2176	09/04/20	020 3:03 PM											
	C	990				ation Exem					B No. 1545-0047		
Forr (Rev.	n 🗨 January	(2020)	Und) of the Internal Re			dations)		2019		
Depa	rtment o	f the Treasury nue Service				ty numbers on this 1990 for instruction					en to Public		
			r vear. or tax			.9 , and ending							
			of organization			7475 Founda			D Employe	r identificatio	n number		
	Address					rganizatio							
	Name ch	ande	business as						46-3765577				
E,	nitial retu	Numb	er and street (or Broadwa	P.O. box if mail is not a	delivered to street add	dress)		Room/suite	E Telephor 973-	620-9	607 [.]		
	Final retu			rovince, country, and 2	IP or foreign postal c	ode		<u> </u>					
∐-∙t	erminate	ed Der	nville	•	NJ 078	34		•	G Gross rec	eipts \$	372,093		
	Amended		and address of p	principal officer:	× .						Yes X No		
	Applicatio	on pending Ra	ymond 1	Freaney				H(a) Is this a gr	oup return for s	ubordinates?	Yes X No		
		15	Broad	way -				H(b) Are all sul	bordinates incl	luded?	Yes No		
		De	nville		NJ	07834		If "No	," attach a list.	(see instruction	ons)		
1	Tax-exe	mpt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527						
J	Website	(million						H(c) Group exe		r			
200000000000000000000000000000000000000	and the second her	10323	Corporation	Trust Associa	tion . Other ►		<u> </u> L_	Year of formation: 2	2013	M State of	legal domicile: NJ		
P	art I	Summai											
	1			on's mission or m	ost significant a	ctivities:							
Activities & Governance		See Scheo	dule O					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
nar		• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •		•••••		•••••		
ver	2	Check this box	if the e			tions or disposed		5% of its not ass		••••••			
ğ		Number of voting		-		4.5				8			
8		Number of indep			8	······································							
/itie		Total number of i				0							
Ę		Total number of v								10			
4						e 12					0		
						9			7b		<i>·</i> 0		
-								Prior Ye	ar 9,481	Cu	rrent Year		
e		8 Contributions and grants (Part VIII, line 1h)									235,793		
Revenue		Program service						11	0,988		13,600		
Rev		Investment incom						<u> </u>	4 624		<u>91</u> 76,816		
						nd 11e)			4,634 5,103		326,300		
						<u>olumn (A), line 12)</u>)		5,103 5,283		125,556		
		Grants and simila Benefits paid to c						10	5,205		123,330		
		•		•		mn (A), lines 5–10))				0		
ses											0		
Expenses	b	Total fundraising	expenses (P	art IX, column (D), line 25) ►	19	.197		No. 4				
ы		Other expenses (11	8,776		174,449		
						A), line 25)			4,059		300,005		
		Revenue less exp				·····		2	1,044		26,295		
s or		-						Beginning of Cu		En	d of Year		
sset: 3alar		Total assets (Par						10	6,638		134,320		
Net Assets or Fund Balances		Total liabilities (P						10	30		1,417		
COUNSE Area	1. A	Net assets or fun		Subtract line 21 fr	om line 20	<u></u>	<u></u>	10	6,608		132,903		
	<u>art II</u>	Signatu			anti-	ccompanying sched	dular and statem	and a stand to the bar	-1 -6		hallef it is		
						on all information of			•	wieuge anu	bellei, it is		
						·							
Sig	n	Signature of	f officer		<u> </u>				Date				
Her		Ray	mond Fi	reaney	:		Pres	ident					
			nt name and title					-					
		Print/Type preparer	's name		Preparer's sig	gneture		Date	Check	X if PT	IN		
Paid		Lawrence M W				M Wefferling		09/04	/20 self-em		01329531		
Prep		Firm's name				CPAs LL	С	F	irm's EIN ▶	22-	3701514		
use	Only			Smull Ave		F 0 1 1				0.70			
	the IT	Firm's address		well, NJ				F	hone no.		226-3111		
way	the IR	S discuss this ret	turn with the	preparer shown a	bove? (see instr	uctions)				2	ΣYes No		

For Paperwork Reduction Act Notice, see the separate instructions. DAA

	990 (2019) Rotary Distr	ict 7475 Foundation	46-3765577	Page
Pa		m Service Accomplishments contains a response or note to any I	ine in this Part III	X
	Briefly describe the organization's mis			
5	ee benedure o	······	· · · · · · · · · · · · · · · · · · ·	
	• • • • • • • • • • • • • • • • • • • •			
	Did the organization undertake any sig	gnificant program services during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X N
	If "Yes," describe these new services		1	
	bid the organization cease conducting services?	g, or make significant changes in how it cond	lucts, any program	Yes X N
	If "Yes," describe these changes on S	chedule Q		
	Describe the organization's program s	service accomplishments for each of its three (c)(4) organizations are required to report the	e largest program services, as measured by e amount of grants and allocations to others,	
D	onations to Various	s organizations that h	\$ 125,556) (Revenue \$ elp various charities w ealth and quality of li	
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m	anage and maintain	their clubs in an eff	icent manor.	······
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A a a	llow them to live in nd cultures in orde	with students from th In the respective sist	\$) (Revenue \$ e USA and various count er country and learn th rough universal underst r.	e customs
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DAA

