Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public

| A | For the | 2023 calend | dar year, or tax year beginning | Jul 1 | , 2023, and end | ding | Jui | n 30 | , 20 24 | |
|--------------------------------|-------------|--|--|----------------------------------|----------------------------|---------------------|----------------------------|-----------------|-----------------------------------|---------------------------|
| В | Check if | applicable: | C Name of organization Rotary | y District 6860 | | | | D Emplo | oyer identification | n number |
| | Address | change | Doing business as | | | | | 63-0 | 759180 | |
| | Name ch | ange | Number and street (or P.O. box i | if mail is not delivered to stre | et address) | Room/s | suite | E Teleph | none number | |
| | Initial ret | urn | PO Box 660035 | | | | | (256) |)446-0951 | |
| | Final retu | rn/terminated | City or town, state or province, or | country, and ZIP or foreign po | stal code | • | | | | |
| | Amended | d return | Vestavia Hills, A | L 35266 | | | | G Gross | receipts \$ 3 | 21,620. |
| $\overline{\Box}$ | Applicati | on pending | F Name and address of principal of | fficer: | | Н | I(a) Is this a grou | up return fo | or subordinates? | |
| | | | Garry Rosenberger, PO | | ingham, AL 3 | 1 | | | | |
| ī | Tax-exer | npt status: | 501(c)(3) X 501(c) (| 4) (insert no.) 4 | | | | | st. See instruction | |
| J | Website | N/A | | | | н | I(c) Group ex | emption | number 057 | 13 |
| K | Form of c | organization: 🗙 | Corporation Trust Associa | ation Other | L Year of for | rmation: | 1949 | M State | of legal domicile | : AL |
| | art I | Summa | | | <u>'</u> | | | | | |
| | | | cribe the organization's miss | sion or most significant | t activities: An Internati | ional service organ | ization to provide support | and assistance | to local rotary clubs within a sp | ecific grographical ares. |
| e | | | | • | | | | | | |
| Governance | | | | | | | | | | |
| ern | 2 | Check this | box if the organization of | discontinued its operat | ions or disposed | d of mo | re than 25 | % of it | s net assets. | |
| 30 | | | voting members of the gove | | | | | 3 | | 25 |
| | 1 | | independent voting membe | | | | | 4 | | 25 |
| ies | 1 | | per of individuals employed i | | | - | | 5 | | 0 |
| Activities & | 1 | | per of volunteers (estimate if | - | | | | 6 | | 0 |
| Act | | | ated business revenue from | • / | | | | 7a | | 0. |
| | 1 | | ted business taxable income | | 7b | | 0. | | | |
| | | | | | Prior Year | - | Current | | | |
| Revenue | 8 | Contributio | ons and grants (Part VIII, line | | 203, | 377. | 20 | 03,084. | | |
| | 9 | 9 Program service revenue (Part VIII, line 2g) | | | | | | | | 9,068. |
| eve | 1 | _ | t income (Part VIII, column (A | 37, | 3,625. | | | | | |
| ď | 1 | | nue (Part VIII, column (A), lin | - , | | | 9,468. | | | |
| | 1 | | ue-add lines 8 through 11 (r | 244. | 14,560. 321,62 | | | | | |
| | | | d similar amounts paid (Part | | | | | | | |
| | 14 | | aid to or for members (Part I) | | | | | | | |
| S | 1 | | her compensation, employee | | | | | | | |
| Expenses | 1 | | al fundraising fees (Part IX, o | · · | | | | | | |
| per | | | raising expenses (Part IX, co | | 0. | | | | | |
| ш | 1 | | enses (Part IX, column (A), lir | | | | 251, | 027. | 31 | L6,262. |
| | 1 | | nses. Add lines 13–17 (must | | | | 251, | | | L6,262. |
| | | - | ess expenses. Subtract line 1 | | | | · · | 467. | | 5,358. |
| or | | | • | | | | ning of Curre | | End of \ | _ |
| Net Assets or Fund Balances | 20 | Total asset | ts (Part X, line 16) | | | | 346, | 790. | 34 | 19,897. |
| Ass | 21 | | " (D L)(I' 00) | | | | | 000. | | L8,750. |
| 돌 | 22 | Net assets | or fund balances. Subtract | line 21 from line 20 | | | 325, | | 33 | 31,147. |
| Pa | art II | | re Block | | | ' | | | | |
| | | ties of perjury | , I declare that I have examined this | return, including accompany | ring schedules and s | statement | s, and to the | best of i | my knowledge ar | nd belief, it is |
| tru | e, correct | , and complete | e. Declaration of preparer (other than | n officer) is based on all infor | mation of which prep | parer has | any knowledo | ge. | | |
| | | | | | | | 11/ | /12/2 | 2024 | |
| Sig | gn | Signature of | officer | | | | Date | | | |
| He | ere | Garı | ry Rosenberger, Dis | tric Treasure | | | | | | |
| | | | name and title | | | | | | | |
| D- | id | Print/Type | e preparer's name | Preparer's signature | | Date | | Check | if PTIN | |
| Pa | | Logan | W Trousdale III | Logan W Trousd | ale III | 11/1 | | self-emp | | 8593 |
| | epare | r | | | | · · - | Firm's | EIN : | 26-281779 | |
| US | se Onl | Firm's add | | AD 30, FLORENCE | , AL 35634 | | | | 56)764-33 | |
| Ma | v the IR | | this return with the preparer | | | | 1 | - \ 2 | | No. |

