Form **990**(Rev. January 2020)

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

ione)

OMB No. 1545-0047

2019

Open to Public

Inspection

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.

For the 2019 calendar year, or tax year beginning 07-01 , 2019, and ending 06-30 ,2020 В Check if applicable: C Name of organizationROTARY INTERNATIONAL DISTRICT 7620 Employer identification number 52-1037873 Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Telephone number Initial return 1800 Old Georgetowne Rd 1304 (301)829-2010 G Gross receipts Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return ockville, MD 20852 338,026 H(a) Is this a group return for subordinates? Yes X No Application pending Name and address of principal officer: H(b) Are all subordinates included? Yes No X 501(c) (4) **4** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status: Website: ▶ WWW.ROTARY7620.ORG H(c) Group exemption number ▶ Form of organization: ☐ Corporation ☐ Trust X Association ☐ Other ▶ L Year of formation: 1915 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT THE APPROXIMATELY 70 LOCAL ROTARY CLUBS IN THE DISTRICT WITH VARIOUS PROGRAMS & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 2,131 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0 Prior Year **Current Year** 77,435 51,603 2,611 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 350,158 338,026 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 122,376 144,651 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 178,525 238,812 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 361,188 323,176 (11,030) 14,850 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 224,042 232,859 21 11,497 5.464 22 212,545 227,395 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sharon Taylor, Esq Sign Here Sharon Taylor, Esq, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check if Paid Eric Bolin Eric Bolin 11-15-2020 self-employed P00640152 Preparer Firm's EIN ▶ Firm's name ► Eric Bolin CPA P.C. **Use Only** Firm's address 6110 Executive Blvd Ste 232 Phone no Rockville MD 20852 301-816-9446 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Form	n 990 (2019) ROTARY INTERNATIONAL DISTRICT 7620	52-1037873	B Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	SUPPORT THE APPROXIMATELY 70 LOCAL ROTARY CLUBS IN THE DISTRICT WITH VARIOUS	PROGRAMS	
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	X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		□
	services?	∐ Yes	X 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, as measured		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and receives the total expenses and receives the total expenses.	iers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 209,865 including grants of \$ 126,477) (Revenue	\$	
 a	District Conference, Grants to Rotary Clubs for community purposes and schola		
	District Conference, Grants to Rotary Clubs for Community purposes and Schola	ISHIPS	
4b	(Code:) (Expenses \$39,260 including grants of \$30,000) (Revenue	\$)
	ROTARY YOUTH LEADERSHIP, RYLA, A YOUTH LEADERSHIP CAMP HELD FOR HIGH SCHOOL S	TUDENTS	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	Other program conjuges (Describe on Schodule O.)		
4d	Other program services (Describe on Schedule O.)	١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 249,125)	
EEA	Total program control expenses 7 243,123	For	rm 990 (2019)

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. х 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 х 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 х Did the organization maintain collections of works of art. historical treasures, or other similar assets? If "Yes." Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV х 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 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more Х Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets x Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X х 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. х Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 13 х 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 х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 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 х 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............ Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a х 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

Form 990 (2019) ROTARY INTERNATIONAL DISTRICT 7620 52-1037873 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 Х 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 24a х b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit х h 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? 25b Х 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% х 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If x 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 . . . х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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? If "Yes," complete Schedule R, Part VI. 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes

No 1a Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c x

15

16

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?...... Did the organization have unrelated business gross income of \$1,000 or more during the year?....... If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q 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)? 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? Х Х С 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? х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods х x Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was x х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: а Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b Did the organization receive any payments for indoor tanning services during the tax year? х 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q

FFA Form 990 (2019)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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 in line 1a, above, who are independent 1b 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 х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? x 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 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 Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х Each committee with authority to act on behalf of the governing body? х 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 . х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Х 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," Did the organization have a written whistleblower policy? 13 x 13 Did the organization have a written document retention and destruction policy? 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 х Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement х 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 organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 7 List the states with which a copy of this Form 990 is required to be filed Maryland
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)
 - (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)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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