Form 990 (2019) Rotary District 7475 Foundation 46-3765577 Part IV 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	100
	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	<u>11a</u>		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
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	<u>11c</u>		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<u>11e</u>		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<u>11f</u>		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
L	Schedule D, Parts XI and XII	<u>12a</u>		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		<u>x</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Vac" complete Schedule E. Darte II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? (f "Vas" complete Schedule E. Porte 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 1102 (f "Vos." complete Schedule C. Part ((see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII lines 1c and 8a2 If "Vos " complete Schedule C. Part II	18		x
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	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-1		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts Land II	21	y	

Form 990 (2019)

Part NL, column (A), Ine 27 M "Vas" complete Schedule I, Parts 1 and III 22 X 20 Dit the organization answer "Set Dark VIL Section A. Res 3, q. of 5 about comparisation of the organization inscita any even that was take-exempt bond lessin with an odistanding principal amount of more that 100,000 as to the list day of the year. Intak was take-exempt bond lessin with an odistanding principal amount of more that 100,000 as to the list day of the year. Intak was take-exempt bond lessin with an odistanding principal amount of more that 100,000 as to the list day of the year. Intak was take-exempt bond lessin and later December 31, 2002 // "Yes," answer lines 240 24a X c Did the organization maintain an escore account other than a refunding escore at any time during the year? 24d 24d c Did the organization maintain an escore account other than a refunding escore at any time during the year? 24d 24d c Did the organization maintain an escore account other than a refunding escore at any time during the year? 24d 24d c Did the organization and during the year of the organization engage in an excess benefit transaction with a disqualified period in a proton as yot the organization and during the year of any of the organization for the time of any of the organization for the time of any of the organization and the disquare of any of the organization for the time of any of the organiza	Form	990 (2019) Rotary District 7475 Foundation 46-3765	577		P	age 4
22 Did the organization report more than 55,000 digrants or other assistance to or for domestic individuals on part 1X, clama (A), line 27 4% conceptes 52-bit (A), Part 3, a or 5, a 50 and compensation of the organization current and common follers, director, Heart 3, a of 14 and compared 52-bit (A), Section A, Line 3, a or 5, a or	Pa	rt IV Checklist of Required Schedules (continued)				
Part NL, column (A), line 27 If "Yes," complete Schedule I, Part I and III 22 X 20 Did the organization answer "Pert Dark IV, Section A, line 34, or 5 about compensation of the organization current and former officers, directori, trustees, key employees, and highest compensated 23 X 240 Did the organization insex any prevent material standarding principal amount of more than 5100.000 as the list day of the wey, find was about a constraining principal amount of more than 5100.000 as the society of the wey, find was about a constraining principal amount of more than 5100.000 as the society of the organization insex any prevent material standarding secrow at any time during the year 24a X Did the organization insex any provide of tax wey method back of the during the year? 24d 24d 24d I be the organization action insex any provide standarding secrow at any time during the year? 24d 24d 24d I be the organization action insex on the society for the society of the organization insex on the society of the organization insex on the society action of the organization insex on the society of the organization insex on the organization insex on the organization insex on the organization. The the society of the organization insex on the organization. The organization insex on the organization insex on the organization				r	Yes	No
23 Did the organization arowner "res" to Part M, Section A, Les 3, A, or 5 about compensation of the organization's connect and former officers, directors, trustees, key employee, and highest compensated employees? If "Ves," compare Schedule J, Wash to based and re December 31, 2022? If "Ves," answer fines 24.0 24a X 24b Did the organization how any provide schedule J. 24a X 24b Did the organization mean any proceeds of tax compare books beyond a temporary period exception? 24a X 24b Did the organization mean any proceeds of tax compare books beyond a temporary period exception? 24a X 24b Did the organization mean any proceeds of tax compare books beyond a temporary period exception? 24a X 24c Did the organization any and the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization range of the expansization size of the organization's of the organization report or year, substantial contributor or mark of the organization provide a grant or orburd substantial contributor or 35% 26 X 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or or more filter, divestion, trasse, key employee, creator or found, substantial contributor, and a substantial contributor Part Yes, "complete Schedule L, Part II 26 X	22		on	22		x