| Part | | |
|------|--|-------------|
| 1 | Check if Schedule O contains a response or note to any line in this Part III | 🗀 |
| • | An International service organization to provide support and assistance to local rotary clubs within a specific g | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | ☐ Yes ເ⊗ No |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ☐ Yes ☒ No |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported. | |
| 4a | An International service organization to provide support and assistance to local rotary clubs within a specific grographical area. | |
| | | |
| 4b | (Code:) (Expenses \$0 . including grants of \$0 .) (Revenue \$ | 0.) |
| | | |
| 4c | (Code:) (Expenses \$ | 0.) |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| τu | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 206, 222. | |

| Part l | V Checklist of Required Schedules | | | |
|----------|---|-----|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | × |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | × |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | × |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | _ | | |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | |
| 3 | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| • | • | 5 | × | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | × |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | × |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | × |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | - | | _^ |
| 10 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 40 | | |
| 44 | | 10 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | × |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 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 | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| 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 | | × |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i> | | | |
| 120 | Schedule D, Parts XI and XII | 100 | | × |
| b | | 12a | | _^ |
| D | 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 | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 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? If "Yes," complete Schedule F, Parts I and IV | 14b | | × |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | × |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | × |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| - | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | × |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | <u> </u> |
| .0 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | | |
| 10 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | | × |
| 19 | | | | l |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | × |
| 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 12 If "Yes," complete Schedule I, Parts I and II | 24 | I | |

| Part | Checklist of Required Schedules (continued) | | | |
|----------|--|-----|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 00 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | × |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d 250 | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | × |
| 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 | | × |
| 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? If "Yes," complete Schedule L, Part III | 27 | | × |
| 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? <i>If</i> "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | × |
| 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 | | × |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | <u> </u> |
| 0.4 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 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 | | × |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | | | |
| Part | | 38 | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | Yes | No |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | | |
|---------|---|----------|-----|----|--|--|--|
| 2a | | | | | | | |
| 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 | | × | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 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 | | × | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | × | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 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 | | × | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | |
| | and services provided to the payor? | 7a | | × | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | | | | |
| | required to file Form 8282? | 7c | | × | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f | | × | | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? | 7g 7h | | × | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | /11 | | ^ | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | |
| a | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | |
| 10- | against amounts due or received from them.) | 10- | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | | | | |
| b 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. | 104 | | | | | |
| 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 | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . | 14b | | | | | |
| 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? | 15 | | × | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | × | | | |
| 4-7 | 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? | 4- | | | | | |
| | If "Yes," complete Form 6069. | 17 | | | | | |
| | n res, complete i onn coos. | | | | | | |

D 6

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 25 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × 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? 11a × **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ☐ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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.

