### **990**

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

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	$\mathrm{Jul}\ 1$ , <b>2022, and end</b>	ling Ju	ın 30	<b>, 20</b> 23				
В	Check if	applicable:	C Name of organization Rotary	District 6860		D Emplo	yer identification number				
	Address	change	Doing business as			63-07	59180				
	Name ch	ange	Number and street (or P.O. box if	f mail is not delivered to street address)	Room/suite	<b>E</b> Telepho	one number				
	Initial ret	urn	PO Box 308		(256)446-0951						
	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code							
	Amended	d return	Florence, AL 3563	0		<b>G</b> Gross	receipts \$ 244,560.				
	Applicati	on pending	F Name and address of principal off	ficer:	H(a) Is this a gr	roup return for	subordinates? Yes X No				
			Garry Rosenberger, J	PO BOX 308, Florence, AL 35	6631 <b>H(b)</b> Are all s	ubordinate	s included?  Yes  No				
ī	Tax-exer	npt status:	501(c)(3) × 501(c) (	4 ) (insert no.) 4947(a)(1) or 527		attach a list	t. See instructions.				
J	Website	N/A			H(c) Group e	exemption r	number 0573				
K	Form of c	rganization: X	Corporation Trust Associa	ation Other L Year of for	mation: 1949	M State o	of legal domicile: AL				
Р	art I	Summa	ry								
				ion or most significant activities: In Internation	mal service organization to provide supp	ort and assistance to	local rotary clubs within a specific grographical ares.				
é		,	3								
Governance											
ern	2	Check this	box if the organization d	iscontinued its operations or disposed	of more than 2	5% of its	net assets.				
Š			_	erning body (Part VI, line 1a)		3	25				
8			9	rs of the governing body (Part VI, line 1		4	25				
es				n calendar year 2022 (Part V, line 2a)	•	5	0				
ΞΞ				necessary)		6	0				
Activities &				Part VIII, column (C), line 12		7a	0.				
•				from Form 990-T, Part I, line 11		7b	0.				
	-	- Trot armora	.od Basinoss taxable income	TIGHT GITT GOO 1,1 GITT, IIIIG 11	Prior Yea		Current Year				
	8	Contributio	,845.	203,377.							
Revenue	1		ons and grants (Part VIII, line ervice revenue (Part VIII, line								
Ver		_	· ·	31	,979.	37,558.					
æ			t income (Part VIII, column (A		44.	3,625.					
	1			es 5, 6d, 8c, 9c, 10c, and 11e)							
				must equal Part VIII, column (A), line 12)		,868.	244,560.				
	1			X, column (A), lines 1–3)							
		-	-	(, column (A), line 4)							
es	1			benefits (Part IX, column (A), lines 5–10)							
Expenses				column (A), line 11e)							
×			raising expenses (Part IX, col								
_		•	enses (Part IX, column (A), lin			,290.	251,027.				
	1			equal Part IX, column (A), line 25) .		,290.	251,027.				
		Revenue le	ess expenses. Subtract line 1	8 from line 12	_	,422.	-6,467.				
Net Assets or Fund Balances					Beginning of Curr	rent Year	End of Year				
sset	20		ts (Part X, line 16)		331	,574.	346,790.				
a A	21		ties (Part X, line 26)			0.	21,000.				
			or fund balances. Subtract I	ine 21 from line 20	331	,574.	325,790.				
Pa	art II	Signatu	re Block								
				return, including accompanying schedules and si			ny knowledge and belief, it is				
iru	e, correct	, and complete	a. Declaration of preparer (other than	officer) is based on all information of which prep	arer has any knowled	uge. 					
					0.9	/12/20	023				
Si	-	Signature of	officer		Date	9					
He	ere	Garı	ry Rosenberger, Dist	tric Treasure							
		Type or print	name and title								
Pa	id	Print/Type	preparer's name	Preparer's signature	Date	Check	] if PTIN				
		Logan	W Trousdale III	Logan W Trousdale III	09/12/2023	I	_				
	epare	F:			Firm'	-	6-2817790				
US	e Onl	Firm's add		AD 30, FLORENCE, AL 35634			56)764-3374				
Ma	v the ID			shown above? See instructions	1	, 2 3	Vec No				