SHARON TAYLOR (240)480-5800, 11800 Old Georgetowne Rd Ste 1304, Rockville, MD 20852

Form **990** (2019)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

x	Check this box if neither the organization nor any relate	ed organizat	ion compensated any current	officer, director, or	trustee.
			(C)		
			D14		

				(0	C)					
(A)	(B)			Posi				(D)	(E)	(F)
Name and title	Average		not chec			an one both ar		Reportable	Reportable	Estimated amount
realite and and	hours					trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or	ng.	g	6	en H	7	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	ğ	Officer	y en	ghes	Forme	(VV-2/1099-WIGC)	(,	related organizations
	organizations	ctor	ona		Key employee	/ee 0	1			
	below	Individual trustee or director	Institutional trustee		/ee	npe				
	dotted line)	ě	stee			Highest compensated employee				
						a				
(1) Rich Glover	20.00			T						
District Rotary Foundation Chair		х		x				0	0	0
(2) Allan E Roberts	20.00									
District Treasurer		x		x				0	0	0
(3) Geetha Jayaram	20.00									
District Governor Designee		x		x				0	0	0
(4) Sean McAlister	20.00									
District Governor Nominee		x		x				0	0	0
(5) Jimmie Gorski	20.00									
District Governor Elect		х		x				0	0	0
(6) Barton Goldenberg	20.00									
District Governor				x				0	0	0
(7)										
(8)				1						
				+	_		_			
<u>(9)</u>										
(10)				+						
1.9										
(11)										
<u>(12)</u>				+			\dashv			
<u>(13)</u>										
(14)				1						
				_1						

Form 990 (2019) EEA

Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	es (continue	d)			
					((C)								
	(A)	(B)	(4	4 . 1.		sition			(D)	(D) (E)			(F)	
	Name and title	Average					han one s both ar	1	Reportable	Reportable Reportable			ated an	ount
		hours					/trustee)		compensation	compensatio			of other	
		per week							from the organization	from related organization			npensat rom the	ion
		(list any hours for	or o	Ins	Officer	<u>5</u>	Hig em	F Q	(W-2/1099-MISC)	(W-2/1099-MIS			nization	and
		related	Individual t or director	nstitutional	cer	em	hesi ploy	ormer				related	l organi:	zations
		organizations	al trust tor			Cey employee	ee							
		below	ıstee	trust		8	Highest compensat employee							
		dotted line)		ee			sated							
<u>(15)</u>														
(16)														
(17)														
(40)														
(18)														
(10)														
(13)														
(20)														
7-5/														
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_/														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal				٠.			٠ •						
С	Total from continuation sheets to Part VII, Sect							۰ 🕨						
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limit		isted a	bove	e) wl	ho re	eceive	d mo	ore than \$100,000	of				
	reportable compensation from the organization	-												
													Yes	No
3	Did the organization list any former officer, direct		-				-							
	employee on line 1a? If "Yes," complete Schedul											3		Х
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater th													
_	individual											4		Х
5	Did any person listed on line 1a receive or accrue	•		•			-					_		
Cooti	for services rendered to the organization? If "Yes	s," complete	Scnea	uie .	J for	suc	n pers	on				5		X
Secu	on B. Independent Contractors	tad indonen	dont oo	ntro	ata ==	. the	t raaai		mara than \$100.00	10 of				
'	Complete this table for your five highest compensa compensation from the organization. Report comp										vear			
	(A)	ciisationioi	uie cai	Cilua	ai ye	Jai C	ilulig	with	(B)	IIZALIOITS LAX	year.	(C)		
	Name and business addres	is							Description of service	es		Compens	ation	
									,			F2.10		
2	Total number of independent contractors (including	-			e lis	ted	above)) wh	0					
	received more than \$100,000 of compensation fro	m the organi	zation	•	•									

EEA Form **990** (2019)

