

FOR TAX YEAR 2024

5500

ROTARY INTERNATIONAL DISTRICT

Schouten &

Sullivan
PLLC

PO Box 248

Sonoita,

AZ
85637

(520) 455-5757

Return of Organization Exempt From Income Tax

202

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2024** calendar year, or tax year beginning

07-01, 2024, and ending

06-30, 2025

B Check if applicable:

C Name of organization

Rota

International District 5500,

D Employer identification number

0 Address change

Doina business as

E Telephone number

Name change

(520)990-4648

Initial return

G Gross receipts

0 Final return/terminated

City or town, state or province, country, and ZIP or foreign postal code

305,109

Application pending

F Name and address of principal officer:

Sue Archibald

H(a) Is this a group return for subordinates? **ID** Yes

2278 N Carlson Dr Huachuca City, AZ 85616

E No **H(b)** Are all subordinates included? **EI** Yes

Tax-exempt status

501(c)3

501(c) (**4**)

(insert no.)

CI

4947(a)(1) or

0

No If "No," attach a list. See instructions

J Website:

H(c) Group exemption number

K Form of organization:

E

Corporation 0 Trust

CI

Association

Other

L Year of formation: **2007**

M State of legal domicile:

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 is bjeclon a of wfdeh preparer has any knowledge.

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

| Part I | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Act ivit ies & Go ver na nce | 1 Briefly describe the organization's mission or most significant activities: | The mission of the Rotary International is provide service to others, promote integrity, and advance world understanding, goodwill and peace through its fellowship of business, professional and community leaders | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 10% of its net assets. | 3 | 12 |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 100 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | 7b | 0 | |
| Re ve nu e | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | | 78,044 | 64,884 |
| | 9 Program service revenue (Part VIII, line 2g) | 208,568 | 237,586 |
| | | 205 | 2,639 |
| Ex pe ns es | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| | | 286,817 | 305,109 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 56,777 | 0 |
| | | | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 17,177 | 20,264 |
| | | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 225,190 | 285,636 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 299,144 | 305,900 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | (12,327) | (791) | |
| Fund Bala nces | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | | 223,691 | 222,900 |
| | | | 0 |
| | 21 Total liabilities (Part X, line 26) | 223,691 | 222,900 |

| | | | |
|--------------------------------------------|-------------------------------------------------------------------------------------|----------------------|------------------------------------|
| Sign Here | Sue Archibald <small>Signature of officer</small> | | 12/1 <small>Date</small> |
| | Sue Archibald, District Governor <small>Type or print name and title</small> | | |
| Paid Prepar er Use Only | Preparer's name Elizabeth A Sullivan | Preparer's signature | Check E PTIN # P00446670 |
| | Firm's name Schouten & Iiven PLLC | Firm's | |
| | Firm's address PO Box 248 Sonoita AZ 85637 | Phone no. | |

May the IRS discuss this return with the preparer shown above? See instructions
For Paperwork Reduction Act Notice, see the separate instructions.

EEA

..... **Yes** **No**
 Form **990**
 (2024)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of the Rotary International is to provide service to others, promote integrity, and advance world understanding, goodwill and peace through its fellowship of business, professional and community leaders

2 Did the organization undertake any significant program services during the year which were not listed on the Yes **E** No

For Form 990 or 990-E??

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 Yes **E** No

services?

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by

4a (Code:) (Expenses \$ 121,866 including grants of \$ 83,922) (Revenue \$ 71,776)
Rotary 5500 sponsors events that bring together Rotarians, community members, and stakeholders's mission of service, fellowship and professional development. One such event is our Rotary District Conference, a multi-day gathering that combines informative sessions, inspirational speakers, and collaborative workshops. These conferences serve as a platform for sharing successful projects, celebrating achievements and fostering camaraderie among Rotarians within the District. Additionally, the event features keynote speakers, breakout sessions on relevant topics, and interactive activities, creating an environment where participants can exchange ideas, build networks and gain insights to enhance their service initiatives. These District-Wide events play a crucial role reaching our goals.

4b (Code: Using) (Expenses \$ 81,500 including grants of funds awarded) (Revenue \$ 68,508) by the Rotary Foundation,
District 5500 Clubs apply for grants to fulfill projects to support Rotary International's areas of focus including peace and conflict prevention/resolution, disease prevention and treatment, water and sanitation, material and child health, basic education and literacy and economic and community development.