Part		omplishments onse or note to any line in this Part III
1	Briefly describe the organization's mission:	
		de support and assistance to local rotary clubs within a specific grographical ares
2	Did the organization undertake any significan	nt program services during the year which were not listed on the
_		Yes No
	If "Yes," describe these new services on Sch	
3		make significant changes in how it conducts, any program
	If "Yes," describe these changes on Schedul	· · · · · · · · · · · · · · · · · · ·
4		accomplishments for each of its three largest program services, as measured by
-		ganizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for ea	ach program service reported.
	(0 )	
4a		23. including grants of \$ 83,445.) (Revenue \$ 0.)
		ization to provide support and assistance
	to local rotary clubs within a	specific grographical area.
4b	(Code:) (Expenses \$	0. including grants of \$0.) (Revenue \$0.)
	<u>N/A</u>	
4c	(Code: ) (Expenses \$	0. including grants of \$ 0.) (Revenue \$ 0.)
	N/A	
4d	Other program services (Describe on Schedu	de O )
<del>-</del> u	(Expenses \$ including grants	
4e	Total program service expenses	134,323.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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,			
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		×
9	complete Schedule D, Part III	8		×
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.41-		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part I	Checklist of Required Schedules (continued)		:	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "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? If "Yes," complete Schedule $M$	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? <i>If "Yes," complete Schedule R, Part I</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			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 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 Check if Schedule O contains a response or note to any line in this Part V		_	
	2		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?	7a		×		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_	required to file Form 8282?	7с		×		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		×		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		×		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ 11				
	sponsoring organization have excess business holdings at any time during the year?	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:					
a	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	against amounts due or received from them.)	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		×		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		· ·		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×		
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17				
	If "Yes," complete Form 6069.	17				
	ii 163, complete i ulti uuua.					

5 **6** 

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × 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 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ☐ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

Form 990 (2022) Page **7** 

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

				(0	C)							
(A)	(B)	,,			ition			(D)	(E)	(F)		
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount		
	hours per week		officer and a director/trustee)					compensation from the	compensation from related	of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(1)Argo, Mary Carol	0.00											
District Governor	0.00	×		×								
(2) Lewis, Harold W.	0.00											
Immediate Past Distric Governor		×		×								
(3) Evans, Mary Grace	0.00			×								
District Governor Elect	0.00	×		^								
(4) Allgood, David	0.00	×										
District Governor Nominee	0.00											
(5) Kirk, Todd H District Secretary	0.00	×		×								
(6) Rosenberger, Garry	0.00	- ' '										
District Treasurer	0.00	×		×								
(7) Taylor, Wendy	0.00											
Assistant Governor	0.00	×										
(8) Greene, Thomas V.	0.00											
Executive Director	0.00	×										
<b>(9)</b> Hogg, Sharon	0.00											
Assistant Governor	0.00	×										
(10) Blasingame, Jim	0.00											
Assistant Governor	0.00	×										
(11) Brown, Derek	0.00											
Assistant Governor	0.00	×										
(12) Maloney, Mark Daniel District Parliamentarian	0.00	×										
(13)Golden, Paul	0.00											
Assistant Governor	0.00	×										
(14)Goodgame, Blair	0.00											
Assistant Governor	0.00	×										