		Check if Schedule O contains a response or n	ote to any line in this	s Part VIII			
			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	158,775				sections 312-314
Contributio and Other S	g h	And similar amounts not included above Noncash contributions included in lines 1a-1f	3,005 \$ ▶	283,812			
Service nue	2a b c	RYLA YEP District Conf	Business Code 900099	51,603	51,603		
Program Service Revenue		All other program service revenue		51,603			
	3 4 5	Investment income (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proceurs of the control	and ► eeds►	2,611	2,611		
	6a b c	(i) Real (b) Real (c) Real (d) Real (e) Real	(ii) Personal				
en	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
Other Revenue	d	Gain or (loss) 7c Net gain or (loss)					
ð		events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
	9a b	Gross income from gaming activities, See Part IV, line 19 9a Less: direct expenses 9b					
	10a b	Gross sales of inventory, less returns and allowances					
anous anue	11a b		Business Code				
Miscellanous Revenue	е	All other revenue		338,026	54,214	0	0
				330,026	J4,214	<u> </u>	

Form **990** (2019)

FOOD AND BEVERAGE

DUES AND REGISTRATION

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 following SOP 98-2 (ASC 958-720)

HOTEL LODGING

TRANSPORTATION

All other expenses

b

С

d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (C) (D) Do not include amounts reported on lines 6b, 7b, Program service expenses Management and general expenses Fundraising expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 114,651 114,651 Grants and other assistance to domestic individuals. See Part IV, line 22 30,000 30,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .. 10 Fees for services (nonemployees): Legal........ c 10,280 10,280 Professional fundraising services. See Part IV, line 17 $\,$. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .. 43,965 18,000 25,965 12 20,029 20,029 13 14,755 11,742 3,013 14 Information technology 4,637 4,637 15 2,834 2,834 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 1,350 Insurance 1,350 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.)

FFA Form 990 (2019)

30,735

13,018

11,323

4,315

21,284

323,176

30,735

13,018

4,315

15,865

249,125

11,323

5,419

0

74,051

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 16,106 1 (12,877)200,179 152,611 3 7,757 4 481 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \dots 6 7 8 Prepaid expenses and deferred charges 92,644 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 23,877 b Less: accumulated depreciation 10b 23,877 10c 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 14 14 15 Total assets. Add lines 1 through 15 (must equal line 33) 224,042 16 16 232,859 Accounts payable and accrued expenses 17 11,497 17 5,464 18 18 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties $\dots \dots$ 23 23 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 11,497 26 5,464 and complete lines 27, 28, 32, and 33, Net Assets or Fund Balances 212,545 27 227,395 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 32 212,545 32 227,395 224,042 33 232,859

EEA Form **990** (2019)

Form	1990 (2019) ROTARY INTERNATIONAL DISTRICT 7620 52	2-103787	3	Pa	age 1
Pa	rt 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		338,	,026
2	Total expenses (must equal Part IX, column (A), line 25)	2		323,	,176
3	Revenue less expenses. Subtract line 2 from line 1	3		14,	, 850
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		212,	,545
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		227,	, 395
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	🗵 Separate basis 🗌 Consolidated basis 🗎 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☐ 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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				

3b

Form **990** (2019)

EEA

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047 2019

Employer identification number

52-1037873

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY INTERNATIONAL DISTRICT 7620 Organization type (check one):

	,	
Filers of:	Se	ection:
Form 990 d	or 990-EZ X	501(c)(4) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-F	PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if yo	ur organization is covered	by the General Rule or a Special Rule.
Note: Only instructions		or (10) organization can check boxes for both the General Rule and a Special Rule. See
General R	ıle	
OI		rm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ty) from any one contributor. Complete Parts I and II. See instructions for determining a ins.
Special Ru	iles	
	regulations under sections 13, 16a, or 16b, and that	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the year	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	contributor, during the year contributions totaled more during the year for an exc General Rule applies to t	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received dusively religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received nonexclusively religious, charitable, etc., contributions uring the year
	•	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ower "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