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240 Did the organization have a tax-exempt bond issue with an oxidancing principal amount of more than \$10,000 as of the last day of the year, this was issued after December 31, 2002? If Yes," answer lines 240 24a X 24b Did the organization invest any proceeds of tax-exempt bond beyond a temporary period exception? 24b 24b 24b Did the organization markina an escow account of ther than a refunding sective at any three during the year? 24c 24d 25s Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization argae in an excess benefit transaction with a disqualified person in a prior year. and that the transaction hand to the organization any of the organization spitor forms 900 or 900-E27 25b X 25 Did the organization expends any amount of PAT X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, ley employee, creator or founder, substantial contributor, or 35% 25b X 26 Did the organization export any amount of PAT X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, ley employee, creator or founder, substantial contributor, or asystemes to any othese and pay othese periods or any othese periods or founder, substantial contributor, or asystemes to any othese and a pay othese and any othese and a pay othese and any othese and a pay othese and any othese				23		х
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through 2dd and complete Schedule K. If No. ¹ to the line 239 24a X Did the organization investary proceeds of tax exempt bonds beyond a temporary period exception? 24b - Did the organization investary period exception? 24c - Did the organization act as an 'on behalf of saver for bonds outstanding at any time during the year? 24d - Did the organization act as an 'on behalf of saver for bonds outstanding at any time during the year? 24d - 23a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is an excess benefit transaction any of the organization is prior year. and thus the transaction and or the organization is prior year. and thus the transaction any of the organization is prior year. and thus the transaction epider 3m around on any of the organization around any organization around any organization spore 7m year. 25b X 25 Did the organization report any amount on Part X, line 5 or 22, for relevables from or payables to any current or or more organization around any organization around any organization around any organization around the around a substantial contributor, or 35% controlled entily (nulling an employse thereof) or family member of any of these paramons? 27 X 27 X X X substantial contributors, and xecupations? 28a X 28 A current of runder, substantal contributoriss, and xecupations? 27	2-14		: 24b			
D Dist the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Path C Did the organization anatination an escrow account offer than a refunding escrow at any time during the year? Z4d Did the organization acts as in on behalf of issuer for bonds outstanding at any time during the year? Z4d Section Of(c)(3), 601(c)(4), and 601(c)(3) comparizations. Did the organization angale in a excess benefit transaction was and the lengaged in an excess benefit transaction was that the transaction has not been reported on any of the organization's prior Forms 900 or 900-E27 Z4b Did the organization account of the organization. Did the organization compares benefit transaction was and that the transaction has not been reported on any of the organization's prior Forms 900 or 900-E27 Z4b Did the organization provide a grant or often assistance to any current or former office, director, trustex, key employee, creator or founder, substantial contributor, or 55% controlled entity of numly member of any of these spansaction are provide any of these spansaction forwed as grant or often assistance to any current or former office, director, truste, key employee, creator or founder, or substantial contributor? Z W is the organization a party to a busines transaction with a educeptions? Z X Vinstructionel entity of one ormer than 4226 about a complex Schedule L, Part IV Z X Vinstructionel entity of one ormer than 4226 about a complex Schedule L, Part IV Z X <td></td> <td>through 21d and complete Schodule K. If "No." go to line 253</td> <td></td> <td>24a</td> <td></td> <td>X</td>		through 21d and complete Schodule K. If "No." go to line 253		24a		X
c) Did the organization maintain an escow account other than a refunding escrew at any time during the year 24c d) Did the organization act as an 'on behalf of 'assuer for books outstanding at any time during the year? 24d 23s Section 501(c)(3), 601(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified period uning the year? If 'tes,' complete Schedule L, Part I 25a X b Is the organization express that lengaged in an excess benefit transaction with a disqualified period in any of the organization's prior Forms 900 or 900-EZ? 25b X ves, and that the transaction any anount on Part X, line 5 or 22, for receivables from or parables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity of family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization sport any an employee thereof, a grant selection committee member, or a 35% controlled entity (fauld) are employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization energy to a business transaction with one of the following parties (see Schedule L, Part II 28a X 29 Was the organization energy to a business transaction with one of the following parties (see Schedule L, Part II 28a X 20 A cururent orene finder, director, trustee, key employee, c	b			24b		
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization eceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b 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 O, Part VI 37 X 38 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 for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X	31		N David I			X
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	zation			
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1a 1a 1 1a 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1 1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1a 1	Pa					
1a 1a <td< td=""><td></td><td>Check if Schedule O contains a response or note to any line in this Part V</td><td><u></u></td><td><u></u></td><td></td><td></td></td<>		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>		
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 X	1a			- Contraction	Ser. S	
reportable gaming (gambling) winnings to prize winners?	b		1b 1	25 g1 ⁹	C. Len	
	С			32M (19	77	(Hores)
		reportable gaming (gambling) winnings to prize winners?				

