# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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 Inspection

| A                              | For the      | 2021 calend     | dar year, or tax year beginning ${ m Jul} \ 1$ , 2021, and endi   | ng Ju                                    | ın 30                               | <b>, 20</b> 22  |  |  |  |
|--------------------------------|--------------|-----------------|---|--|-------------------------------------|---|--|--|--|
| В                              | Check if     | applicable:     | C Name of organization Rotary District 6860   |  | D Emplo                             | oyer identification number                                |  |  |  |
|                                | Address      | change          | Doing business as   |  | 63-07                               | 759180  |  |  |  |
| $\overline{\Box}$              | Name ch      | ange            | Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite                               |                                     | none number   |  |  |  |
| $\overline{\Box}$              | Initial retu | ĭ               | PO Box 308  |  | (256)                               | 446-0951  |  |  |  |
| $\overline{\Box}$              |              | rn/terminated   | City or town, state or province, country, and ZIP or foreign postal code  |  |                                     |   |  |  |  |
| Ħ                              | Amended      |                 | <b>G</b> Gross  | receipts \$ 250,868.                     |                                     |   |  |  |  |
| $\exists$                      |              | on pending      | Florence, AL 35630  F Name and address of principal officer:  | H(a) Is this a gr                        |                                     | or subordinates? Yes No                                   |  |  |  |
| ш                              | пррпост      | on ponding      | Garry Rosenberger, PO BOX 308, Florence, AL 356   | 1  |                                     | es included? Yes No                                       |  |  |  |
| $\overline{}$                  | Tax-exen     | npt status:     | 501(c)(3)   X 501(c) ( 4 )   (insert no.)   | •  | ," attach a list. See instructions. |   |  |  |  |
| J                              | •            | · N/A           |   |  |                                     | number ▶ 0573   |  |  |  |
|                                | -            |                 | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form  |  |                                     | of legal domicile: AL                                     |  |  |  |
|                                | art I        | Summa           |   |  |                                     |   |  |  |  |
| _                              | _            |                 | cribe the organization's mission or most significant activities: le intensitina   | l service organization to provide some   | nrt and acciptance t                | to local rotary chile within a gnerific groggaphical area |  |  |  |
| ø                              | -            | Dilony doo      | ondo the organization of mission of missions significant activities.  | i actifice organización co provinc augu- | or and appropries                   | to rour roury crass aronn a specific grouperour area.     |  |  |  |
| Activities & Governance        |              |                 |   |  |                                     |   |  |  |  |
| Ë                              | 2            | Check this      | box ▶ ☐ if the organization discontinued its operations or dispose  | d of more than                           | 25% of                              | its net assets  |  |  |  |
| Š                              |              |                 | voting members of the governing body (Part VI, line 1a)   |  | 3                                   | 20  |  |  |  |
| დ<br>ფ                         | 1            |                 | independent voting members of the governing body (Part VI, line 18)   |  | 4                                   | 20  |  |  |  |
| es                             |              |                 |   |  | 5                                   | 0   |  |  |  |
| ΞĘ                             |              |                 | per of volunteers (estimate if necessary)   |  | 6                                   | 0   |  |  |  |
| <b>₹</b>                       |              |                 | ated business revenue from Part VIII, column (C), line 12   |  | 7a                                  | 0.  |  |  |  |
| _                              |              |                 | ted business taxable income from Form 990-T, Part I, line 11  |  | 7b                                  | 0.  |  |  |  |
|                                |              | - INGL UITIGIAL | ted business taxable income norm of or 990-1,1 art i, line 11   | Prior Yea                                |                                     | Current Year  |  |  |  |
|                                | 8            | Contributio     |   |  |                                     |   |  |  |  |
| Revenue                        | 1            |                 | ons and grants (Part VIII, line 1h)   | 479.                                     | 218,845.                            |   |  |  |  |
| Ver                            |              | •               | ·   | 0,                                       | 833.                                | 31,979.   |  |  |  |
| Be                             | 1            |                 | t income (Part VIII, column (A), lines 3, 4, and 7d)  | 137.                                     | 44.                                 |   |  |  |  |
|                                |              |                 | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.10                                     | 440                                 |   |  |  |  |
| _                              |              | •               | ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 242,                                     | 449.                                | 250,868.  |  |  |  |
|                                | 1            |                 | d similar amounts paid (Part IX, column (A), lines 1–3)   |  |                                     |   |  |  |  |
|                                |              | =               | aid to or for members (Part IX, column (A), line 4)   |  |                                     |   |  |  |  |
| es                             | 15           |                 | her compensation, employee benefits (Part IX, column (A), lines 5–10)   |  |                                     |   |  |  |  |
| ens                            | 16a          |                 | al fundraising fees (Part IX, column (A), line 11e)   |  |                                     |   |  |  |  |
| Expenses                       | b            |                 | raising expenses (Part IX, column (D), line 25)   0.  |  |                                     |   |  |  |  |
|                                | 17           |                 | enses (Part IX, column (A), lines 11a-11d, 11f-24e)   |  | 850.                                | 256,290.  |  |  |  |
|                                | 1            |                 | nses. Add lines 13-17 (must equal Part IX, column (A), line 25) .   |  | 850.                                | 256,290.  |  |  |  |
|                                |              | Revenue le      | ess expenses. Subtract line 18 from line 12   | 87,                                      | 599.                                | -5,422.   |  |  |  |
| sor                            |              |                 |   | Beginning of Curr                        | ent Year                            | End of Year   |  |  |  |
| sset                           | 20           |                 | ts (Part X, line 16)  | 336,                                     | ,996.                               | 331,574.  |  |  |  |
| Net Assets or<br>Fund Balances | 21           |                 | ties (Part X, line 26)  |  | 0.                                  | 0.  |  |  |  |
|                                |              |                 | or fund balances. Subtract line 21 from line 20   | 336                                      | ,996.                               | 331,574.  |  |  |  |
| P                              | art II       | Signatu         | re Block  |  |                                     |   |  |  |  |
|                                |              |                 | , I declare that I have examined this return, including accompanying schedules and stage. Declaration of preparer (other than officer) is based on all information of which prepare |  |                                     | my knowledge and belief, it is                            |  |  |  |
|                                | e, correct   | , and complete  | e. Declaration of preparer (other trial) officer) is based off all information of which prepare   | Tel rias arry knowled                    |                                     |   |  |  |  |
| C:                             |              |                 |   |  | /10/2                               | 022   |  |  |  |
| Si                             | _            | Signatu         | ure of officer  | Date                                     |                                     |   |  |  |  |
| He                             | ere          |                 | ry Rosenberger, Distric Treasure  |  |                                     |   |  |  |  |
|                                |              |                 | r print name and title  |  |                                     |   |  |  |  |
| Pa                             | nid          | Print/Type      | preparer's name Preparer's signature  | Date                                     | Check [                             | if PTIN   |  |  |  |
|                                | epare        | Logan           | W Trousdale III Logan W Trousdale III   | 11/10/2022                               | self-emp                            | P01038593   |  |  |  |
|                                | se Only      | L Cirror's man  | ne ► ASM CONSULTING   | Firm's                                   | s EIN ► 2                           | 26-2817790  |  |  |  |
| _                              |              | Firm's add      | dress ▶ 2949 COUNTY ROAD 30, FLORENCE, AL 35634   | Phone                                    | e no. (2                            | 56)764-3374   |  |  |  |
| Ma                             | v the IR     | S discuss t     | this return with the preparer shown above? See instructions   |  |                                     | . X Yes No  |  |  |  |