ROTARY INTERNATIONAL DISTRICT 7620 52-1037873 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) Total contributions (a) Name, address, and ZIP + 4 Type of contribution No. **x** Person 1 N/A Payroll Noncash 122,032 N/A (Complete Part II for noncash contributions.) (d) (c) Total contributions Name, address, and ZIP + 4 Type of contribution Νo. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) Total contributions (b) Name, address, and ZIP + 4 (d) Νo. Type of contribution (Complete Part II for noncash contributions.) (c) Total contributions (a) (b) (d) Name, address, and ZIP + 4 Type of contribution No. (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Νό. Name, address, and ZIP + 4 Total contributions Person (Complete Part II for noncash contributions.) (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total contributions (a) No. Person Payroll Noncash

(Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

lame	of the organization		Employer identification number
ROTZ	RY INTERNATIONAL DISTRICT 7620		52-1037873
Par	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		counts.
	Complete ii tilo ergalinzation allonolog i roc en	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor davisos rando	(b) I and and only accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
•	funds are the organization's property, subject to the organizati		
6	Did the organization inform all grantees, donors, and donor ad		
٠	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Par			
rai	Complete if the organization answered "Yes" o	n Form 000 Port IV line 7	
1			
•	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or edu		of a historically important land area
	Protection of natural habitat	,	n of a certified historic structure
		Preservation	i of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	
	easement on the last day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure.	` '	2c
d	Number of conservation easements included in (c) acquired a		
_	· ·	• • • • • • • • • • • • • • • • • • • •	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the
	tax year •		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enforcing conserv	ration easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above		
			Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements	s that describes the
_	organization's accounting for conservation easements.		0.1 0.1 11 4
Par	t III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 958	· ·	
	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea-	sures, or other similar assets for financial g	gain, provide the
	following amounts required to be reported under FASB ASC 9	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

23,877

 $\boldsymbol{c}\quad \text{Leasehold improvements} \quad \dots \quad \dots \quad .$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

e Other .

