or Other Similar Funds o Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing that | at the assets held in donor advised | |
| , | funds are the organization's property, subject to the organization's exc | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | |
| Ü | only for charitable purposes and not for the benefit of the donor or don | | |
| | conferring impermissible private benefit? | | Yes No |
| D۵ | art II Conservation Easements. | | |
| | Complete if the organization answered "Yes" on | Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check | k all that apply). | |
| | Preservation of land for public use (for example, recreation or educ | cation) Preservation of a historica | ally important land area |
| | Protection of natural habitat | Preservation of a certified | historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse | ervation contribution in the form of a co | nservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | 2b |
| С | | | |
| d | | | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, ex | | |
| | 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 mor | | |
| | violations, and enforcement of the conservation easements it holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of vic | olations, and enforcing conservation ea | sements 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)? | | 1 24 1 24 |
| 9 | In Part XIII, describe how the organization reports conservation easem | nents in its revenue and expense stater | ment and |
| | balance sheet, and include, if applicable, the text of the footnote to the | e organization's financial statements the | at describes the |
| | organization's accounting for conservation easements. | | |
| Pa | art III Organizations Maintaining Collections of Art | | er Similar Assets. |
| | Complete if the organization answered "Yes" on | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to | | |
| | of art, historical treasures, or other similar assets held for public exhib | | ince of public |
| | service, provide in Part XIII the text of the footnote to its financial state | | |
| b | | | |
| | art, historical treasures, or other similar assets held for public exhibition | on, education, or research in furtheranc | e of public service, |
| | provide the following amounts relating to these items: | | • |
| | | | <u> </u> |
| | | | |
| 2 | | | , provide the |
| | following amounts required to be reported under FASB ASC 958 relationships and the second sec | | • |
| а | * ************************************* | | \$ |
| b | Assets included in Form 990, Part X | <u></u> | \$ |

| | The percentages on lines 2a, 2b, and 2c should equal 100%. | | | |
|----|--|--------|-----|----|
| 3a | Are there endowment funds not in the possession of the organization that are held and administered for the | | | |
| | organization by: | | Yes | No |
| | (i) Unrelated organizations | 3a(i) | | |
| | (ii) Related organizations | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

| га | n vi Land, Buildings, and Equipi | ment. | | | |
|----|--|--------------------------|-------------------------|----------------------|-----------------|
| | Complete if the organization a | nswered "Yes" on Fo | orm 990, Part IV, line | 11a. See Form 990, P | art X, line 10. |
| | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |
| | | (investment) | (other) | depreciation | |
| 1a | Land | | | | |
| b | Buildings | | | | |
| С | Leasehold improvements | | | | |
| | Equipment | | | | |
| | Other | | | | |
| | Add lines 1a through 1a (Column (d) must ear | ual Form 000 Part Y colu | mn (R) line 10c) | | |

| Part VII | Investments – Other Securities. | | |
|--|---|---------------------------------------|---|
| | Complete if the organization answered "Yes" on F (a) Description of security or category | orm 990, Part IV, li | ne 11b. See Form 990, Part X, line 12. |
| | (including name of security) | (D) Dook Value | Cost or end-of-year market value |
| (1) Financial of | derivatives | | |
| | ld equity interests | · | |
| | | *** | |
| / A \ | | | |
| (B) | | | |
| | | ···· | |
| | | | |
| | | | |
| (F) | | | |
| | | | |
| (H) | | | Dispate of take to automorphisms and stake to the constant of |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII | Investments – Program Related. | 000 D (N/) | 44 0 5 000 5 177 5 40 |
| | Complete if the organization answered "Yes" on F | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| | | | Cost of end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |
| (6) | · · · · - · · · · · · · · · · · · · · | | |
| <u>(7)</u> | | | |
| (8) | | | |
| (9) | n (b) must equal Form 990, Part X, col. (B) line 13.) | | |
| Part IX | Other Assets. | | |
| i dit ix | Complete if the organization answered "Yes" on F | Form 990 Part IV I | ine 11d. See Form 990. Part X. line 15 |
| | (a) Description | om ooo, raitiv, n | (b) Book value |
| (1) | (-) | | (-, |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | · | | |
| (8) | | | |
| (9) | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | | |
| Part X | Other Liabilities. | | · |
| Cathalan and Sharing and Cathalan Sharing Control of the Catha | Complete if the organization answered "Yes" on I | Form 990, Part IV, I | ine 11e or 11f. See Form 990, Part X, |
| | line 25. | | |
| 1. | (a) Description of liability | | (b) Book value |
| (1) Federal | income taxes | | |
| (2) ROTA | RY GLOBAL SCHOLARSHIP | | 40,00 |
| (3) PETS | | | 23,09 |
| (4) | | | |
| (5) | | | |
| _(6) | | | |
| (7) | | · · · · · · · · · · · · · · · · · · · | |
| (8) | | | |
| (9) | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 25.) | | 63,09 |
| | uncertain tax positions. In Part XIII, provide the text of the foot | | |
| organization's | liability for uncertain tax positions under FASB ASC 740. Chec | k here if the text of the t | ootnote has been provided in Part XIII |