Part	Section A. Officers, Directors,	i rustees,	Key I	Εm	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
						C)						
	(A)	(B)	Position (do not check more than o			ane.	(D)	(E)		(F)		
	Name and title	Average					is both		Reportable	Reporta		Estimated amount
		hours per week		er and		_	or/trus		compensation from the	compensa from rela		of other compensation
		(list any	or o	Ins	Officer	6	em em	Former	organization (W-2/	organization		from the
		hours for	dire	titut	icer	/ en	hes	mei	1099-MISC/	1099-MI		organization and
		related organizations	ot all	ione		Key employee	8 CO	,	1099-NEC)	1099-NE	=C)	related organizations
		below	Individual trustee or director	7		yee	npe					
		dotted line)	66	Institutional trustee			Highest compensated employee					
				L"			ed					
	ulgan, Thereasa	0.00										
	ssistant Governor	0.00	×									
	ennedy, Austin	0.00										
	ssistant Governor	0.00	×									
	athrop, Philippe	0.00										
	ssistant Governor	0.00	×									
	miley, Donna	0.00										
	ssistant Governor	0.00	×									
	mith, Larry	0.00	×									
	ssistant Governor	0.00	<u> </u>									
	tallings, Ryan	0.00	×									
	ssistant Governor	0.00	<u> </u>									
	ain, Brett Butler	0.00	×									
	ublic Relation/Image Chair	0.00	<u> </u>									
	tallings, Ryan	0.00	×									
	istrict Foundation Chair	0.00										
	oggans, Tommie	0.00	×									
	embership Chair	0.00										
(24) P	etty, Bill	0.00	×									
	OG Chair	0.00	<u> </u>									
(25) W	einman, Lee	0.00	×									
	inance Chair	0.00										
	Subtotal							•				
_	Total from continuation sheets to Part							•				
d	Total (add lines 1b and 1c)								ha rassivad mar	o than \$10	000	of
2	reportable compensation from the organ		ו נט נו	1056	; IISI	leu	above	3) VV	no received mor	e man pro	0,000	Oi
	Toportable compensation from the organ											Yes No
3	Did the organization list any former	officer dire	actor	tru	icta	ا م	(0)/ 0	mnl	lovee or highes	et comper	neatad	
J	employee on line 1a? If "Yes," complete							•		•		3 ×
4	For any individual listed on line 1a, is the										n the	
-	organization and related organizations											
								•,				4 ×
5	Did any person listed on line 1a receive of	or accrue co	omne	nsa	tion	fro	m anv	/ IIn	related organiza	tion or indi	ividual	
Ū	for services rendered to the organization								. •			5 ×
Secti	on B. Independent Contractors											<u> </u>
1	Complete this table for your five high	hest comp	ensate	ed	inde	ene	ndent	CC	ontractors that r	eceived r	nore i	than \$100,000 of
•	compensation from the organization. Rep											
	<u> </u>	<b>-</b> -						, ·			- 3	<u> </u>
	<b>(A)</b> Name and business add	dress							(B) Description of services	vices		<b>(C)</b> Compensation
-												
-												
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	limit	ted to	th	ose listed abov	e) who		
	received more than \$100,000 of compens									, ·		

Part VIII	Statement of Revenue
	Check if Schedule O contains a response or no

- ai t		Check if Schedule O contains a respor	nse or note to an	y line in this Pa	ırt VIII		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
रें र	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	91,763.				
۾ ' <u>۾</u>	С	Fundraising events 1c	111,614.				
ifts arA	d	Related organizations 1d					
שׁ,≝	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
uti Per		and similar amounts not included above					
걸	g	Noncash contributions included in lines 1a–1f					
ou		<u>. 9</u>	\$	000 000			
O 10	n	Total. Add lines 1a-1f		203,377.			
Φ	00	Drogram Food from Clubs	Business Code 813211	27 550	27 550	0	0
Ż.	2a b	Program Fees from Clubs	013211	37,558.	37,558.	0.	0.
Program Service Revenue	C						
E A	d						
gra Re	e						
Š	f	All other program service revenue					
ш.	g	<b>Total.</b> Add lines 2a–2f		37,558.			
	3	Investment income (including dividend	s, interest, and	,			
		other similar amounts)		3,625.	3,625.	0.	0.
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_	L.	other than inventory 7a					
evenue	b	Less: cost or other basis and sales expenses . 7b					
Ver		and sales expenses . 7b  Gain or (loss) 7c					
Œ		A1 1 (1 )					
Other	1	Net gain or (loss)					
₹	Oa	events (not including \$ 111,614.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising ever	ents				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	es				
	10a	Gross sales of inventory, less					
	_	returns and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventor	-				
Sno	44-		Business Code				
nec	11a						
scellaneo Revenue	b						
Miscellaneous Revenue	d	All other revenue					
Ξ		Total. Add lines 11a–11d					
	12	Total revenue. See instructions		244,560.	41,183.	0.	0.

## Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colun	nn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a b	Other employee benefits				
c d e f g	Accounting	1,605.	0.	1,605.	0.
12 13 14 15 16 17	Advertising and promotion	2,560. 3,291. 66,835.	0.	2,560. 3,291. 66,835.	0.
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	7,400.	0.	7,400.	0.
20 21 22 23	Interest	134,323.	134,323.	0.	0.
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.)				
a b c	Training	35,013.	0.	35,013.	0.
d	All al				
е	All other expenses	051 005	104 000	116 504	
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	251,027.	134,323.	116,704.	0.

#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	194,253.	1	143,260.
	2	Savings and temporary cash investments	137,321.	2	203,530.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0.	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
)ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	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	221 574	15	246 700
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	331,574.	16 17	346,790.
	18	Accounts payable and accrued expenses	0.	18	21,000.
	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,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	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	21,000.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	331,574.	27	325,790.
ĕ	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ϋ́		and complete lines 29 through 33.			
õ	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
<u>f</u>	32	Total net assets or fund balances	331,574.	32	325,790.
_	33	Total liabilities and net assets/fund balances	331,574.	33	346,790.
		PEV 05/17/23 PPO			Form <b>990</b> (2022)

Form 990 (2022) 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)		24	14,5	60.
2	Total expenses (must equal Part IX, column (A), line 25)		25	51,0	27.
3	Revenue less expenses. Subtract line 2 from line 1		-	-6,4	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		33	31,5	74.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		32	25,1	07.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$
		_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explair Schedule O.	1 011			
_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both:	a or			
	Separate basis Consolidated basis Both consolidated and separate basis	- 1			
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited a separate basis, consolidated basis, or both:	on a			
•	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl	ht of			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	_	2C		
	Schedule O.	II OII			
3a		າ the 🗌			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		T		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	S .	3b	200	

REV 05/17/23 PRO Form **990** (2022)

Rotary District 6860 63-0759180

## Form 990: Return of Organization Exempt from Income Tax

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

Average hours per week (list any hours for related organizations on the right)			Position C1 - Individual trustee or director C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former					cee	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	
			C1	C2	C3	C4	C5	C6				
Lewis, Harold W	0.00	0.00										
Nominations Committee Chair			Х									
									0.	0.	0.	

#### SCHEDULE C (Form 990)

#### **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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.

Open to Public Inspection

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	inizations: Complete Part III.							
Vame	of organization			Employer identification number					
Rota	ry District 6860			63-0759180					
Part		e organization is exempt unde							
1	Provide a description of definition of "political can	the organization's direct and incompaign activities."	direct political ca	mpaign activities in Part	t IV. See instruction	ons foi			
2	Political campaign activit	y expenditures. See instructions .		\$	;				
3		cal campaign activities. See instruc							
Part		e organization is exempt unde		c)(3).					
1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part I-C Complete if the Enter the amount direct activities Enter the amount of the 527 exempt function acti Total exempt function eline 17b Did the filing organization Enter the names, address organization made payment the amount of political control of the state	excise tax incurred by the organization excise tax incurred by organization excise a section 4955 tax, did it file Form IV.  The organization is exempt underly expended by the filing organization organization organization organization expenditures. Add lines 1 and 2.  The file Form 1120-POL for this year are set and employer identification nure ents. For each organization listed, contributions received that were profund or a political action committee excise tax incurred by the organization organization organization organization committee excise tax incurred by organization organization organization organization organization committee excise tax incurred by organization organizatio	er section 501(cation for section	c), except section 501  527 exempt function  anizations for section  on Form 1120-POL,  cection 527 political organic paid from the filing organic delivered to a separate p	(c)(3).  Yes  Yes  Yes  Yes  zations to which the ization's funds. Also solitical organization	No No No ne filing o entern, such			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of politicontributions receive promptly and dire delivered to a sepa political organizati	tical ed and ctly arate ion.			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