	Investments - Other Securities.					
	Complete if the organization answered "	Yes" on For	m 990, Part	IV, line 11b	. See Form	990, Part X, line 1
	(a) Description of security or category (including name of security)		(b) Book va	lue		Method of valuation: end-of-year market value
Financial d					003101	cha-or-year market value
	Id equity interests					
Other						
A)						
3)						
;)						
))						
E)						
-)						
3)						
H)	(h) mount annual Forms 000 Port V and (D) line 40)					
rt VIII	n (b) must equal Form 990, Part X, col. (B) line 12.). Investments - Program Related.	🛌				
	Complete if the organization answered "	Yes" on Form	n 990. Part	IV. line 11d	. See Form	990. Part X. line 1:
	(a) Description of investment		(b) Book va			Method of valuation:
	(a) Description of investment		(b) Book va	lide		end-of-year market value
I)						
2)						
3)						
4)						
5)						
<u>s)</u>						
7)						
В)						
B) 9)	n (h) must equal Form 990 Part X col. (R) line 13.)	•				
3) 9) tal. (Column	o (b) must equal Form 990, Part X, col. (B) line 13.). Other Assets.					
3) 9) al. (Column			n 990, Part	IV, line 11c	I. See Form	990, Part X, line 1
B) D) al. (Column	Other Assets.	Yes" on Form	n 990, Part	t IV, line 11o	I. See Form	990, Part X, line 1
B) D) al. (Column art IX	Other Assets. Complete if the organization answered "	Yes" on Form	n 990, Part	i IV, line 11c	I. See Form	
B) B) al. (Columnart IX	Other Assets. Complete if the organization answered "	Yes" on Form	n 990, Part	t IV, line 11d	I. See Form	
8) al. (Column art IX 1) 2)	Other Assets. Complete if the organization answered "	Yes" on Form	m 990, Part	t IV, line 110	I. See Form	
(a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "	Yes" on Form	n 990, Part	t IV, line 110	I. See Form	
8) b) al. (Column art IX 1) 2) 8)	Other Assets. Complete if the organization answered "	Yes" on Form	n 990, Part	IV, line 110	I. See Form	
8) al. (Column art IX 2) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	Other Assets. Complete if the organization answered "	Yes" on Form	n 990, Part	t IV, line 110	I. See Form	
(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Other Assets. Complete if the organization answered "	Yes" on Form	m 990, Part	t IV, line 110	I. See Form	
(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "	Yes" on Form	m 990, Part	t IV, line 110	I. See Form	
3) 3) 3) al. (Column art X	Other Assets. Complete if the organization answered " (a) Descri	Yes" on Forn			I. See Form	
3) 3) 3) 3) 4) 5) 6) 7) 3) 6)	Other Assets. Complete if the organization answered "	Yes" on Forn				
3) 3) al. (Column 1) 2) 3) 4) 5) 6) 7) 3) al. (Column 2) 8) 9)	Other Assets. Complete if the organization answered (a) Descri	Yes" on Forn				(b) Book value
3) 3) al. (Column 1) 2) 3) 4) 5) 6) 7) 3) al. (Column 2) 8) 9)	Other Assets. Complete if the organization answered (a) Descri	Yes" on Forn				(b) Book value
is) i) al. (Column art IX i) i) i) i) ii) ii) ii) ii) ii) ii) i	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "\((a) Descri (a) Descri (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\((a) Descri (b) must equal Form 990, Part X, col. (B) line 15.).	Yes" on Forn				(b) Book value
al. (Column art IX))))))))))))) al. (Column art X)	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value
al. (Columnart IX)) al. (Columnart IX))))) al. (Columnart X) Federal in 2)	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value
al. (Columnart IX))))))))))))) al. (Columnart X)) Federal in (2)))	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value
(a) (b) (b) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value
al. (Columnart IX)) al. (Columnart IX)))))) al. (Columnart X)) Federal in (2) (3) (4) (5) (5) (6)	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value
al. (Columnart X)) al. (Columnart X)))))))))) al. (Columnart X)) Federal in (2))) (3) (5) (5) (6) (7)	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value
al. (Columnart IX)))))))))))))))) al. (Columnart X) Federal in))))))))	Other Assets. Complete if the organization answered "\(\text{(a) Descrite} \) (a) Descrite (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "\(\text{line 25.} \) (a) Description of liability	Yes" on Forn				(b) Book value

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047 2019 Open to Public Inspection

Employer identification

Department of the Treasury Name of the organization

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

ROTARY INTERNATIONAL DISTRICT 7620 52-1037873 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) cash assistance noncash assistance or government grant other) (1)District 7620 Project Trust 11800 Old Georgetowne Road Ste Rockville, MD 20852 52-1913819 10,000 501c3 CASH (2)Rotary Club of Lexington 501c4 8,500 CASH (3)Rotary Club of Metro Washin 501c4 8,000 CASH (4)Rotary Club of South Freder 18,000 501c4 CASH (5)Rotary Club of Towson 501c4 6,000 CASH (6)Rotary Club of Metro Bethes 7,734 CASH (7) (8) (9) (10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of (e) Method of valuation (book, (a) Type of grant or assistance (b) Number of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 SCHOLARSHIP 1 30,000 CASH Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

EEA Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

ROTARY INTERNATIONAL DISTRICT 7620 52-1037873

01. Governing body meeting documentation (Part VI, line 8a)
Board meeting actions are reviewed by members at a subsequent meeting
02. Committee meeting documentation (Part VI, line 8b)
Committee meeting actions are areviewed at subsequent meeting orally.
03. Form 990 governing body review (Part VI, line 11)
The Treasurer provides a copy of the tax return to the District's officers and Chair of
the District's Finance Committee for review and comment.
04. Form 990 availability to public (Part VI, line 18)
FORM 990 is available to the public upon request.
05. Governing documents, etc, available to public (Part VI, line 19)
Governing documents are available to the public upon request.
ecverning accounting all available to the passite upon legacot.
06. List of other fees for services expenses (Part IX, line 11g)
ov. Hist of other rees for services expenses (rate in, line rig)
Secretarial Services 25,965