| Part | 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:  An International service organization to provide support and assistance to local rotary clubs within a specific  | grographical ares. |
|      |  |                    |
|      |  |                    |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   | ☐ Yes ⊠ No         |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   | ☐ Yes ⊠ No         |
|      | If "Yes," describe these changes on Schedule O.  |                    |
| 4    | Describe the 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 allothe total expenses, and revenue, if any, for each program service reported. |                    |
| 4a   | (Code: ) (Expenses \$ 193,044. including grants of \$ 113,044. ) (Revenue \$   | 0.)                |
|      | 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.)                |
|      | N/A  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
| 4c   | (Code: ) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$  | 0.)                |
|      | N/A  | /                  |
|      |  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
|      |  |                    |
| 4d   | Other program services (Describe on Schedule O.)   |                    |
| 4e   | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 193,044.   |                    |

| Part     | Checklist of Required Schedules  |     |     | . ago |
|----------|--|-----|-----|-------|
|          |  |     | 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? <i>If "Yes," complete Schedule C, Part I </i>   | 3   |     | ×     |
| 4        | <b>Section 501(c)(3) organizations.</b> 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(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 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? <i>If</i> "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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i> | 9   |     | ×     |
| 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  |     | ×     |
| 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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>  | 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 |     | ×     |
| 12a      | Schedule D, Parts XI and XII   | 12a |     | ×     |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | ×     |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | ×     |
| 14a<br>b | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | ×     |
| 15       | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>   | 14b |     | ×     |
| 16       | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | ×     |
| 17       | assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>  | 16  |     | ×     |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 17  |     | ×     |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | 18  |     | ×     |
| 00       | If "Yes," complete Schedule G, Part III  | 19  |     | ×     |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a | -   | ×     |
| b<br>21  | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 20b |     |       |

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

| 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       |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | ×        |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated                                 |            |     |          |
|      | employees? If "Yes," complete Schedule J   | 23         |     | ×        |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b                            |            |     |          |
| _    | through 24d and complete Schedule K. If "No," go to line 25a   | 24a        |     | ×        |
| c    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b<br>24c |     |          |
| d    | 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? If "Yes," complete Schedule L, Part I                                   | 25a        |     | ×        |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | 200        |     |          |
|      | 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  | 230        |     |          |
|      | 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  |            |     |          |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L,  | 27         |     | ×        |
|      | 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        |     | ×        |
|      | 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 non-cash 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   |            |     |          |
|      | 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   | <b>Section 501(c)(3) organizations.</b> 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         |     | ×        |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O  | 38         |     | ×        |
| Part | V Statements Regarding Other IRS Filings and Tax Compliance  | ,          |     | <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  |            |     |          |
| C    | 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      | 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 0  |            |     |          |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b         |     |          |
|         | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.   |            |     |          |
| 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<br>5c   |     | ×        |
| c<br>6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5</b> C |     |          |
| va      | 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   | - Oa       |     | <u> </u> |
| -       | 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  | 76         |     | ×        |
| 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?.  | 7f         |     | ×        |
| g<br>g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     | ×        |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     | ×        |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the  |            |     |          |
|         | sponsoring organization have excess business holdings at any time during the year?   | 8          |     |          |
| 9       | Sponsoring organizations maintaining donor advised funds.  |            |     |          |
| 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:  Gross income from members or shareholders  |            |     |          |
| a<br>b  | Gross income from other sources. (Do not net amounts due or paid to other sources  |            |     |          |
| -       | against amounts due or received from them.)  |            |     |          |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |          |
| 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.   |            |     |          |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |          |
|         | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |            |     |          |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   |            |     |          |
|         | the organization is licensed to issue qualified health plans   |            |     |          |
| C       | Enter the amount of reserves on hand   | 4.4        |     |          |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | ×        |
| b<br>15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                   | 14b        |     |          |
| .0      | 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         |     | ×        |
|         | If "Yes," complete Form 4720, Schedule O.  |            |     |          |
| 17      | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any   |            |     |          |
|         | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17         |     |          |
|         | If "Yes," complete Form 6069.  |            |     |          |