forn	1 990 (2019) Rotary District 7475 Foundation 46-3765577		F	Page 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		a company a	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	Carriegas Carrieda		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	- 500 Martin	Secole States
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1212.00	States and
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		1	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	a deservice states	X
b	• • • • • • • • • • • • • • • • • • • •			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	<u>6b</u>	New York	anakaanan
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	SUSSEX!	27.343	
	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		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was]	
	required to file Form 8282?	7c	Sector Card	3000
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			N.S.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>7h</u>	2408	direction of the
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		10470303 10470303 10470	Constanting
9	Sponsoring organizations maintaining donor advised funds.	8	a de la com	
a	Did the sponsoring organization make any taxable distributions under section 4966?			o ne si
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	de	St. South of	1.1.1.1.1.1.1.1
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:		744	
а	Gross income from members or shareholders 11a	and the second		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	(220092-2015-)	1900 D29 (14)
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	STREES.	1997 1997	<u> Na N</u>
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	Sec. da	1942030.114
	Note: See the instructions for additional information the organization must report on Schedule O.	2.48		
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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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		<u>x</u>
	If "Yes," see instructions and file Form 4720, Schedule N.		Salaran a	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

Form	990 (2019) Rotary District 7475 Foundation 46-3765577				age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	low, and for	a "N	0″	
1000	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedul	le O. See in	struc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion 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	8			
	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			147 - 1 71 - 147 147 - 147 - 147 147 - 147 - 147	
	committee, explain on Schedule O.	100	Sec.		
b	Enter the number of voting members included on line 1a, above, who are independent1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1			
2	any other officer, director, trustee, or key employee?	10.14	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct				
3	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	····· F	4		Х
4			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		6		x
6	Did the organization have members or stockholders?	· · · · · · · · · · · ·	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		7.		x
	one or more members of the governing body?	·····	7a		<u>~</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		_		77
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the for	ollowing:	26.	1.	1000
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		<u>8</u> b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				1
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Coc	le.)		
-				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Γ	10a		X
b	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?		10ь		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	2- 20	
	Did the experimentian have a written conflict of interact notion? If "No." as to line 12		12a	State of the State	X
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		12b		
b			120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		40-		
	describe in Schedule O how this was done	· · · · · · · · · · · · · · · · · · ·	12c		V
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	1. 194	X
15	Did the process for determining compensation of the following persons include a review and approval by	BOOK wy		10	State of
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			J. El L	CONSTRUCTION OF
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				and a
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				R.
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		6.34		100
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1000		15
	organization's exempt status with respect to such arrangements?		16b	CINCOLLECTION N	
Sec	ction C. Disclosure		100		<u> </u>
17	List the states with which a serve of this Form 000 is required to be filed Nonco				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501		• • • • • •		• • • • • •
10		(0)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website Opon 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 >				
	ichael Townley 15 Broadway			• •	
<u> </u>	enville NJ 07834	973	_		607
DAA			For	m 99	0 (2019)

Form 990 (2	(19) Rotary District 7475 Foundation	46-3765577	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key E	mployees, Highest Compensated Employ	ees, and
	Independent Contractors	/	— ––
	Check if Schedule O contains a response or note to any	line in this Part VII	<u> </u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compe	ensated Employees	
1a Complete organization	this table for all persons required to be listed. Report compensation for ts tax year.	he calendar year ending with or within the	
	of the organization's current officers, directors, trustees (whether individ n. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	uals or organizations), regardless of amount of	
 List all 	of the organization's current key employees, if any. See instructions for	definition of "key employee."	
 List the who received 	organization's five current highest compensated employees (other than reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 109 and any related organizations.	an officer, director, trustee, or key employee)	
	and the contract of the state o	and the second	

• 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 related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for	(do box off	o not o x, unle icer a	Pos check ess pe nd a d	C) ition more rson i lirecto	than or is both	ne an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(1.2.100 micc)	(related organizations
(1) James Allison Trustee	1.00	x						0	0	0
(2) Cheryl Delgado Secretary	1.00	x		x				0	0	0
(3) Raymond Freaney President	1.00	x		x				0	0	0
(4)Michael Hart	1.00	x						0	0	0
Trustee (5)Barry Kroll	1.00									
Trustee (6)Michael Townley	0.00	X						0	0	0
Treasurer (7) Joseph Velocci	0.00	x		X				0	0	0
Trustee (8)	0.00	x						0	0	0
(9)										
(10)										
(11)										
· · · · · · · · · · · · · · · · · · ·										2

Form 990 (2019)

2176 09 Form	990 (2019) Rotary Di	strict 7	47	5	For	ind	lat	ic	on 46-37		Page 8
	t VII Section A. Officers	, Directors, Trus	stee	s, Ke	ey E	mple	oyee	s, a	and Highest Compensate	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any	box	k, unle	iss pe nd a d	ition more rson i	than of s both r/truste	an ee)	organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	т (W-2/1099-MISC)	(14-2) (033-141/30)	related organizations
c	Subtotal Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	Α	••••		•			
 	Total number of individuals (ir reportable compensation from		mite	d to				bov	ve) who received more than	\$100,000 of	Yes No
3 4	Did the organization list any for employee on line 1a? <i>If "Yes,</i> For any individual listed on lin organization and related orga <i>individual</i>	" complete Scheo le 1a, is the sum nizations greater	<i>fule</i> of re thar	J for porta 1 \$15	<i>sucl</i> able 60,00	n ind com)0? I	ividu pens f "Ye	al atic s," d	ion and other compensation ' complete Schedule J for su	from the Ich	3 X
5	Did any person listed on line for services rendered to the o	1a receive or acc rganization? If "Y	rue d	comp	ens	atior	fron	n ar		r individual	5800 (1800) 70° 1
<u>Sect</u>	ion B. Independent Contract Complete this table for your fi	ve highest comp	ensa	ted i	ndep	bend	ent c	ont	ntractors that received more	than \$100,000 of	······································
	compensation from the organ	ization. Report co (A) d business address	ompe	ensa	tion	for th	ne ca	len		hin the organization's tax ye (B) ription of services	ar. (C) Compensation
	Name an	d Dusiness address							Desc	nplion of services	Compensation
								-		· · · · · · · · · · · · · · · · · · ·	
									······································		
÷2	Total number of independent										and the second second