Garry Rosenberger, 260 Lime Drive, Muscle Shoals, AL 35661 (256)710-9839

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Form 990 (2023) Page **7**

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

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

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.

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

| | | | | ((| C) | | | | | | | |
|---|---|-------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|---|--|--|
| (A) | (B) | Position | | | | | | (D) | (E) | (F) | | |
| Name and title | Average | | | | | e than o | | Reportable | Reportable | Estimated amount | | |
| Name and the | hours | | | | | is both or/trust | | compensation | compensation | of other | | |
| | per week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations | | |
| (1)Evans, Mary Grace | 0.00 | | | | | | | | | | | |
| District Governor | 0.00 | × | | × | | | | | | | | |
| (2)Lewis, Harold W. | 0.00 | | | | | | | | | | | |
| Finance Chair | 0.00 | × | | | | | | | | | | |
| (3) Allgood, David | 0.00 | | | | | | | | | | | |
| District Governor Elect | 0.00 | × | | × | | | | | | | | |
| (4) Cain, Brett Butler | 0.00 | | | | | | | | | | | |
| District Governor Nominee | 0.00 | × | | | | | | | | | | |
| (5) Kirk, Todd H | 0.00 | | | | | | | | | | | |
| District Secretary | 0.00 | × | | × | | | | | | | | |
| (6) Rosenberger, Garry | 0.00 | | | | | | | | | | | |
| District Treasurer | 0.00 | × | | × | | | | | | | | |
| (7) Taylor, Wendy | 0.00 | | | | | | | | | | | |
| Training Coordinator Area 1 | 0.00 | × | | | | | | | | | | |
| (8) Weinman, Lee | 0.00 | | | | | | | | | | | |
| COG Chair, Vice Chair | 0.00 | × | | | | | | | | | | |
| (9) Hogg, Sharon | 0.00 | | | | | | | | | | | |
| AG Coordinator Area 12 | 0.00 | × | | | | | | | | | | |
| (10) Blasingame, Jim | 0.00 | | | | | | | | | | | |
| Assistant Governor | 0.00 | × | | | | | | | | | | |
| (11) Zahn, Wendy J | 0.00 | | | | | | | | | | | |
| Assistant Governor | 0.00 | × | | | | | | | | | | |
| (12) Schuppert, Kenneth M. Jr. District Parliamentarian | 0.00 | × | | | | | | | | | | |
| (13) Golden, Paul C. | 0.00 | | | | | | | | | | | |
| Assistant Governor | 0.00 | × | | | | | | | | | | |
| (14) Wade, Mike Douglas | 0.00 | | | | | | | | | | | |
| Assistant Governor, District Services Project Chair | 0.00 | × | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, 1 | rustees, | Key I | Em | plo | yee | s, an | d F | lighest Compe | nsated E | mplo | yees (continued) |
|-------------------------------|---|------------------------------------|--------------------------------|-----------------------|--------|--------------|------------------------------|-----------------------|--|-------------|-----------------------|----------------------------|
| | | | | | | C) | | | | | | |
| | (B) | Position (do not check more than c | | | | | one | (D) | (E) | | (F) | |
| | Average | ١, | | | | is both | | Reportable | Reporta | | Estimated amount | |
| | hours per week | | er and | _ | lirect | or/trus | - | compensation from the | compens from rela | | of other compensation | |