4c (Code:) (Expenses \$ 75,891 including grants of \$) (Revenue \$ 78,794)
Rotary youth service activities encompass a dynamic range of programs and initiatives designed to engage and empower young individuals, fostering leadership skills, community involvement and international understanding. These activities are organized by Rotary International and its affiliated clubs, aiming to provide youth with opportunities for personal and professional growth while making positive contributions to society. Key components include rotary Youth Exchange, a program facilitating cultural exchange; Rotaract, a global youth service organization; interact, a platform for young leaders within local communities; and various leadership and service projects. These activities not only promote social responsibility but also cultivate a sense of global citizenship among participants, contributing to

4d Other program services (Describe on Schedule O.) (Revenue \$

4e Total program service expenses 305,900

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

Part IV Checklist of Required Schedules

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | |
| 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? <i>If "Yes," complete Schedule J</i> | 22 | X |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 23 | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | X |
| 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? | 24b | |
| | | 24c | |
| | | 24d | |
| 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | X |
| | | 28a | |
| | | 28b | |
| 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). | 28c | |
| | | 29 | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 30 | |
| | | 31 | |
| | | 32 | |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11 b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| Check if Schedule 0 contains a response or note to any line in this Part V | | Yes | No |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not | 1a | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | | Ye | 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 returns? | | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| | | | 3b | | |
| 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)? | | 4a | | X |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| | | | 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5c | | |
| 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 as charitable contributions? | | 6a | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | 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? | | 7a | | X |
| | | | 7b | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7c | | X |
| | | | 7e | | X |
| d | If "Yes " indicate the number of Forms 8282 filed during the year | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | X |
| 8 Sponsoring organizations maintaining donor advised funds. | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | X |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | X |
| | | | 9b | | X |
| 10 Section 501(c)(7) organizations. | Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10 | | | |
| | | 10 | | | |
| 11 Section 501(c)(12) organizations. | Enter: | | | | |
| a | Gross income from members or shareholders | 11 | | | |
| | | 11 | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | 11 | | | |
| | | b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. | Is the organization filing Form 990 in lieu of Form 1041? | | 12 | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| 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. | | 13 | | |
| | | | a | | |
| 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 | 13 | | | |
| | | b | | | |
| | | 13 | | | |
| c | Enter the amount of reserves on hand | | 14 | | X |
| | | | 14 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | | 15 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 Section 501(c)(21) organizations. | Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | | 17 | | |

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

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

Section A. Governing Body and Management

Table with columns for line numbers (1-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, and governance decisions.

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

Table with columns for line numbers (10a-16b), descriptions of questions, and Yes/No columns. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- List of disclosure questions 17 through 20, including requirements for state filing, Form 1023, and public availability of documents.

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

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 the 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.

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

| (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an | | | | | | (D) Reportable compensation from the organization (W-2/ 1099- MISC/ m1 O9 9- NE C) For me r | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ | (F) Estimated amount of other |
|------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|-------------|-------------------------|----------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------|
| | | Indi vidu al trust ee or dire ctor | Insti tuti on al tru ste e | Offi cer | Key em plo yee | Hig h est com pen sate d emp loye e | High est com pen sate d emp loye e | | | |
| (1) Bruce Monro District Governor Elect | 5.00 | X | | | | | | 0 | 0 | 0 |
| (2) Emma Carrillo District Governor Nominee | | X | | | | | | 0 | 0 | 0 |
| (3) Don Jorgensen Immediate Past Dist Governor | 5.00 | X | | | | | | 0 | 0 | 0 |
| (4) Kristi Halvorson District Foundation Chair | 5.00 | X | | | | | | 0 | 0 | 0 |
| (5) Ann Huber Member at Large | 5.00 | X | | | | | | 0 | 0 | 0 |
| (6) Joe Puett Member at Large | 5.00 | X | | | | | | 0 | 0 | 0 |
| (7) Diane Goodyear Ventura District Finance Chair | 5.00 | X | | | | | | 0 | 0 | 0 |
| (8) Lynn Devou Member at Large | 5.00 | X | | | | | | 0 | 0 | 0 |
| (9) Bruce Monroe Dist Gov nominee | | X | | | | | | 0 | 0 | 0 |
| (10) Ellie Paterson Vice District Governor | 5.00 | | | X | | | | 0 | 0 | 0 |
| (11) Nancy Fusco District Secretary | 5.00 | | | X | | | | 0 | 0 | 0 |
| (12) Sue Archibald District Governor | 5.00 | | | X | | | | 0 | 0 | 0 |
| (13) Mickie Nye District Treasurer | 5.00 | | | X | | | | 0 | 0 | 0 |
| (14) | | | | | | | | | | |