| Part     | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI   | See in | struc       | tions.     |
|----------|---|--------|-------------|------------|
| Secti    | on A. Governing Body and Management   |        |             |            |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   |        | Yes         | No         |
| b<br>2   | Enter the number of voting members included on line 1a, above, who are independent .    Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2      |             | ×          |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .   | 3      |             | ×          |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4      |             | ×          |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5      |             | ×          |
| 6        | Did the organization have members or stockholders?  | 6      |             | ×          |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a     |             | ×          |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b     |             | ×          |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |        |             |            |
| а        | The governing body?   | 8a     | ×           |            |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b     | ×           |            |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>   | 9      |             | ×          |
| Secti    | ion B. Policies (This Section B requests information about policies not required by the Internal Rever  | ue C   | ode.)       |            |
|          |   |        | Yes         | No         |
| 10a<br>b | Did the organization have local chapters, branches, or affiliates?  | 10a    |             | <u>×</u>   |
|          | 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    |             | <u>×</u>   |
| 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   | 12a    |             | <u>×</u> _ |
| b<br>c   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.   | 12b    |             |            |
| 10       |   | 12c    |             |            |
| 13<br>14 | Did the organization have a written whistleblower policy?   | 14     |             | <u>~</u>   |
| 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?  | 14     |             | _          |
| а        | The organization's CEO, Executive Director, or top management official  | 15a    |             | ×          |
| b        | Other officers or key employees of the organization   | 15b    |             | ×          |
| 16a      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |        |             |            |
| b        | with a taxable entity during the year?  | 16a    |             | ×          |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?   | 16b    |             |            |
| Secti    | ion C. Disclosure   |        |             |            |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or |        |             |            |
| 20       | and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and re  | cords  | <b>&gt;</b> |            |
|          | Garry Rosenberger, 260 Lime Drive, Muscle Shoals, AL 35661 (256)710-9839  |        |             |            |

Form 990 (2021) Page **7** 

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, 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   | (do not check more than one box, unless person is both an |                       |         |              |                              |        | Reportable            | Reportable                                     | Estimated amount                                |  |  |
|  | hours<br>per week   | officer and a director/trustee)                           |                       |         |              |                              |        | compensation from the | compensation from related                      | of other compensation                           |  |  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                       | organizations (W-2/<br>1099-MISC/<br>1099-NEC) | from the organization and related organizations |  |  |
| (1)Lewis, Harold W.                                | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| District Governor                                  | 0.00  | ×   |                       | ×       |              |                              |        |                       |  |   |  |  |
| (2) Weinman, Lee                                   | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| Immediate Past Distric Governor                    |   | ×   |                       | ×       |              |                              |        |                       |  |   |  |  |
| (3) Wade, Mike Douglas                             | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| District Governor Elect                            | 0.00  | ×   |                       | ×       |              |                              |        |                       |  |   |  |  |
| (4) Evens, Mary Grace                              | 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) Cooner, Danny Lynn                             | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| Assistant Governor Coordinator                     |   | ×   |                       |         |              |                              |        |                       |  |   |  |  |
| (8) Greene, Thomas V.                              | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| Executive Director                                 | 0.00  | ×   |                       |         |              |                              |        |                       |  |   |  |  |
| (9) Burch, Bobby                                   | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| Assistant Governor                                 | 0.00  | ×   |                       |         |              |                              |        |                       |  |   |  |  |
| (10) Hulgan, Therease                              | 0.00  | ×   |                       |         |              |                              |        |                       |  |   |  |  |
| Assistant Governor                                 | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| (11) Taylor, Wendy                                 | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| Assistant Governor, Area A                         | 0.00  | ×   |                       |         |              |                              |        |                       |  |   |  |  |
| (12) Maloney, Mark Daniel District Parliamentarian | 0.00  | ×   |                       |         |              |                              |        |                       |  |   |  |  |
| (13) Hamm, Mitch                                   | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| Assistant Governor, Area D                         | 0.00  | ×   |                       |         |              |                              |        |                       |  |   |  |  |
| (14) Pass, David R.                                | 0.00  |   |                       |         |              |                              |        |                       |  |   |  |  |
| Assistant Governor, Area E                         | 0.00  | ×   |                       |         |              |                              |        |                       |  |   |  |  |

| Part           | VII Section A. Officers, Directors,   | Trustees,   | Key I  | ⊨mį                   | ploy    | yee             | s, an                        | d F              | lighest Compe   | nsated E   | mplo           | yees (continued)  |
|----------------|---|---|--|-----------------------|---------|-----------------|------------------------------|------------------|---|--|----------------|---|
|                | <b>(A)</b><br>Name and title  | (B) Average hours   | Position (do not check more than or box, unless person is both officer and a director/truste |                       |         |                 |                              | n an             | (D) Reportable compensation                               | (E)<br>Reportal<br>compensa                      |                | <b>(F)</b> Estimated amount of other                                  |
|                |   | per week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individua<br>or directo  | Institutional trustee | Officer | Key employee    | Highest compensated employee | Former           | from the<br>organization (W-2/<br>1099-MISC/<br>1099-NEC) | from rela<br>organization:<br>1099-MI<br>1099-NE | s (W-2/<br>SC/ | compensation<br>from the<br>organization and<br>related organizations |
|                | oodgame, Alexandra Blair<br>ssistant Governor, Area G                                   | 0.00  | ×  |                       |         |                 |                              |                  |   |  |                |   |
|                | ates, Lawrence Lee<br>ssistant Governor, Area H   | 0.00  | ×  |                       |         |                 |                              |                  |   |  |                |   |
| <b>(17)</b> Si | miley, Donna<br>ssistant Governor, Area I   | 0.00  | ×  |                       |         |                 |                              |                  |   |  |                |   |
| A              | rown, Derek Conrad<br>ssistant Governor, Area K   | 0.00  | ×  |                       |         |                 |                              |                  |   |  |                |   |
| A              | athrop, Philippe w<br>ssistant Governor   | 0.00  | ×  |                       |         |                 |                              |                  |   |  |                |   |
| A              | ogg, Sharon<br>ssistant Governor, Area M  | 0.00  | ×  |                       |         |                 |                              |                  |   |  |                |   |
| P              | ain, Brett Butler<br>ublic Relation/Image Chair   |   | ×  |                       |         |                 |                              |                  |   |  |                |   |
| R              | tallings, Ryan<br>otary Foundarion Chair  |   | ×  |                       |         |                 |                              |                  |   |  |                |   |
| D              | oler, Lori<br>istrict Membership Chair  |   | ×  |                       |         |                 |                              |                  |   |  |                |   |
| C              | rgo, Mary Carol<br>OG Chair   |   | ×  |                       |         |                 |                              |                  |   |  |                |   |
| F              | etty, William Edward<br>inance Chair  |   | ×  |                       |         |                 |                              |                  |   |  |                |   |
| C              | Subtotal  | VII, Sectio   |  |                       |         |                 |                              | <b>&gt;</b>      |   |  |                |   |
| d              | Total (add lines 1b and 1c)   | t not limited   |  |                       |         |                 |                              | <b>►</b><br>e) w | ho received mor   | e than \$10                                      | 0,000          | of  |
| 3              | Did the organization list any <b>former</b>   | officer, dire   | ector,   | tru                   | ste     | e, k            | key e                        | mpl              | loyee, or highes  | st comper  | <br>nsated     | Yes No  |
| 4              | employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the | Schedule J  | for s  | uch                   | indi    | ivid            | ual                          |                  |   |  |                | 3 ×   |
|                | organization and related organizations individual                                       | greater th  |  | 150,                  | 000     | )? <i>I</i><br> | f "Ye                        | s,"<br>          | complete Sche   | dule J for                                       | such           | 4 ×   |
| 5              | Did any person listed on line 1a receive of for services rendered to the organization   |   |  |                       |         |                 |                              |                  |   | tion or indi                                     |                | 5 ×   |
| Secti          | on B. Independent Contractors   |   |  |                       |         |                 |                              |                  |   |  |                |   |
| 1              | Complete this table for your five high compensation from the organization. Rep          |   |  |                       |         |                 |                              |                  |   |  |                |   |
|                | (A)<br>Name and business add  | dress   |  |                       |         |                 |                              |                  | (B)<br>Description of serv                                | vices  | (              | <b>(C)</b><br>Compensation  |
|                |   |   |  |                       |         |                 |                              |                  |   |  |                |   |
|                |   |   |  |                       |         |                 |                              |                  |   |  |                |   |
| 2              | Total number of independent contractor received more than \$100,000 of compens          |   |  |                       |         |                 |                              | th               | ose listed abov   | e) who   |                |   |