| | (list any | or o | Ins | Officer | Ze. | em Hig | For | organization (W-2/ | organization | | from the | |
| | | hours for | dire | titut | icer | / en | ploy | Former | 1099-MISC/ | 1099-M | | organization and |
| | | related organizations | Individual trustee or director | iona | | Key employee | ée t co | , | 1099-NEC) | 1099-N | EC) | related organizations |
| | | below | trus | a tr | | yee | mpe | | | | | |
| | | dotted line) | tee | Institutional trustee | | | Highest compensated employee | | | | | |
| | | | | 0 | | | ted | | | | | |
| (15) Ga | arcia, Elizabeth M. | 0.00 | | | | | | | | | | |
| DG | Nominee Designate, RLI District Coordinator | 0.00 | × | | | | | | | | | |
| (16) K | ennedy, Austin | 0.00 | | | | | | | | | | |
| A | ssistant Governor | 0.00 | × | | | | | | | | | |
| (17) R | ogers, J. Mitchell | 0.00 | | | | | | | | | | |
| | ssistant Governor | 0.00 | × | | | | | | | | | |
| (18) Se | elman, Scott | 0.00 | | | | | | | | | | |
| | ssistant Governor | 0.00 | × | | | | | | | | | |
| (19) S | auffer, Sharon T. | 0.00 | | | | | | | | | | |
| | ssistant Governor | 0.00 | × | | | | | | | | | |
| (20) V | an Loan, Robert | 0.00 | | | | | | | | | | |
| A | ssistant Governor | 0.00 | × | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | | | | |
| С | Total from continuation sheets to Part | - | | | | | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | | | | | |
| 2 | Total number of individuals (including but | | d to tr | ose | e list | ted | above | e) w | no received mor | e than \$10 | J0,000 | Of |
| | reportable compensation from the organi | Zation | | | | | | | | | | |
| • | Did the supplication list and formal | . ec:1! | | 4 | 4 | | | | lavora a la | | 4 | Yes No |
| 3 | Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> s | | | | | | | | | | nsated | _ |
| | | | | | | | | | | | | 3 × |
| 4 | For any individual listed on line 1a, is the organization and related organizations | | | | | | | | | | | |
| | | greater th | ан ф | | | | ı re | ٥, | complete Sched | Jule J TO | Sucri | |
| - | | | | | | | | | | | انداطیتها | 4 × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | , | | • | | | |
| C4: | | : 11 163, 0 | σπρι | CIC | JUI | ieut | JIE U I | OI S | sucii persori . | | • • | 5 X |
| <u>Secti</u> | on B. Independent Contractors Complete this table for your five high | oct comp | oncot | <u></u> | inda | 200 | ndont | | entractors that | occived i | moro | than \$100,000 of |
| • | compensation from the organization. Repo | | | | | | | | | | | |
| | | or compon | | - 101 | | | iorida | . y o | | Within the | organ | • |
| (A) Name and business address | | | | | | | | | (B) Description of services | /ices | | (C) Compensation |
| | | | | | | | | \vdash | į 1. 30i. | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | \vdash | | | | |
| 2 | Total number of independent contractor | rs (includir | ng bu | ıt n | ot I | limit | ted to | th | ose listed abov | e) who | | |
| | received more than \$100,000 of compens | | | | | | | | | · | | |