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

| | | | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-----------|---|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | | | | 0 |
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1 a? <i>If "Yes," complete Schedule J for such individual</i> | | Yes | No | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 4 | | X | |
| | | 5 | | X | |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| | (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 | | |

| (A) Name and title | (B) Average hours per week (list any) | (C) Position (do not check more than one box, unless person is both an | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|----------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------|-------------|-----------------------------|--------------------------------------------------------|------------|-----------------------------------|-----------------------------------|-------------------------------------|
| | | Indi vidu al trust ee | Insti tuti onal trust ee | Offi cer | Ke y em plo yee | High est com pen sate d emp loyee | For mer | | | |
| | | or dire ctor | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0 | 0 | 0 | |

Part VIII Statement of Revenue

Check if Schedule 0 contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated | (D) Revenue excluded from tax under |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|----------------------------------------------|------------------|-------------------------------------------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) .. | 1e | 64,884 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f | | | 64,884 | | |
| Program Service Revenue | | | Business | | | |
| | 2a Membership Dues | 9000 | 83,392 | 83,392 | | |
| | b District Youth | 9000 | 78,794 | 78,794 | | |
| | c District Events | 9000 | 68,508 | 68,508 | | |
| | d Other Programs | 9000 | 6,892 | 6,892 | | |
| | e | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 237,586 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) .. | | | 2,639 | 2,639 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | | | (i) Real | (ii) Personal | | |
| | 6a Gross rents | 6a | | | | |
| | b Less: rental expenses .. | 6b | | | | |
| | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from | | (i) Securities | (ii) Other | | |
| | sales of assets other than inventory .. | 7a | | | | |
| | b Less: cost or other basis | 7b | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line | | 8a | | | |
| | b Less: direct expenses | | 8b | | | |
| | c Net income or (loss) from fundraising | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | |
| b Less: direct expenses | | 9b | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | 10a | | | | |
| b Less: cost of goods sold | | 10b | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | |
| | 11a | | | | | |
| | b | | | | | |
| c | | | | | | |

| | | | | | |
|----|-----------------------------------|---------|-----------|---|---|
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | | | | |
| 12 | Total revenue. See | 305,109 | 240 , 225 | 0 | 0 |

EEA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A):

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|-----------------------|--------------------|
| 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 | 18,146 | 18,146 | | |
| 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) | 2,118 | 2,118 | | |
| 7 | Other salaries and wages | 4,000 | 4,000 | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 84,422 | 84,422 | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 972 | 972 | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17. | 905 | 905 | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A)) | 75,893 | 75,893 | | |
| b Direct Expenses Events | | 57,643 | 57,643 | | |
| C Direct Expenses Service Acti | | 23,857 | 23,857 | | |
| d Direct Expenses Govcnor | | 37,944 | 37,944 | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 305,900 | 305,900 | 0 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational fundraising solicitation. Check here <input type="checkbox"/> if | | | | |