Schedule C (Form 990) 2022 Page **2** 

Pa	complete if the organization section 501(h)).	n is exempt ı	under section 50	01(c)(3) and filed	d Form 5768 (ele	ection under			
Α	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
В	Check ☐ if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lobb	(a) Filing	(b) Affiliated						
	(The term "expenditures" me	organization's totals	group totals						
1	la Total lobbying expenditures to influence								
	<b>b</b> Total lobbying expenditures to influence								
	c Total lobbying expenditures (add lines 1								
	<b>d</b> Other exempt purpose expenditures .								
	e Total exempt purpose expenditures (add	l lines 1c and 1	d)						
	f Lobbying nontaxable amount. Enter columns.	g table in both							
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:					
	Not over \$500,000	20% of the ar	nount on line 1e.						
	Over \$500,000 but not over \$1,000,000	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	ver \$1,500,000.							
	Over \$17,000,000								
	g Grassroots nontaxable amount (enter 25								
h Subtract line 1g from line 1a. If zero or less, enter -0									
	i Subtract line 1f from line 1c. If zero or less, enter -0								
	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720								
	reporting section 4911 tax for this year?					Yes No			
	(Some organizations that made a sec	ction 501(h) el	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five columi	ns below.			
	Lobbying	Expenditures	During 4-Year A						
	Calendar year (or fiscal year beginning in)	Expenditures (a) 2019	(b) 2020		(d) 2022	(e) Total			
2	Calendar year (or fiscal year			veraging Period	(d) 2022				
	Calendar year (or fiscal year beginning in)			veraging Period	(d) 2022				
	Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount			veraging Period	(d) 2022				
	Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount			veraging Period	(d) 2022				
	Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures			veraging Period	(d) 2022				

BAA REV 05/17/23 PRO Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 Page **3** 

	(election under section 501(h)).	1.	a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
Q C	Media advertisements?					
d e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total. Add lines 1c through 1i				-	
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		)(5).	or sec	ction		
	501(c)(6).	<b>Λ-</b> <i>i</i> ,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	×	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		×
Part l	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."		Part		ine 3	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 .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
_	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions	•	5			
Pari	• •					
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t); Par	t II-A, I	ines 1	and
2 (See	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

Part IV	Supplemental Information (continued)

Page 4

Schedule C (Form 990) 2022

# SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Rotary District 6860	63-0759180
Pt VI, Line 11b: Oganization's process to review Form 990 No review	
be conducted	
Pt VI, Line 19: Governing Documents disclosure explanation - No doc	uments avaiable
to the public	

#### Form **8879-TE**

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

For calendar year 2022, or fiscal year beginning  $\, \mathtt{Jul} \, 1 \,$  , 2022, and ending  $\, \mathtt{Jun} \, 30 \,$  , 2023

for a lax Exempt Entity

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of filer EIN or SSN Rotary District 6860 63-0759180 Name and title of officer or person subject to tax Garry Rosenberger, Distric Treasure 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) . . . 244,560. Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . 2b Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3b 3a 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 92 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 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature **ERO** firm name Enter five numbers, but on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🖾 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 09/12/2023 Signature of officer or person subject to tax **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. 3 5 2 4 3 5 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 09/12/2023 ERO's signature ERO Must Retain This Form - See Instructions

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