| Part VIII | Statement of Revenue |
|-----------|----------------------|
|-----------|----------------------|

| | | Check if Schedule | O co | ntains a re | spon | ise or note to ar | ny line in this Pa | ırt VIII . . . | | |
|---|-----|--|--------|---------------------------------------|----------|-------------------|----------------------|--|--------------------------------------|--|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ທ໌ ທ | 1a | Federated campaig | ns . | | 1a | | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | 1b | 92,969. | | | | |
| Sr. | c | Fundraising events | | | 1c | 110,115. | | | | |
| s, (| _ | Related organization | | | 1d | 110,113. | | | | |
| a it | d | | | | | | | | | |
| 3, E | e | Government grants | | | 1e | | | | | |
| Sign | f | All other contributions, gifts, grants, and similar amounts not included above | | | | | | | | |
| uti Je | | | | | 1f | | | | | |
| 흔 | g | Noncash contribution | | | | | | | | |
| on d | | lines 1a–1f 1g | | | | \$ | | | | |
| a C | h | Total. Add lines 1a- | -1f . | | | | 203,084. | | | |
| | | | | | | Business Code | | | | |
| e G | 2a | Program Fees | fron | n Clubs | | 813211 | 109,068. | 109,068. | 0. | 0. |
| ا کے | b | | | | | | 202,000. | 20270001 | | |
| Sel | c | | | | | | | | | |
| E ē | | | | | | | | | | |
| gram Ser Revenue | d | | | | | | | | | |
| Program Service Revenue | e | A.I | | | | | | | | |
| <u>-</u> | f | All other program se | | | | | | | | |
| | g | Total. Add lines 2a- | | | | | 109,068. | | | |
| | 3 | Investment income | | | | | | | | |
| | | other similar amoun | • | | | | 9,468. | 9,468. | 0. | 0. |
| | 4 | Income from investr | nent (| of tax-exen | npt bo | and proceeds | | | | |
| | 5 | Royalties | | | | | | | | |
| | | | | (i) Rea | I | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | c | Rental income or (loss) | | | | | | | | |
| | d | Net rental income o | | C) | | | | | | |
| | | | (105 | · · · · · · · · · · · · · · · · · · · | | (ii) Other | | | | |
| | 7a | Gross amount from | | | lies | (II) Other | | | | |
| | | sales of assets | | | | | | | | |
| | | other than inventory | 7a | | | | | | | |
| ne | b | Less: cost or other basis | | | | | | | | |
| Revenue | | and sales expenses . | 7b | | | | | | | |
| ě | С | Gain or (loss) | 7с | | | | | | | |
| | d | Net gain or (loss) | | | | | | | | |
| Other | 8a | Gross income from | m fu | ındraisina | | | | | | |
| ō | | events (not including | | | | | | | | |
| | | of contributions rep | | | | | | | | |
| | | 1c). See Part IV, line | | | 8a | | | | | |
| | h | Less: direct expens | | | 8b | | | | | |
| | | Net income or (loss) | | | | l nto | | | | |
| | C | Gross income f | | | g eve | ::::S | | | | |
| | 9a | | | 0 0 | | | | | | |
| | | activities. See Part I | | | 9a | | | | | |
| | | Less: direct expens | | | 9b | | | | | |
| | С | Net income or (loss) | • | | ctivitie | es | | | | |
| | 10a | Gross sales of ir | | ory, less | | | | | | |
| | | returns and allowan | ces | | 10a | | | | | |
| | b | Less: cost of goods | sold | | 10b | | | | | |
| | С | Net income or (loss) | | | vento | ory | | | | |
| S | | , | • | | | Business Code | | | | |
| 0 V | 11a | | | | | | | | | |
| ne Ju | b | | | | | | | | | |
| Ver | | | | | | | | | | |
| scellaneo Revenue | C C | All other revenue | | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | | | |
| | | Total. Add lines 11a | | | | | 201 600 | 110 535 | _ | |
| | 12 | Total revenue. See | ınstr | uctions | | | 321,620. | 118,536. | 0. | 0. |

| | Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All | other organizations | must complete colun | nn (A). |
|--|---|-----------------------------|------------------------------|-------------------------------------|--------------------------|
| | Check if Schedule O contains a response | | | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . | | | 3 | |
| 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 5 | Benefits paid to or for members 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 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 10 11 a | Other employee benefits | | | | |
| b c d e f g | Legal | 1,605. | 0. | 1,605. | 0. |
| 12 13 14 15 16 17 18 | Advertising and promotion | 8,343. 3,331. 34,025. | 0. | 8,343. 3,331. 34,025. | 0. |
| 19 20 | Conferences, conventions, and meetings . Interest | 60,355. | 0. | 60,355. | 0. |
| 21 22 23 24 | Payments to affiliates | 206,222. | 206,222. | 0. | 0. |
| a b | Training | 2,381. | 0. | 2,381. | 0. |
| c d | | | | | |
| е | All other expenses | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | 316,262. | 206,222. | 110,040. | 0. |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Par | t X | | 🗆 |
|-----------------------------|----------|---|---------------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 143,260. | 1 | 135,667. |
| | 2 | Savings and temporary cash investments | 203,530. | 2 | 212,998. |
| | 3 | Pledges and grants receivable, net | | 3 | 1,232. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from 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 | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| SS | 8 | Inventories for sale or use | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | | | |
| | L | | | 100 | |
| | | Less: accumulated depreciation | | 10c | |
| | 11 12 | Investments—publicly traded securities | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 346,790. | 16 | 349,897. |
| | 17 | Accounts payable and accrued expenses | 21,000. | 17 | 18,750. |
| | 18 | Grants payable | • | 18 | • |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ě | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | | 0.5 | |
| | 26 | | 21 000 | 25 | 10 750 |
| " | 26 | Total liabilities. Add lines 17 through 25 | 21,000. | 26 | 18,750. |
| če | | and complete lines 27, 28, 32, and 33. | | | |
| lan | 27 | Net assets without donor restrictions | 325,790. | 27 | 331,147. |
| Ba | 28 | Net assets with donor restrictions | 323,770. | 28 | 331,117. |
| nd | | Organizations that do not follow FASB ASC 958, check here | | | |
| Ŀ | | and complete lines 29 through 33. | | | |
| 3 0 | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds . | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 325,790. | 32 | 331,147. |
| Z | 33 | Total liabilities and net assets/fund balances | 346,790. | 33 | 349,897. |

Form 990 (2023) Page **12**

| Part | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Bort VI | | | | | | | | |
|--|---|-------|------|-----|-----------------------|--|--|--|--|
| | 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 | | | <u>,620.</u> | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u>,262.</u> | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>,358.</u> ,790. | | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | | | | | | |
| 5 | 3() | | | | | | | | |
| 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 | | 331 | ,148. | | | | |
| Part XII Financial Statements and Reporting | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | | |
| | | | | Ye | s No | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash 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? | | . 2 | а | × | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed 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? | | . 21 |) | × | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both. | tea o | na | | | | | | |
| | • | | | | | | | | |
| _ | Separate basis Consolidated basis Both consolidated and separate basis | ! ! . | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | | | | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounts | | | | | | | | |
| | 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 fo | | | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | . 3 | а | × | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | | 0 | | | | | |
| | | | | | | | | | |

REV 05/09/24 PRO Form **990** (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 63-0759180 Rotary District 6860 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Schedule C (Form 990) 2023 Page **2**

| Pa | art II-A Complete if the or section 501(h)). | ganization is ex | kempt under s | ection 501 | (c)(3) and filed | l Form 5768 (ele | ection under |
|---|---|--|---------------------|------------------------------|----------------------------------|------------------------------------|--------------|
| Α | | heck if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). | | | | | |
| В | Check ☐ if the filing organizatio | n checked box A | and "limited con | rol" provisio | ons apply. | | |
| Limits on Lobb (The term "expenditures" me | | | | incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | |
| 1 | | | | | ı) | - | |
| • | | 7 0 1 | | | | | |
| | | - | | | | | |
| | d Other exempt purpose expen | | • | | | | |
| | | | | | | | |
| | | the second secon | | | | | |
| | columns. | nt. Entor the ar | nount monn the | ionowing . | | | |
| | If the amount on line 1e, column | (a) or (b) is: The | lobbying nontaxa | ole amount is | s: | | |
| | not over \$500,000, | | of the amount on | | | | |
| | over \$500,000 but not over \$1,00 | | 0,000 plus 15% of t | | er \$500.000. | | |
| | over \$1,000,000 but not over \$1,5 | | 5,000 plus 10% of t | | | | |
| | over \$1,500,000 but not over \$17 | | 5,000 plus 5% of th | | | | |
| | over \$17,000,000, | | \$1,000,000. | | | | |
| | g Grassroots nontaxable amou | 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| | h Subtract line 1g from line 1a. | | • | | | | |
| | = | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | |
| | j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | | | Yes No | | |
| | reporting section 4911 tax for | | | | | | res No |
| | (Some organizations that ı | nade a section 5 See the separ | ate instructions | o not have t for lines 2a | to complete all through 2f.) | of the five columi | ns below. |
| | | Lobbying Exper | nditures During | 4-Year Ave | raging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2 | (b) | 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2 | 2a Lobbying nontaxable amount | | | | | | |
| | b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | |
| | c Total lobbying expenditures | | | | | | |
| | d Grassroots nontaxable amou | nt | | | | | |
| | e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| | f Grassroots lobbying expendit | ures | | | | | |