Part X Balance Sheet

Check if Schedule 0 contains a response or note to any line in this Part X

| | | | | (A) | | (B) | |
|-----------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------|-------------|-------------|-----------|
| | | | | Beginning of year | | End of year | |
| Assets | 1 | Cash - non-interest-bearing | 4958(c)(3)(B) (as director, 10 a or 35% 10 c) | 135 , 310 | I | 131, 880 | |
| | 2 | Savings and temporary cash investments | | 88 , 381 | 2 | 91, 020 | |
| | 3 | | | | 3 | | |
| | 4 | Pledges and grants receivable, net | | | 4 | | |
| | 5 | Accounts receivable, net | | | 5 | | |
| | 6 | Loans and other receivables from any current or former officer, trustee, key employee, creator or founder, substantial contributor, controlled entity or family member of any of these persons | | | 6 | | |
| | 7 | Loans and other receivables from other disqualified persons under section 4958(f)(1)), and persons described in section 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 | | | 10 | | |
| | | Less: accumulated depreciation | | | 10 c | | |
| | | Investments - publicly traded securities | | | 11 | | |
| | | Investments - other securities. See Part IV, line 11 | | | 12 | | |
| | | Investments - program-related. See Part IV, line 11 | | | 13 | | |
| | | | | | 14 | | |
| | | | | | 15 | | |
| | | | 223 , 691 | 16 | 222 , 900 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | | | |
| | 18 | | | 18 | | | |
| | 19 | Grants payable | | 19 | | | |
| | 20 | | | 20 | | | |
| | 21 | Deferred revenue | | 21 | | | |
| | 22 | Tax-exempt bond liabilities | | 22 | | | |
| | 23 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 23 | | | |
| | 24 | Loans and other 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 | | 24 | | | |
| | 25 | Secured mortgages and notes payable to unrelated third parties | | 25 | | | |
| | 26 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete | | 0 | 26 | 0 | |
| [Net Assets or Fund] | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | I here fund | | 27 | | |
| | 27 | Net assets without donor restrictions | | | 28 | | |
| | 28 | Net assets with donor restrictions | | | 29 | | |
| | | Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. | | | 30 | | |
| | 29 | Capital stock or trust principal, or current funds | | | 223 , 691 | 31 | 222 , 900 |
| | 30 | Paid-in or capital surplus, or land, building, or equipment | | | 223 , 691 | 32 | 222 , 900 |
| 31 | Retained earnings, endowment, accumulated income, or | | 223 , 691 | 33 | 222 , 900 | | |
| 32 | Total net assets or fund balances | | 223 , 691 | | 222 , 900 | | |

Part 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: <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 on Schedule O. | 2 a | x |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? 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. NI Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2c | |
| c | 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 on Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in..... the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | Form 990 (2024) |

| Part XI Reconciliation of Net Assets | | 0 | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------|---------|
| Check if Schedule O contains a response or note to any line in this Part XI | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 305,109 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 305,900 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (791) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 223,691 |
| 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 | 222,900 |

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Rotary International District 5500,

Employer identification number

23-7116192

1. Members or stockholder classes and rights (Part VI, line 6)

2. Form 990 governing body review (Part VI, line 11)

The governing body is subject to review by the Rotary Governor

3. Other officer or key employee compensation (Part VI, line 15b)

4. Governing documents, etc., available to public (Part VI, line 19) The Rotary Club upon request will set up a time for the books to be available for review

5. List of other fees for services expenses (Part IX, line 11g)

Refund

Grant

\$

Statement of Program Service Accomplishments

2024 PG01

Name(s) as shown on return

Your Social Security Number

23-7116192

Form 990-Part III(a)

Statement of Service Accomplishment

| | |
|--------------------------------------------------|---------|
| Program Service Code | |
| Program Service Expenses | \$26643 |
| Grants and allocations included in above expense | \$0 |
| Program Services Revenue | \$0 |

Explanation

| | |
|--------------------------------------|---------|
| Admin Expenses Preo fee | \$4,000 |
| Refund | 500 |
| Wages | 18,146 |
| Payroll Taxes | 2,118 |
| Work Comp Insurance | 904 |
| QB Fee974 Total \$26,643Statement #4 | |

990

Overflow Statement

2024

Page 1

(This page is not filed with the return. It is for your records only.)

Name: Washommonreturn

FEIN

Rotary International District 5500,

23-7116192

Overflow Statement

Description

| | |
|------------------------------|------------------|
| District Grants | \$ |
| District Governor Allocation | |
| Total: | \$ 64,884 |

Overflow Statement

Description

| | |
|---------------|-----------------|
| Interest | \$ |
| Total: | \$ 2,639 |

Overflow Statement

Description

| | |
|-----------------|-----------|
| Quick Book Fees | \$ |
| Total: | \$ |

Overflow Statement

Description

| | |
|---------------|------------------|
| Refund | \$ |
| Grant | |
| Total: | \$ 84,422 |

Overflow Statement

Description

| | |
|----------------------|------------------|
| Direct Youth Expense | \$ |
| Total: | \$ 75,891 |

Overflow Statement

Description

| | |
|-----------------------|------------------|
| Direct Event Expenses | \$ |
| Club Expenses | |
| Project | |
| Total: | \$ 81,500 |

990

Overflow Statement

2024

(This page is not filed with the return. It is for your records only.)

Page 2

Name(s) as shown on return

FEIN

Rotary International District 5500,

23-7116192

Overflow Statement

Description

| | |
|---------------------------|----|
| Governor | \$ |
| District Admin Committees | |
| Incoming Governor | |
| Grant | |

Total: \$