Part VIII

5				
Form 990 (2019)	Rotarv	District	7475	Foundation

Pa	irt V	III Statem	ent o Sch	f Revenue edule O cont	ains a	a response or note	e to any line in thi	s Part VIII		
		Oncorr	0011				(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 camp Membership due Fundraising eve Related organiza Government grants (co All other contributions,	es nts ations	ns)	1a 1b 1c 1d 1e					
ibut		and similar amounts no			1f	235,793				
ontro	g	Noncash contributions			1g		025 703			
ติ บั	<u>h</u>	Total. Add lines	1a1f	<u></u>	<u></u>		235,793			All and a second se
	0					Business Code	13,600	13,600		
Program Service Revenue	2a b	• • • • • • • • • • • • • • • • • • • •					13,000	15,000		
Sen	0	• • • • • • • • • • • • • • • • • • • •								
am evel	d									· · · · · · · · · · · · · · · · · · ·
5 D	e									
<u> </u>	f	All other program								
	g	Total. Add lines	2a–2f	· · · · · · · · · · · · · · · · · · ·		>	13,600			
	3	Investment inco	me (in	cluding dividend	s, inter	rest, and				
		other similar am	ounts)			▶	91	91		
	4	Income from inv	estme	nt of tax-exempt	bond	proceeds 🚬 🕨				
	5	Royalties	<u></u>		<u></u>	.				425
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b				1 CARL			
	c		6c					142 A.		
	d 7a	Net rental incom Gross amount from	e or (l							
	10	sales of assets		(i) Securities		(ii) Other				
		other than inventory	7a						and the second second	Contraction of the second second
Revenue	b	Less: cost or other								
eve		basis and sales exps.	7b							
er R(Gain or (loss)	7c			`	and the second			Jacob Contraction
		Net gain or (loss			· · · · · · · · ·	·····			Construction of the second	A CONTRACTOR OF THE OWNER
đ	oa	Gross income from (not including \$								
		of contributions rep		•						
		See Part IV, line 18			8a					
		Less: direct expe			8b		C.G. States			and the second second
		Net income or (le		-	vents	····· •				Part of the second second
	9a	Gross income from			0.5	67 705				
	L	See Part IV, line 19			9a 9b	67,795 45,793				
		Less: direct expe Net income or (lo					22,002	1999년 전 1999년 1997년 1988년 1997년 - 1997년 1997년 1988년 1988년 1988년 1989년 1989년 1989년 1989년 1989년 1989년 1989년 1989년 1989년 - 1997년 1989년 1 1989년 - 1989년 1 1989년 1989년 198		22,002
		Gross sales of in					22,002			22,002
	iva	returns and allow		•	10a					
	b	Less: cost of goo	ds sol	d	10a					
		Net income or (lo				>	and an			
s						Business Code				
Miscellaneous Revenue	11a	District Co	onfre	nce			54,814	54,814	A CONTRACTOR OF	THE REPORT OF A STATE OF
and	b									
Seve	с									
Mis	d	All other revenue								
		Total. Add lines	11a–1	1 <u>d</u>	<u></u>	•	54,814			
	12	Total revenue.	See in	structions	<u></u> .		326,300	68,505	0	22,002

	990 (2019) Rotary District		on 46-37	65577	Page 10
	rt IX Statement of Functional Expon 501(c)(3) and 501(c)(4) organizations must co		er organizations must com	plete column (A)	
Secu	Check if Schedule O contains a respo	onse or note to any line in th	nis Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	115,556	115,556		
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	10,000	10,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u> </u>
Ũ	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a b	Management			· · · · · · · · · · · · · · · · · · ·	
c	Legal Accounting	100		100	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		and the second of		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,496	1,496		
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16		15,500	15,500		
17 18	Travel Payments of travel or entertainment expenses	13,300	15,500		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	90,443	71,246		19,197
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscelianeous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column	the state of the state of the			the standard and stand
	(A) amount, list line 24e expenses on Schedule O.)				
a	Donations	63,474	63,474		
b	Bank Service Fees	2,300	700	2,300	
C	Credit Card Processing	700 240	700	240	
d	NJ Charities Registration	196	196		
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	300,005	278,168		19,197
<u>25</u> 26	Joint costs. Complete this line only if the		210,100	2,040	
-•	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ► if if				
,	following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Rotary District 7475 Foundation 46-3765577