| | dule D (Form 990) 2022 ROTART INTERNALIONAL DIST | | -3311297 | Page 4 |
|-------|---|------------------------------|---------------------------------------|---------------|
| Pč | Reconciliation of Revenue per Audited Financial Sta | | iue per Return. | |
| | Complete if the organization answered "Yes" on Form 9 | | · · · · · · · · · · · · · · · · · · · | |
| 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: | 1 1 | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | 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 | | | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | irt XII Reconciliation of Expenses per Audited Financial St | | nses per Return. | |
| | Complete if the organization answered "Yes" on Form 9 | 90, Part IV, line 12a. | | |
| 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: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | - · · · · · · · · · · · · · · · · · · · | 2b | | |
| С | 6.1. | | | |
| d | | | | |
| е | 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: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIII.) | | | |
| | Add lines As and Als | | 4c | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. | | | |
| | nt XIII Supplemental Information. | | · · · · · · · · · · · · · · · · · · · | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Pa | art V, line 4; Part X, line | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr | | | |
| | | • | | |
| | | | | |
| | | | | |
| | ······································ | | | |
| | | | | |
| • • • | | | | |
| | | | | |
| | | | ••••• | |
| | | | | |
| • • • | | | | |
| | | | | |
| | | | | |
| | | | 4 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | · | | |
| | | | • | |
| | | | | |
| | · | • | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Schedule D (F | orm 990) 2022 | ROTARY I | NTERNATIONAL | DISTRICT | 7475 | 82-3311297 | Page 5 |
|---|---------------|---|---|----------|------|------------|---|
| Part XIII | Suppleme | ntal Informatio | n (continued) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | • | | | | •••••• | • |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | * |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| · | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | • | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | • |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| · | | | | · | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | ., | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | • | | | | | |
| | | | | | | | ****** |
| | | | | | | | |
| | | , | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | • | | | | | | |
| | | | | | | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

ROTARY INTERNATIONAL DISTRICT 7475

Open to Public Inspection

Employer identification number

82-3311297 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS CONTRIBUTIONS FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERS INCLUDE ALL INDEPENDENT ROTARY CLUBS IN THE DISTRICT FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE GOVERNING BODY IS ELECTED FROM THE MEMBERSHIP OF EACH INDEPENDENT ROTARY CLUB IN THE DISTRICT FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY BEFORE ITS FILING FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION MGT & GENERAL TOT/PROG SERVICE **FUNDRAISING** DISTRICT GRANTS 48,400 BANK CHARGES 0 45 0

ADMINISTRATIVE EXPENSES

Schedule O (Form 990) 2022 Name of the organization Employer identification number ROTARY INTERNATIONAL DISTRICT 7475 82-3311297 4,727 DISTRICT CONFRENCE 12,147 DISTRICT LEADERSHIP EXPENSES 12,150 32,329 SUPPLIES AG TRAINING DISTRICT ASSEMBLY 33,162 **AWARDS** NETWORKING 1,279 ESSEX LEADSHIP TRAINING 1,506 GLOBAL SCHOLARSHIPS 20,000 MARKETING & PROMOTION TOTAL 4,772 \$ 162,694 PAGE 1 OF 1