BAA REV 05/09/24 PRO Schedule C (Form 990) 2023

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| | (election under section 501(h)). | 1. | a) | | (b) | |
|---------|--|--------|---------|-----------|--------|-----|
| | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed | | | | | |
| descr | ription of the lobbying activity. | Yes | No | Α | moun | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| ! : | Other activities? | | | | | |
| J | Total. Add lines 1c through 1i | | | | | |
| 2a b | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part | |)(5). | or se | ction | | |
| | 501(c)(6). | ,, ·, | J. 33 | 00 | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | × | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | × |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | - | - | | | × |
| Part | and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes." | | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | | | |
| a | Current year | • | 2a | | | |
| b | Carryover from last year | • | 2b | | | |
| с 3 | Total | • | 2c 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb | | 3 | | | |
| | and political expenditures next year? | _ | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | | |
| Pari | | | | | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro | un lis | t): Par | † II-A. I | ines 1 | and |
| | instructions); and Part II-B, line 1. Also, complete this part for any additional information. | • | ,, | , | | |
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| Part IV | Supplemental Information (continued) |
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Schedule C (Form 990) 2023

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

| Rotary District 6860 | 63-0759180 |
|--|-----------------------|
| Pt VI, Line 11b: Oganization's process to review Form 990 No 1 | |
| be conducted | |
| | |
| Pt VI, Line 19: Governing Documents disclosure explanation - N | No documents avaiable |
| to the public | |
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Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $\ \, \mathbb{Jul} \ 1 \ \,$, 2023, and ending $\ \, \mathbb{Ju} \ 30$, 2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

| Name of filer | EIN or SSN |
|--|---|
| Rotary District 6860 | 63-0759180 |
| Name and title of officer or person subject to tax | |
| Garry Rosenberger, Distric Treasure | |
| Part I Type of Return and Return Information | |
| Check the box for the return for which you are using this Form 8879-TE and enter the applicab 3038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with the 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered 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), 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | only. If you check the box on line 1a, 2a, his form was blank, then leave line 1b, 2b, ed -0- on the return, then enter -0- on the start (1) |
| 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) | |
| 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, | |
| Part II Declaration and Signature Authorization of Officer or Person Subject t | · |
| Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person | |
| of entity), (EIN), | |
| acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent (direct debit) entry to the financial institution account indicated in the tax preparation software for pay return, and the financial institution to debit the entry to this account. To revoke a payment, I must cor 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize processing of the electronic payment of taxes to receive confidential information necessary to answe the payment. I have selected a personal identification number (PIN) as my signature for the electronic electronic funds withdrawal. | to initiate an electronic funds withdrawal yment of the federal taxes owed on this ntact the U.S. Treasury Financial Agent at the financial institutions involved in the or inquiries and resolve issues related to |
| PIN: check one box only | |
| I authorize to enter my PIN to enter my PIN | as my signature Enter five numbers, but do not enter all zeros |
| on the tax year 2023 electronically filed return. If I have indicated within this return that a copagency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor return's disclosure consent screen. | |
| X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my sign filed return. If I have indicated within this return that a copy of the return is being filed with a state of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. | |
| Signature of officer or person subject to tax | Date <u>11/12/2024</u> |
| 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. 6 3 5 2 4 3 | all zeros |
| am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Note 1) Providers for Business Returns. | MeF) Information for Authorized IRS e-file |
| ERO's signature Date | 11/13/2024 |
| FROM A ROLL THE CO. 1. T. | |
| ERO Must Retain This Form — See Instructions | ; |

Do Not Submit This Form to the IRS Unless Requested To Do So