P	art)	K Balance Sheet Check if Schedule O contains a response or no	ote to anv li	ae in this Part X			
		Check il Schedule O contains a response of no	ste to any i		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			106,638	1	104,229
	2	Savings and temporary cash investments				2	30,091
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form					
	ľ	trustee, key employee, creator or founder, substantial					
		controlled entity or family member of any of these per				5	CORRECT MANUAL CONSIGNAL PARAMANAN DAR VARA A DEBANA
	6	Loans and other receivables from other disqualified p					
	l °	under section 4958(f)(1)), and persons described in se				6	n a marang centralised tentral sanatan menalikan
Assets	7					7	
Ass		Notes and loans receivable, net Inventories for sale or use				8	
	8					9	
	9	Prepaid expenses and deferred charges			and the second	<u> </u>	
	10a	Land, buildings, and equipment: cost or other	100		and a stranger water		
		basis. Complete Part VI of Schedule D	401			40-	
		Less: accumulated depreciation				10c 11	
	11	Investments-publicly traded securities				12	· · · · · · · · · · · · · · · · · · ·
	12	Investments-other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11					
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			106 629	15	124 220
	16	Total assets. Add lines 1 through 15 (must equal line				16	<u>134,320</u> 1,417
	17	Accounts payable and accrued expenses				17	1,41/
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV				21	
ies	22	Loans and other payables to any current or former off	-				
Liabilities		trustee, key employee, creator or founder, substantial		, or 35%			
-iat		controlled entity or family member of any of these pers				22	
-	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-24	4). Comple	te Part X			
		of Schedule D			30	25	
	26	Total liabilities. Add lines 17 through 25		<u></u>	30	26	1,417
		Organizations that follow FASB ASC 958, check h	nere 🕨 X				
ő		and complete lines 27, 28, 32, and 33.				17078	
lan	27				106,608	27	132,903
Ba	28	Net assets with donor restrictions				28	·
pu		Organizations that do not follow FASB ASC 958, o	check her				
ц,		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29_	
set	30	Paid-in or capital surplus, or land, building, or equipme				30	
As	31	Retained earnings, endowment, accumulated income,	, or other f	inds		31_	
Vet	32	Total net assets or fund balances			106,608	32	132,903
	33	Total liabilities and net assets/fund balances			106,638	33	134,320

Form 990 (2019)

Form	990 (2019) Rotary District 7475 Foundation 46-3765577			Pag	ge 12
	t 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	3:	26,3	300
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	00,0	005
3	Revenue less expenses. Subtract line 2 from line 1	3		26,2	295
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	06,	608
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1:	32,	903
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash 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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				14.55 MA
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		and a second		
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		1001	100 A	and the second
	separate basis, consolidated basis, or both:		0.42		
	Separate basis Consolidated basis Both consolidated and separate basis		-	100 C	
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on		and the second		
	Schedule O.			Sales -	Sec. Carl
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			For	m 990	(2019)

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SCHEDULE A	Pub	lic Charity Status	s and	Publi	c Support	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the o	rganization is a section 501(c)(3) organiz	zation or a se	ection 4947(a)(1) nonexempt charitable trust.	2019
Department of the Treasury		Attach to Form 9	90 or For	m 990-EZ	, 	Open to Public
Internal Revenue Service		www.irs.gov/Form990 for ins		and the	latest information.	Inspection
Name of the organization		ict 7475 Foundat	tion			ification number
	A NJ NonProf	it Organization	mustor	mnloto	this part) See instructio	
		Status (All organizations			this part.) See instructio	
The organization is not a	a private foundation because	e it is: (For lines 1 through 12, cl ociation of churches described ir	neck only	170(b)(1)	(A)(i).	
		A)(ii). (Attach Schedule E (Form			(*)(1).	
3 A hospital or a	cooperative hospital service	ce organization described in sec	tion 170(b)(1)(A)(ii	i).	
4 A medical res	earch organization operated	d in conjunction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). Enter the ho	spital's name,
city, and state	-	•				
		of a college or university owned	or operate	d by a gov	vernmental unit described in	
section 170(b)(1)(A)(iv). (Complete Part	II.)				
		overnmental unit described in se				
	on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	m a gover	nmental u	init or from the general public	
8 A community	rust described in section 1	70(b)(1)(A)(vi). (Complete Part	ii.)			
9 📃 An agricultura	l research organization des	cribed in section 170(b)(1)(A)(i	x) operate	d in conju	Inction with a land-grant colleg	e
	r a non-land-grant college o	of agriculture (see instructions). I	Enter the r	name, city	, and state of the college of	
university: 10 X An organizatio	on that normally receives: (1) more than 33 1/3% of its supp	ort from co	ontributior	is, membership fees, and gros	S
receipts from	activities related to its exem	pt functionssubject to certain	exception	s, and (2)	no more than 33 1/3% of its	
support from g	pross investment income an	d unrelated business taxable in	come (less	s section &	511 tax) from businesses	
		0, 1975. See section 509(a)(2). exclusively to test for public safe				
		exclusively for the benefit of, to p				es
of one or more	e publicly supported organiz	ations described in section 509	9(a)(1) or s	section 5	09(a)(2). See section 509(a)(3	3).
Check the box	in lines 12a through 12d th	nat describes the type of support	ting organi	ization and	d complete lines 12e, 12f, and	12g.
a 🗌 Type I. A	supporting organization ope	erated, supervised, or controlled	l by its sup	ported or	ganization(s), typically by givin	g
		ver to regularly appoint or elect a omplete Part IV, Sections A a		of the dire	ectors or trustees of the	
		pervised or controlled in connect		ts support	ed organization(s), by having	
		ting organization vested in the s				d
		Part IV, Sections A and C.				
c Type III fe	unctionally integrated. A state or an instantial or an instantial or an instantial of the second sec	supporting organization operated tructions). You must complete	d in conne	ction with,	, and functionally integrated wi	th,
	•	d. A supporting organization ope				n(s)
that is not	functionally integrated. The	e organization generally must sat	tisfy a dist	ribution re	equirement and an attentivenes	
•		nust complete Part IV, Section				
e Check this	s box if the organization rec	eived a written determination fro n-functionally integrated support	om the IRS	s that it is a zation.	a Type I, Type II, Type III	
	ber of supported organizati					
		e supported organization(s).		<u> </u>		
(i) Name of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1–10 above (see instructions))	· ·	ur governing ment?	support (see instructions)	other support (see instructions)
			Yes	No	,	
(A)						
(B)						
(0)			-			
(C)						
(D)		· · · · · · · · · · · · · · · · · · ·				
(E)						
Total				an an Alberton Stranger an Alberton Stranger and Alberton		