Form **990** | Two `

For calendar year 2022, or tax year beginning

Two Year Comparison Report

07/01/22

, ending 06/30/23

2021 & 2022

Name

Taxpayer Identification Number

| _ F | OTARY INTERNATIONAL DISTRICT 7475 | | | | 82-3 | 311297 |
|-------------------|--|-----|---------|------|-------|---------------------------------------|
| | | | 2021 | 2022 | | Differences |
| | 1. Contributions, gifts, grants | 1. | - | 80 | , 657 | 80,657 |
| | 2. Membership dues and assessments | 2. | 96,150 | 100 | ,925 | 4,775 |
| | 3. Government contributions and grants | 3. | | | | |
| n e | 4. Program service revenue | 4. | 78,675 | 48 | ,117 | -30,558 |
| e n | 5. Investment income | 5. | 120 | 1 | ,139 | 1,019 |
| > | 6. Proceeds from tax exempt bonds | 6. | | | | |
| Re | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | | |
| | 8. Net income or (loss) from fundraising events | 8. | | | | |
| | 9. Net income or (loss) from gaming | 9. | | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | | |
| | 11. Other revenue | 11. | | | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 174,945 | 230 | ,838 | 55,893 |
| | 13. Grants and similar amounts paid | 13. | | | | |
| | 14. Benefits paid to or for members | 14. | | | | |
| S | 15. Compensation of officers, directors, trustees, etc. | 15. | | | | |
| S | 16. Salaries, other compensation, and employee benefits | 16. | | | | |
| e n | 17. Professional fundraising fees | 17. | | | | |
| α σ | 18. Other professional fees | 18. | 142,110 | 167 | ,466 | 25,356 |
| Ш | 19. Occupancy, rent, utilities, and maintenance | 19. | | | | |
| | 20. Depreciation and Depletion | 20. | _ | | | |
| | 21. Other expenses | 21. | | | | |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 142,110 | 167 | ,466 | 25,356 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 32,835 | 63 | ,372 | 30,537 |
| | 24. Total exempt revenue | 24. | 174,945 | 230 | ,838 | 55,893 |
| | 25. Total unrelated revenue | 25. | | | | |
| ion | 26. Total excludable revenue | 26. | 78,795 | 49 | ,256 | |
| nat | 27. Total assets | 27. | 209,657 | 307 | ,029 | 97,372 |
| forr | 28. Total liabilities | 28. | 29,095 | | ,095 | 34,000 |
| Other Information | 29. Retained earnings | 29. | 180,562 | 243 | ,934 | 63,372 |
| he | 30. Number of voting members of governing body | 30. | 6 | 5 | | |
| δ | 31. Number of independent voting members of governing body | 31. | 6 | 5 | | |
| | 32. Number of employees | 32. | 0 | 0 | | · · · · · · · · · · · · · · · · · · · |
| | 33. Number of volunteers | 33. | | | | |

| Form 990 | Tax Return History | 2022 |
|-----------------|------------------------------------|---|
| Name | ROTARY INTERNATIONAL DISTRICT 7475 | Employer Identification Number 82-3311297 |

| • | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------------------------------|---------|----------|---------|---------|---------|------|
| Contributions, gifts, grants | 102,516 | | , , | | 80,657 | |
| Membership dues | 101,750 | | 99,225 | 96,150 | 100,925 | |
| Program service revenue | 193,462 | | 107,933 | 78,675 | 48,117 | |
| Capital gain or loss | | | | | | |
| nvestment income | 1,054 | | 819 | 120 | 1,139 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | | | |
| Total revenue | 398,782 | | 207,977 | 174,945 | 230,838 | |
| Grants and similar amounts paid | | | | | | - |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | | | | | | |
| Professional fees | 265,400 | <u> </u> | 208,158 | 142,110 | 167,466 | · |
| Occupancy costs | | | | | | |
| Depreciation and depletion | | | | | | |
| Other expenses | | | | | | |
| Total expenses | 265,400 | | 208,158 | 142,110 | 167,466 | |
| Excess or (Deficit) | 133,382 | <u> </u> | -181 | 32,835 | 63,372 | |
| | 200 700 | | 207 077 | 174 045 | 220 020 | |
| Total exempt revenue | 398,782 | | 207,977 | 174,945 | 230,838 | |
| Total unrelated revenue | 104 516 | | 100 750 | 70 705 | 40.256 | |
| Total excludable revenue | 194,516 | | 108,752 | 78,795 | 49,256 | |
| Total Assets | 136,064 | | 217,851 | 209,657 | 307,029 | |
| Total Liabilities | 2,682 | 100 000 | 70,124 | 29,095 | 63,095 | |
| Net Fund Balances | 133,382 | 133,382 | 147,727 | 180,562 | 243,934 | |