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2019

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service Employer identification number 52–1037873 Name of the organization ROTARY INTERNATIONAL DISTRICT 7620 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990. Part IV. line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1)					
2)					
3)					
4)					
5)					
Identification of Related Tax-Exempt Organizations. Co	mnlete if the organization	answered "Yes" o	n Form 990 Par	t IV line 34 heca	use it had

Part II one or more related tax-exempt organizations during the tax year

(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec. 512(b)(13) controlled entity?	
		or foreign country)		(" (-)(-)/	,	Yes	No
(1) DISTRICT 7620 ROTARY PROJECT TRUST, 52-1913819							
11800 Old Georgetown Rd Ste 1304							
Rockville, MD 20852		MD	501C3	10	N/A		
(2)							
(3)							
(4)							
(5)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year (b) (d) (e) (h) (i) (j) (k) Legal domicile (state or Predominant income (related, unrelated, Name, address, and EIN of related organization Primary activity Direct controlling entity Share of total income Share of end-of-year assets Disprop-ortionate Code V-UBI amount in box 20 of Schedule K-1 General or Percentage managing partner? allocaexcluded from tax under sections 512-514) foreign tions? (Form 1065) country) Yes No Yes No (1) (2) (3) (4) (5)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section512(b)(13)	
								Yes	No
(1)									
(0)									
(2)									
(3)									
(4)									
(5)									

EEA Schedule R (Form 990) 2019

Page 3

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				
N	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	s Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)			

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 ROTARY INTERNATIONAL DISTRICT 7620 52-103787:

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e		(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sect	partners		Share of end-of-year assets	Disprop	ortionat	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	eral or aging tner?	Percentage ownership
-	1		55010113 012-014)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
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EEA Schedule R (Form 990) 2019

8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07-01-2019 , and ending 06-30-2020 2019 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number ROTARY INTERNATIONAL DISTRICT 7620 52-1037873 Sharon Taylor, Esq, Treasurer Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 🕨 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 338,026 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic retum. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's federal taxes owed on this retum, 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal Officer's PIN: check one box only X | I authorize | Eric | Bolin | CPA | P.C. | ERO firm name to enter my PIN 37873 as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

274736 46641

10-25-2020

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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.

ERO's signature Eric Bolin

Date > 11-15-2020

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

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

OMB No. 1545-1878

EEA

990 Overflow Statement	2019 Page 1
Name(s) as shown on return ROTARY INTERNATIONAL DISTRICT 7620	52-1037873
OTHER EXPENSES	
Description	Amount
RYLA Program	\$ 3,675
Awards Materials Awards	4,190 6,750
Other	1,250
Total	15,865
OTHER Expenses	
Description	Amount
Postage and Delivery	\$ 1,869
Banners and Pins Music	2,030
Photography	1,000
Other Total	220 5, 419
	·
PREPAIDS	
Description	Amount
INSURANCE GRANTS 2020-2021	\$ 5,071 87,573
Total	.: \$ 92,644

OVERFLOW.LD

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

2019

Do not send to IRS. Retain this form for your records.

Name of orga	anization		Employer identification number
ROTARY	INTERNATIONAL DISTRICT 7620		52-1037873
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ROTARY INTERNATIONAL FUNDATION 1560 SHERMAN AVE Evanston, IL 60201	122,032	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	114110, 4441033, 4114 £11 · 7	Total Solid Diditions	Person Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 Work Reduction Act Notice, see instructions.	Total contributions Schedule B (Fr	Person Payroll Complete Part II for noncash contributions.