Total
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Scheo	lule A (Form 990 or 990-EZ) 2019 Rot	ary Dist	rict 7475	Foundatio	on 46	-3765577	Page 2
	rt II Support Schedule for O	rganizations I	Described in S	ections 170(b)(1)(A)(iv) and		
0.006-127.7 (4, 1	(Complete only if you che	cked the box o	on line 5, 7, or 8	of Part I or if th	ne organization	failed to qualify	under
	Part III. If the organization	fails to qualify	under the tests	s listed below,	please complet	e Part III.)	
	tion A. Public Support			-			
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		and and a strength of a streng			1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		CONTRACTOR NO.		100		
_	tion B. Total Support	- / 1 / / / / / / / / / / / / / / /					
	adar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 -	A. 2. (1997)		
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-					
Sec	organization, check this box and stop her tion C. Computation of Public S			<u></u>	<u></u>	<u></u>	
14				- <i>(</i> £))		14	%
15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch						%
15 16a	33 1/3% support test—2019. If the organ				2 1/29/ or more of		70
104	box and stop here. The organization qual						
b	33 1/3% support test—2018. If the organ		-		5 ic 23 1/3% or ma		····· · L
IJ	this box and stop here. The organization			nization			
17a	10%-facts-and-circumstances test—20				a or 16b and line		····· • ∟
174	10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa						
	organization		•			Jileu	
b			tion did not chock a				
5	10%-facts-and-circumstances test-20 15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization				•	licly	
	supported organization			-		Shory	
18	Private foundation. If the organization di		on line 13, 16a, 16l				·····
	instructions			.,		-	