B1495 ROTARY INTERNATIONAL DISTRICT 7475
82-3311297 Federal Statements

FYE: 6/30/2023

11/1/2023 4:26 PM

Taxable Interest on Investments

| Description | | | | | | |
|-----------------|-----|--------|-----------------------|------|------------------------|---------------------|
| | | Amount | Unrelated Business | | Acquired after 6/30/75 | US Obs (\$ or %) |
| SAVINGS ACCOUNT | | | | | | |
| | .\$ | 1,139 | | | | |
| TOTAL | \$ | 1,139 | | | | |

B1495 ROTARY INTERNATIONAL DISTRICT 7475

82-3311297

Federal Statements

FYE: 6/30/2023

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | | Program Service | | Management & General | | Fund Raising | |
|------------------------------|-------------------|---------|--------------------|-----------------|-------------------------|-------|-----------------|---|
| DISTRICT GRANTS | \$ | 48,400 | \$ | 48,400 | \$ | • | \$ | |
| BANK CHARGES | | 45 | | | | 45 | | |
| ADMINISTRATIVE EXPENSES | | 4,727 | | | | 4,727 | | |
| DISTRICT CONFRENCE | | 12,147 | | 12 , 147 | | | | |
| DISTRICT LEADERSHIP EXPENSES | | 12,150 | | 12,150 | | | | |
| PETS TRAINING | | 32,329 | | 32 , 329 | | | • | |
| SUPPLIES | | 97 | | 97 | | | | |
| AG TRAINING | | 961 | | 961 | | | | |
| DISTRICT ASSEMBLY | | 33,162 | | 33 , 162 | | | | |
| TRAINING | | 75 | | 75 | | • | | |
| AWARDS | | 332 | | 332 | | | | |
| NETWORKING | | 1,279 | | 1,279 | | | | |
| ESSEX LEADSHIP TRAINING | | 1,506 | | 1,506 | . ` | | | |
| GLOBAL SCHOLARSHIPS | | 20,000 | | 20,000 | | | | |
| MARKETING & PROMOTION | | 256 | | 256 | | | | |
| TOTAL | \$ | 167,466 | \$ | 162,694 | \$ | 4,772 | \$ | 0 |

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 07/01/22, and ending 06/30/23

82-3311297

ROTARY INTERNATIONAL DISTRICT 7475

| Net Asset / Fund Balance at Beginn | ning of Year | | · · · | 180,562 | | |
|---|---|--|---------------------------|---------|--|--|
| Revenue Contributions Program service revenue Investment income | 48 | 1,582 3,117 1,139 | | | | |
| Capital gain / loss Fundraising / Gaming: Gross revenue Direct expenses | . . | | | | | |
| Net income Other income Total revenue | | 02 | 30,838 | | | |
| Expenses Program services Management and general Fundraising | | 2,694 4,772 | | | | |
| Total expenses Excess / (deficit) | | 1 | .67,466 | 63,372 | | |
| Changes Net Asset / Fund Ba | llance at End of Year | | . = | 243,934 | | |
| Reconciliation of Re Fotal revenue per financial statements | | | Reconciliation of Expo | | | |
| Less: Unrealized gains Donated services | | Less: Donated servic | es | | | |
| Recoveries Other | | Prior year adjustments Losses Other Plus: | | | | |
| Investment expenses Other Total revenue per return | 230,838 | Investment exp Other | enses enses per return | 167,466 | | |
| | | Balance Sheet | _ | | | |
| Assets Liabilities | Beginning 209,657 29,095 180,562 | 307,029 63,095 243,934 | Differences 63,372 | , | | |
| Net assets | Miscellaneous Info | | 03,372 | | | |
| | Amended return Return / extended due date Failure to file penalty | 11/15/23 | | | | |

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

6/30_{.20} 23

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN ROTARY INTERNATIONAL DISTRICT 7475 82-3311297 Name and title of officer or person subject to tax JUDI FRANK TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 230,838 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) ________ **3b** 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 10a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only JVA ACCOUNTANTS & ADVISORS LLC _ to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 11/01/23 Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. _ _{Date} <u>11</u>/01/23 JOSEPH VELOCCI, CPA ERO's signature .

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So