### Part VIII Statement of Revenue

|   |                   | Check if Schedule   | Осо                           | intains a re                             | spor                       | ise or note to ar       | າy line in this Pa   | art VIII                               |                                      |  |
|---|-------------------|---|-------------------------------|--|----------------------------|-------------------------|----------------------|--|--------------------------------------|--|
|   |                   |   |                               |  |                            |                         | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a<br>b<br>c<br>d | Federated campaig<br>Membership dues<br>Fundraising events<br>Related organization<br>Government grants | <br><br>ns .                  |  | 1a<br>1b<br>1c<br>1d<br>1e | 94,115.                 |                      |  |                                      |  |
| ntributions,<br>Id Other Sim                            | f<br>g            | All other contribution and similar amounts no Noncash contribution lines 1a-1f                          | ns, gir<br>ot incli<br>ons in | fts, grants,<br>uded above<br>ncluded in | 1f                         | 124,730.                |                      |  |                                      |  |
| Co<br>an  | h                 | Total. Add lines 1a-  | -1f .                         |  |                            | <b>&gt;</b>             | 218,845.             |  |                                      |  |
| rice  | 2a                | Program Fees  |                               |  |                            | Business Code<br>813211 | 31,979.              | 31,979.                                | 0.                                   | 0.   |
| Program Service<br>Revenue                              | b<br>c<br>d       |   |                               |  |                            |                         |                      |  |                                      |  |
| gra<br>Re   | e                 |   |                               |  |                            |                         |                      |  |                                      |  |
| Pro   | f                 | All other program se  |                               |  |                            |                         |                      |  |                                      |  |
|   | g                 | Total. Add lines 2a-  | -2f .                         |  |                            | •                       | 31,979.              |  |                                      |  |
|   | 3                 | Investment income other similar amoun   | its) .                        |  |                            | •                       | 44.                  | 44.                                    | 0.                                   | 0.   |
|   | 4<br>5            | Income from investr<br>Royalties  |                               | i) Rea                                   |                            |                         |                      |  |                                      |  |
|   | 6a<br>b           | Gross rents Less: rental expenses   | 6a<br>6b                      |  |                            |                         |                      |  |                                      |  |
|   | С                 | Rental income or (loss)   | 6с                            |  |                            |                         |                      |  |                                      |  |
|   | d                 | Net rental income o   | r (los                        | s)                                       |                            | <u> •</u>               |                      |  |                                      |  |
|   | 7a                | Gross amount from sales of assets other than inventory  | 7a                            | (i) Securi                               | ties                       | (ii) Other              |                      |  |                                      |  |
| Revenue   | b                 | Less: cost or other basis and sales expenses .  | 7b                            |  |                            |                         |                      |  |                                      |  |
| }ev   | С                 | Gain or (loss)  | 7c                            |  |                            |                         |                      |  |                                      |  |
| _   | d                 | Net gain or (loss)  |                               |  |                            | <u> ▶</u>               |                      |  |                                      |  |
| Other   |                   | Gross income from<br>events (not including<br>of contributions rep<br>1c). See Part IV, line            | \$<br>porte<br>e 18           | d on line                                | 8a                         |                         |                      |  |                                      |  |
|   | b                 | Less: direct expens   |                               |  | 8b                         | <u> </u>                |                      |  |                                      |  |
|   | с<br>9а           | Net income or (loss)<br>Gross income f<br>activities. See Part I  | rom                           | gaming                                   | g eve                      | ents ▶                  |                      |  |                                      |  |
|   | b                 | Less: direct expens   | es .                          |  | 9b                         |                         |                      |  |                                      |  |
|   |                   | Net income or (loss)  |                               |  |                            | es <b>&gt;</b>          |                      |  |                                      |  |
|   |                   | Gross sales of in returns and allowan   | ces                           |  | 10a                        |                         |                      |  |                                      |  |
|   | b                 | Less: cost of goods   |                               |  | 10b                        |                         |                      |  |                                      |  |
|   | С                 | Net income or (loss)  | ) from                        | n sales of in                            | vento                      | 1                       |                      |  |                                      |  |
| Miscellaneous<br>Revenue                                | 11a               |   |                               |  |                            | Business Code           |                      |  |                                      |  |
| scellaneo<br>Revenue                                    | b                 |   |                               |  |                            |                         |                      |  |                                      |  |
| Sce   | C<br>d            | All other revenue   |                               |  |                            |                         |                      |  |                                      |  |
| Ξ   | -                 | Total. Add lines 11a  | <br>a_11c                     | 1.                                       |                            | <b>&gt;</b>             |                      |  |                                      |  |
|   | 12                | Total revenue. See  |                               |  |                            | <del>&gt;</del>         | 250,868.             | 32,023.                                | 0.                                   | 0.   |
|   | _                 |   |                               |  | -                          |                         |                      |  | - ·                                  |  |

# Part IX Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must comp  | olete all columns. All | other organizations      | must complete colu              | mn (A).                 |
|--------|--|------------------------|--------------------------|---------------------------------|-------------------------|
|        | Check if Schedule O contains a response  |                        |                          |                                 |                         |
| Do no  | t include amounts reported on lines 6b, 7b,  | (A)                    | (B)                      | (C)                             | (D)                     |
|        | , and 10b of Part VIII.  | Total expenses         | Program service expenses | Management and general expenses | Fundráising<br>expenses |
| 1      | Grants and other assistance to domestic organizations  |                        |                          |                                 | ·                       |
|        | and domestic governments. See Part IV, line 21 .   |                        |                          |                                 |                         |
| 2      | Grants and other assistance to domestic  |                        |                          |                                 |                         |
|        | individuals. See Part IV, line 22  |                        |                          |                                 |                         |
| 3      | Grants and other assistance to foreign   |                        |                          |                                 |                         |
|        | organizations, foreign governments, and  |                        |                          |                                 |                         |
|        | foreign individuals. See Part IV, lines 15 and 16  |                        |                          |                                 |                         |
| 4      | Benefits paid to or for members  |                        |                          |                                 |                         |
| 5      | Compensation of current officers, directors,   |                        |                          |                                 |                         |
|        | trustees, and key employees  |                        |                          |                                 |                         |
| 6      | Compensation not included above to disqualified  |                        |                          |                                 |                         |
|        | persons (as defined under section 4958(f)(1)) and  |                        |                          |                                 |                         |
|        | persons described in section 4958(c)(3)(B)   |                        |                          |                                 |                         |
| 7      | Other salaries and wages   |                        |                          |                                 |                         |
| 8      | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) |                        |                          |                                 |                         |
| •      |  |                        |                          |                                 |                         |
| 9      | Other employee benefits  |                        |                          |                                 |                         |
| 10     | Payroll taxes  |                        |                          |                                 |                         |
| 11     | Fees for services (nonemployees):  |                        |                          |                                 |                         |
| a<br>b | Management   |                        |                          |                                 |                         |
| C      | Legal  | 1,635.                 | 0.                       | 1,635.                          | 0.                      |
| d      | Lobbying   | 1,033.                 | 0.                       | 1,035.                          | 0.                      |
| e      | Professional fundraising services. See Part IV, line 17  |                        |                          |                                 |                         |
| f      | Investment management fees   |                        |                          |                                 |                         |
| g      | Other. (If line 11g amount exceeds 10% of line 25, column  |                        |                          |                                 |                         |
| _      | (A), amount, list line 11g expenses on Schedule O.) .  |                        |                          |                                 |                         |
| 12     | Advertising and promotion  | 18,388.                | 0.                       | 18,388.                         | 0.                      |
| 13     | Office expenses  | 9,996.                 | 0.                       | 9,996.                          | 0.                      |
| 14     | Information technology   | 6,353.                 | 0.                       | 6,353.                          | 0.                      |
| 15     | Royalties  |                        |                          |                                 |                         |
| 16     | Occupancy  |                        |                          |                                 |                         |
| 17     | Travel   | 17,516.                | 0.                       | 17,516.                         | 0.                      |
| 18     | Payments of travel or entertainment expenses   |                        |                          |                                 |                         |
|        | for any federal, state, or local public officials  |                        |                          |                                 |                         |
| 19     | Conferences, conventions, and meetings .   | 9,358.                 | 0.                       | 9,358.                          | 0.                      |
| 20     | Interest   |                        |                          |                                 |                         |
| 21     | Payments to affiliates   | 193,044.               | 193,044.                 | 0.                              | 0.                      |
| 22     | Depreciation, depletion, and amortization .  |                        |                          |                                 |                         |
| 23     | Insurance  |                        |                          |                                 |                         |
| 24     | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If   |                        |                          |                                 |                         |
|        | line 24e amount exceeds 10% of line 25, column   |                        |                          |                                 |                         |
|        | (A), amount, list line 24e expenses on Schedule O.)  |                        |                          |                                 |                         |
| а      | ,  |                        |                          |                                 |                         |
| b      |  |                        |                          |                                 |                         |
| C      |  |                        |                          |                                 |                         |
| d      |  |                        |                          |                                 |                         |
| e      | All other expenses   |                        |                          |                                 |                         |
| 25     | Total functional expenses. Add lines 1 through 24e   | 256,290.               | 193,044.                 | 63,246.                         | 0.                      |
| 26     | Joint costs. Complete this line only if the  |                        |                          | ,                               | <u> </u>                |
|        | 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)   |                        |                          |                                 |                         |

### Part X Balance Sheet

|                             |     | Check if Schedule O contains a response or note to any line in this Pa       | rt X                            |     | <u> </u>                  |
|-----------------------------|-----|--|---------------------------------|-----|---------------------------|
|                             |     |  | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash—non-interest-bearing  | 189,583.                        | 1   | 194,253.                  |
|                             | 2   | Savings and temporary cash investments                                       | 138,612.                        | 2   | 137,321.                  |
|                             | 3   | Pledges and grants receivable, net   |                                 | 3   |                           |
|                             | 4   | Accounts receivable, net   | 8,801.                          | 4   | 0.                        |
|                             | 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   |                           |
| s                           | 7   | Notes and loans receivable, net  |                                 | 7   |                           |
| Assets                      | 8   | Inventories for sale or use  |                                 | 8   |                           |
| As                          | 9   | Prepaid expenses and deferred charges  |                                 | 9   |                           |
| •                           | 10a | Land, buildings, and equipment: cost or other                                |                                 |     |                           |
|                             |     | basis. Complete Part VI of Schedule D 10a                                    |                                 |     |                           |
|                             | b   | Less: accumulated depreciation 10b   |                                 | 10c |                           |
|                             | 11  | Investments—publicly traded securities                                       |                                 | 11  |                           |
|                             | 12  | Investments—other securities. See Part IV, line 11                           |                                 | 12  |                           |
|                             | 13  | Investments—program-related. See Part IV, line 11                            |                                 | 13  |                           |
|                             | 14  | Intangible assets  |                                 | 14  |                           |
|                             | 15  | Other assets. See Part IV, line 11   |                                 | 15  |                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                    | 336,996.                        | 16  | 331,574.                  |
|                             | 17  | Accounts payable and accrued expenses  | 0.                              | 17  | 0.                        |
|                             | 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  |                           |
| S                           | 22  | Loans and other payables to any current or former officer, director,         |                                 |     |                           |
| ţ                           |     | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                 |     |                           |
| Ē                           |     | controlled entity or family member of any of these persons                   |                                 | 22  |                           |
| Liabilities                 | 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  |                                 | 25  |                           |
|                             | 26  | Total liabilities. Add lines 17 through 25                                   | 0.                              | 26  | 0.                        |
| Ś                           |     | Organizations that follow FASB ASC 958, check here ▶ ⋉                       |                                 |     |                           |
| ည                           |     | and complete lines 27, 28, 32, and 33.                                       |                                 |     |                           |
| <u>a</u>                    | 27  | Net assets without donor restrictions  | 336,996.                        | 27  | 331,574.                  |
| B                           | 28  | Net assets with donor restrictions   |                                 | 28  |                           |
| nd                          |     | Organizations that do not follow FASB ASC 958, check here ▶ □                |                                 |     |                           |
| 교                           |     | and complete lines 29 through 33.  |                                 |     |                           |
| Net Assets or Fund Balances | 29  | Capital stock or trust principal, or current funds                           |                                 | 29  |                           |
| ets                         | 30  | Paid-in or capital surplus, or land, building, or equipment fund             |                                 | 30  |                           |
| SSI                         | 31  | Retained earnings, endowment, accumulated income, or other funds             |                                 | 31  |                           |
| λA                          | 32  | Total net assets or fund balances  | 336,996.                        | 32  | 331,574.                  |
| ž                           | 33  | Total liabilities and net assets/fund balances                               | 336,996.                        | 33  | 331,574.                  |
|                             |     |  | •                               |     | Form <b>QQ0</b> (2021)    |

Form 990 (2021) Page **12** 

| Part       | XI Reconciliation of Net Assets  |        |                 | •        |             |
|------------|--|--------|-----------------|----------|-------------|
|            | 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      |                 | 250      | ,868.       |
| 2          | Total expenses (must equal Part IX, column (A), line 25)   | 2      |                 | 256      | ,290.       |
| 3          | Revenue less expenses. Subtract line 2 from line 1   | 3      | -5,422.         |          |             |
| 4          | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4      |                 | 336      | ,996.       |
| 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     |                 | 331      | ,574.       |
| Part       | XII Financial Statements and Reporting   |        |                 |          |             |
|            | Check if Schedule O contains a response or note to any line in this Part XII   |        |                 |          | <u> </u>    |
|            |  |        |                 | Ye       | s No        |
| 1          | Accounting method used to prepare the Form 990:  Cash X Accrual Other  Other   | مامام  |                 |          |             |
|            | If the organization changed its method of accounting from a prior year or checked "Other," ex<br>Schedule O.   | piairi | OII             |          |             |
| 0-         |  |        | . 2             |          | ×           |
| <b>2</b> a | 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 com |        |                 | <b>a</b> | +^          |
|            | reviewed on a separate basis, consolidated basis, or both:   | ipiieu |                 |          |             |
|            | Separate basis Consolidated basis Both consolidated and separate basis   |        |                 |          |             |
| h          | Were the organization's financial statements audited by an independent accountant?   |        | . 2             |          | ×           |
| D          | If "Yes," check a box below to indicate whether the financial statements for the year were audit   | ed o   |                 | J        | +^          |
|            | separate basis, consolidated basis, or both:   | cu o   | '' <sup>"</sup> |          |             |
|            | 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   | rsiah  | t of            |          |             |
|            | the audit, review, or compilation of its financial statements and selection of an independent accounta   |        |                 |          |             |
|            | If the organization changed either its oversight process or selection process during the tax year, ex  |        |                 |          |             |
|            | Schedule O.  |        |                 |          |             |
| 3a         | As a result of a federal award, was the organization required to undergo an audit or audits as set for   | th in  | the             |          |             |
|            | Single Audit Act and OMB Circular A-133?   |        | . 3             | a        | ×           |
| b          | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?   |        |                 |          |             |
|            | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a   | udits  | . 3             | o        |             |
|            |  |        |                 |          | <del></del> |

REV 07/25/22 PRO Form **990** (2021)

Rotary District 6860 63-0759180

# Form 990: Return of Organization Exempt from Income Tax

### Part VII: Section A (continued) Continuation Statement

| Name and title                  |               | per week (list any hours for related organizations |                         | C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated |    |    |    |    | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |  |
|---------------------------------|---------------|--|-------------------------|--|----|----|----|----|---|--|--|--|
|                                 | on the right) |  | employee<br>C6 - Former |  |    |    |    |    |   |  | organizacions  |  |
|                                 |               |  | C1                      | C2   | C3 | C4 | C5 | C6 |   |  |  |  |
| Barnes, Robert Lewis            |               |  | Х                       |  |    |    |    |    |   |  |  |  |
| RLI District Coordinator        |               |  | Λ                       |  |    |    |    |    |   |  |  |  |
| Kirkpatrick, William H II       |               |  | X                       |  |    |    |    |    |   |  |  |  |
| RLI District Coordinator        |               |  | Λ                       |  |    |    |    |    |   |  |  |  |
| Trawick, HollyJ                 |               |  | Х                       |  |    |    |    |    |   |  |  |  |
| Grants Committee Chair          |               |  | Λ                       |  |    |    |    |    |   |  |  |  |
| Brunot, Kathleen P              |               |  |                         |  |    |    |    |    |   |  |  |  |
| District Grants<br>Subcommittee |               |  | Х                       |  |    |    |    |    |   |  |  |  |
| Goggans, Tommie J III           |               |  | Х                       |  |    |    |    |    |   |  |  |  |
| Training Coordinator            |               |  | Λ                       |  |    |    |    |    |   |  |  |  |
|                                 |               |  |                         |  |    |    |    |    | 0.  | 0.   | 0.   |  |

# 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

| . , .   |                                    |   |                      |  |  |          |  |  |  |
|---|------------------------------------|---|----------------------|--|--|----------|--|--|--|
|   | ection 501(c)(4), (5), or (6) orga | anizations: Complete Part III.  |                      | T= -   |  |          |  |  |  |
|   | of organization                    |   |                      | Employer identification number                 |  |          |  |  |  |
| Rotary District 6860  Part I-A Complete if the organization is exempt under section 5 |                                    |   | ==.//                | 63-0759180                                     |  |          |  |  |  |
| Part  | •                                  |   | <u> </u>             | •  |  | _        |  |  |  |
| 1   |                                    | f the organization's direct and in  | direct political ca  | impaign activities in Part                     | IV. See instructions                               | foi      |  |  |  |
| •   | definition of "political can       |   |                      | <b>.</b> •                                     |  |          |  |  |  |
| 2   |                                    | y expenditures. See instructions .  |                      |  |  |          |  |  |  |
| 3   |                                    | cal campaign activities. See instruc  |                      |  |  |          |  |  |  |
|   | •                                  | e organization is exempt unde   | <u>`</u>             | · · ·  |  |          |  |  |  |
| 1   |                                    | excise tax incurred by the organiza   |                      |  |  |          |  |  |  |
| 2   |                                    | excise tax incurred by organizatior<br>ed a section 4955 tax, did it file For |                      |  |  |          |  |  |  |
| 3<br>4a   | •                                  | ed a section 4955 tax, did it lile For  | •                    |  | = =  | No<br>No |  |  |  |
| <del>ч</del> а<br>b   | If "Yes," describe in Part         |   |                      |  | res i  | 10       |  |  |  |
| _   |                                    | e organization is exempt und  | er section 501(      | c) excent section 501                          | (c)(3)   |          |  |  |  |
| 1   |                                    | ly expended by the filing organiz   |                      |  | (0)(0):  |          |  |  |  |
| •   |                                    |   |                      |  |  |          |  |  |  |
| 2   |                                    | filing organization's funds contrib   |                      |  |  |          |  |  |  |
| _   |                                    |   | _                    | _  |  |          |  |  |  |
| 3   | 527 exempt function activities     |   |                      |  |  |          |  |  |  |
|   |                                    |   |                      |  |  |          |  |  |  |
| 4   | Did the filing organization        | n file Form 1120-POL for this year  | ?                    |  | Yes I  | No       |  |  |  |
| 5   | Enter the names, address           | ses and employer identification nur   | mber (EIN) of all se | ection 527 political organi                    | zations to which the fi                            | ling     |  |  |  |
|   |                                    | ents. For each organization listed,   |                      |  |  |          |  |  |  |
|   |                                    | ontributions received that were pro   |                      |  |  |          |  |  |  |
|   | as a separate segregated           | fund or a political action committee  | e (PAC). If addition | nal space is needed, provi                     | de intormation in Part I                           | V.<br>—  |  |  |  |
|   | (a) Name                           | (b) Address   | (c) EIN              | (d) Amount paid from                           | (e) Amount of political                            |          |  |  |  |
|   |                                    |   |                      | filing organization's funds. If none, enter -0 | contributions received an<br>promptly and directly | d        |  |  |  |
|   |                                    |   |                      |  | delivered to a separate                            |          |  |  |  |
|   |                                    |   |                      |  | political organization.  If none, enter -0         |          |  |  |  |
|   |                                    |   |                      |  | ,  | —        |  |  |  |
| (1)   |                                    |   |                      |  |  |          |  |  |  |
|   |                                    |   |                      |  |  |          |  |  |  |
| (2)   |                                    |   |                      |  |  |          |  |  |  |
|   |                                    |   |                      |  |  |          |  |  |  |
| (3)   |                                    |   |                      |  |  |          |  |  |  |
|   |                                    |   |                      |  |  |          |  |  |  |
| (4)   |                                    |   |                      |  |  |          |  |  |  |
| <i>(</i> <b>5</b> )   |                                    |   |                      |  |  |          |  |  |  |
| (5)   |                                    |   |                      |  |  |          |  |  |  |
| (6)   |                                    |   |                      |  |  |          |  |  |  |
|   |                                    |   |                      |  |  |          |  |  |  |

Schedule C (Form 990) 2021

Page 2

Part II-A

Complete if the exampleation is exampt under section 501(a)(3) and filed Form 5769 (election under

| Par   | t II-A  | Complete if the organizati section 501(h)).    | on is exempt                         | under section 5      | 01(c)(3) and filed                   | d Form 5768 (ele      | ection under   |
|---|---|--|--------------------------------------|----------------------|--------------------------------------|-----------------------|----------------|
| <b>A</b> (  | Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each aff address, EIN, expenses, and share of excess lobbying expenditures). |  |                                      |                      |                                      | liated group memb     | er's name,     |
| В   | Check ►   | if the filing organization che                 | cked box A and                       | "limited control" p  | rovisions apply.                     |                       |                |
|   |   | Limits on Lol                                  | bying Expendit                       | tures                |                                      | (a) Filing            | (b) Affiliated |
|   |   | (The term "expenditures" ı                     | means amounts                        | paid or incurred.    | .)                                   | organization's totals | group totals   |
| 18  | a Total lo  | obbying expenditures to influence              | e public opinion                     | (grassroots lobby    | ing)                                 |                       |                |
| ŀ   | Total lo  | obbying expenditures to influence              | e a legislative b                    | ody (direct lobbyin  | g)                                   |                       |                |
| (   | Total lo  | obbying expenditures (add lines                | 1a and 1b) .                         |                      |                                      |                       |                |
| (   |   | exempt purpose expenditures .                  |                                      |                      |                                      |                       |                |
| •   | Total e   | xempt purpose expenditures (a                  | dd lines 1c and <sup>1</sup>         | ld)                  |                                      |                       |                |
| 1   | Lobbyi<br>columr  | ng nontaxable amount. Enterns.                 | the amount f                         | rom the following    | g table in both                      |                       |                |
|   | If the ar   | nount on line 1e, column (a) or (b)            | is: The lobbying                     | nontaxable amoun     | t is:                                |                       |                |
|   | Not ove   | r \$500,000                                    | 20% of the a                         | mount on line 1e.    |                                      |                       |                |
|   | Over \$5  | 00,000 but not over \$1,000,000                | \$100,000 plu                        | s 15% of the excess  | over \$500,000.                      |                       |                |
|   | Over \$1  | ,000,000 but not over \$1,500,000              | \$175,000 plu                        | s 10% of the excess  | over \$1,000,000.                    |                       |                |
|   | Over \$1  | ,500,000 but not over \$17,000,000             | \$225,000 plu                        | s 5% of the excess o |                                      |                       |                |
|   | Over \$1  | 7,000,000                                      | \$1,000,000.                         |                      |                                      |                       |                |
| Ç   | Grassr  | oots nontaxable amount (enter 2                | 25% of line 1f)                      |                      |                                      |                       |                |
| ŀ   | n Subtra  | ct line 1g from line 1a. If zero or            | less, enter -0-                      |                      |                                      |                       |                |
| i   | Subtra  | ct line 1f from line 1c. If zero or            |                                      |                      |                                      |                       |                |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 |   |  |                                      |                      |                                      |                       |                |
|   | reporti   | ng section 4911 tax for this yea               |                                      |                      |                                      | <u> </u>              | Yes No         |
|   | (Som  | e organizations that made a s<br>See th        | ection 501(h) el<br>le separate inst | ructions for lines   | e to complete all<br>2a through 2f.) | of the five colum     | ns below.      |
|   |   | Lobbyir  | ng Expenditures                      | During 4-Year A      | veraging Period                      | I                     |                |
|   | Cale  | ndar year (or fiscal year<br>beginning in)     | <b>(a)</b> 2018                      | <b>(b)</b> 2019      | (c) 2020                             | (d) 2021              | (e) Total      |
| 2   | <b>a</b> Lobbyi   | ng nontaxable amount                           |                                      |                      |                                      |                       |                |
| ŀ   | •   | ng ceiling amount<br>of line 2a, column (e))   |                                      |                      |                                      |                       |                |
| (   | Total lo  | obbying expenditures                           |                                      |                      |                                      |                       |                |
| (   | d Grassr  | oots nontaxable amount                         |                                      |                      |                                      |                       |                |
| •   |   | oots ceiling amount<br>of line 2d, column (e)) |                                      |                      |                                      |                       |                |
| 1   | Grassr  | oots lobbying expenditures                     |                                      |                      |                                      |                       |                |

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Schedule C (Form 990) 2021 Page **3** 

| Part   | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).   | iled l        | Form     | 5768       |       |          |
|--------|--|---------------|----------|------------|-------|----------|
| For e  | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed  | (a            | a)       |            | (b)   |          |
|        | ription of the lobbying activity.  | Yes           | No       | Ar         | nount |          |
| 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?  |               |          |            |       |          |
| ı      | Other activities?  |               |          |            |       |          |
| J      | Total. Add lines 1c through 1i   |               |          | _          |       | _        |
| 2a     | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |               |          |            |       |          |
| b      | If "Yes," enter the amount of any tax incurred under section 4912  |               | -        |            |       |          |
| ر<br>د | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                     |               |          |            |       |          |
| Part l |  | \/ <b>5</b> \ | )        | tion       |       |          |
| ган    | 501(c)(6).   | )(5), C       | or sec   | LION       |       |          |
|        |  |               |          |            | Yes   | No       |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |               |          | 1          | ×     | <b>.</b> |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |               |          | 2          |       | X        |
| 3      | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |               |          | 3          |       | ×        |
| Part I | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OI answered "Yes."  |               |          |            | ine 3 | , is     |
| 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            |          |            |       |          |
| а      | Current year   | .             | 2a       |            |       |          |
| b      | Carryover from last year   | .             | 2b       |            |       |          |
| С      | Total  |               | 2c       |            |       |          |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | 1             | 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 lobby                                 |               |          |            |       |          |
| _      | and political expenditure next year?   |               | 4        |            |       |          |
| 5      | Taxable amount of lobbying and political expenditures. See instructions  |               | 5        |            |       |          |
| Part   | • • •  |               |          |            |       |          |
|        | 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 e instructions); and Part II-B, line 1. Also, complete this part for any additional information.              | up list       | t); Pari | : II-A, II | nes 1 | and      |
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| Part IV | Supplemental Information (continued) |
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Page 4

Schedule C (Form 990) 2021

#### **SCHEDULE 0** (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

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

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

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning Jul 1 , 2021, and ending Jun 30 , 2022

▶ 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 Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a Form 990** check here . . ▶ 🔀 **b Total revenue.** if any (Form 990, Part VIII, column (A), line 12) . . . 250,868. Form 990-EZ check here . ▶ □ **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . 2b 3a Form 1120-POL check here ▶ **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3b Form 990-PF check here . ▶ **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . Form 8868 check here . . ▶ □ 5b Form 990-T check here . ▶ □ **b Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . Form 4720 check here . . ▶ **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . ▶ 🗌 **b FMV** of assets at end of tax year (Form 5227, Item D) . . . . Form 5330 check here . . ▶ □ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . 9b 9a Form 8038-CP check here ▶ **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature **ERO** firm name Enter five numbers, but on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🗵 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ Date ► 11/10/2022 **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 2 5 4 3 Do not enter all zeros

am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 11/10/2022

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I

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