Schedule A (Form 990 or 990-EZ) 2019

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		ary Distri				3765577	Page 3
Pa	art III Support Schedule for O						
	(Complete only if you che						Part II.
	If the organization fails to	quality under the	e tests listed de	low, please cor	nplete Part II.)		
	tion A. Public Support	() 0045	(1) 0040	(-) 0017	(-1) 0040	(-) 0040	(f) Tetal
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,642	41,117	10,488	119,481	235,793	452,521
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,520	141,045	155,285	236,313	68,505	639,668
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	84,162	182,162	165,773	355,794	304,298	1,092,189
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	and see the second second second	Contraction of the local sectors of the local secto	and the second secon	111 (A	Oli Serenceritera del	·····
8	Public support. (Subtract line 7c from line 6.)						1,092,189
	tion B. Total Support						(B
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	84,162	182,162	165,773	355,794	304,298	1,092,189
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on					21,002	21,002
12						21,002	21,002
	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	84,162	182,162	165,773	355,794	325,300	21,002
13	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	, or fifth tax year as	s a section 501(c)	<u>325,300</u> (3)	
13 14	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her	organization's first, s	econd, third, fourth		s a section 501(c)	<u>325,300</u> (3)	
13 14 Sec	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su	organization's first, s p upport Percenta	econd, third, fourth	n, or fifth tax year as	s a section 501(c)	<u>325,300</u> (3)	1,113,191
13 14 <u>Sec</u> 15	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8,	organization's first, s p apport Percenta column (f), divided l	econd, third, fourth I ge by line 13, column (n, or fifth tax year as	s a section 501(c)	325,300 (3)	1,113,191 ▶
13 14 Sec 15 16	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, Public support percentage from 2018 Scher	organization's first, s p Ipport Percenta column (f), divided l edule A, Part III, line	econd, third, fourth ge by line 13, column (15	n, or fifth tax year as	s a section 501(c)	325,300 (3)	1,113,191
13 14 Sec 15 16 Sec	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, Public support percentage from 2018 Sche tion D. Computation of Investme	organization's first, s p Ipport Percenta column (f), divided l edule A, Part III, line nt Income Perc	econd, third, fourth ge by line 13, column (15 entage	n, or fifth tax year as	s a section 501(c)	325,300 (3) 	1,113,191 ► 98.11% 100.00%
13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, Public support percentage from 2018 Sche tion D. Computation of Investme Investment income percentage for 2019 (li	organization's first, s pport Percenta column (f), divided l edule A, Part III, line nt Income Perc ne 10c, column (f), d	econd, third, fourth ge by line 13, column (15 entage ivided by line 13, co	(f)) olumn (f))	s a section 501(c)	325,300 (3) 15 16 17	1,113,191 ► 98.11% 100.00% %
13 14 15 16 Sec 17 18	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, Public support percentage from 2018 Sche tion D. Computation of Investme Investment income percentage from 2018	organization's first, s ipport Percenta column (f), divided l edule A, Part III, line nt Income Perc ne 10c, column (f), d Schedule A, Part III,	econd, third, fourth ge by line 13, column (15 entage ivided by line 13, co line 17	n, or fifth tax year as (f)) olumn (f))	s a section 501(c)	325,300 (3) 15 16 17 18	1,113,191 ▶ 98.11% 100.00%
13 14 15 16 Sec 17 18	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, Public support percentage from 2018 Scheet tion D. Computation of Investmen Investment income percentage from 2018 33 1/3% support tests—2019. If the organ	organization's first, s ipport Percenta column (f), divided I edule A, Part III, line nt Income Perc ne 10c, column (f), d Schedule A, Part III, nization did not chec	econd, third, fourth ge by line 13, column (15 entage ivided by line 13, co line 17 k the box on line 14	(f)) olumn (f)) 4, and line 15 is mo	s a section 501(c)	325,300 (3) 15 16 17 18 and line	1,113,191 ▶ 98.11% 100.00% % %
13 14 15 16 Sec 17 18	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, Public support percentage from 2018 Sche tion D. Computation of Investme Investment income percentage from 2018	organization's first, s ipport Percenta column (f), divided f edule A, Part III, line nt Income Perc ne 10c, column (f), d Schedule A, Part III, nization did not chec x and stop here. Th	econd, third, fourth ge by line 13, column (15 entage ivided by line 13, co line 17 k the box on line 14 e organization qua	i, or fifth tax year as (f)) olumn (f)) 1, and line 15 is mo lifies as a publicly s	s a section 501(c) re than 33 1/3%, i upported organizi	325,300 (3) 15 16 17 18 and line ation	1,113,191 ► 98.11% 100.00% % %
15 <u>16</u> Sec 17 18 19a	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2019 (line 8, Public support percentage from 2018 Sche tion D. Computation of Investmen Investment income percentage from 2018 33 1/3% support tests—2019. If the organ 17 is not more than 33 1/3%, check this bo	organization's first, s ipport Percenta column (f), divided f adule A, Part III, line nt Income Perc ne 10c, column (f), d Schedule A, Part III, nization did not check x and stop here . Th nization did not check s box and stop here	econd, third, fourth ge by line 13, column (15 entage ivided by line 13, column (line 17 k the box on line 14 e organization qua k a box on line 14 co . The organization	(f)) olumn (f)) 4, and line 15 is mo lifies as a publicly s or line 19a, and line qualifies as a publi	re than 33 1/3%, supported organizations for the supported organization of the support of the su	325,300 (3) 15 16 17 18 and line ation 33 1/3%, and anization	1,113,191 → 98.11% 100.00% % % % %

1.4.2.		65577		Page 4
Fd	rt IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, com	plete Sectio	ons A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Pa			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and comp			
Soct	ion A. All Supporting Organizations			
Seci	ion A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1.199.986 - 11	6352.7 19696
2	Did the organization have any supported organization that does not have an IRS determination of status	142.20		(* 1) (* 1)
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	", 2004 Securita	1992au - 1988.)
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			253.25
Ja	(b) and (c) below.	3a	1940 - 1911 - 1947 - 1949 1940 - 1941 - 1947 - 1949	1.52 (0.51)
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1.4.024	120.03
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	n, na se superior de	884. v7048
~	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
с	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	and Second Sec	. K. C. S.
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			342513
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	-10-620100302	- Halt Provide
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	16.022		Carlos I.
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			135
	despite being controlled or supervised by or in connection with its supported organizations.	4b		, which can define the
с	Did the organization support any foreign supported organization that does not have an IRS determination			1993
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	2 and	1	S.X. CA
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	000000000000000000000000000000000000000	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	in the second		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	1.1	10000	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	2423		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		Constant of the	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		3 100	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	35.142	723282	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			. King
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	이야 한 것이다. 1977년 1977년		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	a and a Ei	
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	7 Martines		
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	- Provide SC 200 83	A CONTRACTOR
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			-20
	determine whether the organization had excess business holdings.)	10b	and the second address of the second address	

10b Schedule A (Form 990 or 990-EZ) 2019

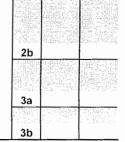
x DAA

2176 09/04/2020 3:03 PM Rotary District 7475 Foundation 46-3765577 Schedule A (Form 990 or 990-EZ) 2019 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? 11c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

3 Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*



Schedule A (Form 990 or 990-EZ) 2019

thedule A (Form 990 or 990-EZ) 2019 Rotary District 7475 Fou		46-3765	5 577 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			9e
instructions. All other Type III non-functionally integrated supporting organizatio	ns must complet	e Sections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	2		
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part V	A (Form 990 or 990-EZ) 2019 Rotary District Type III Non-Functionally Integrated 509(a)(Pa
Section	D - Distributions			Current Year
1 Ar	mounts paid to supported organizations to accomplish exempt pur	Doses		
	mounts paid to perform activity that directly furthers exempt purpo			
	ganizations, in excess of income from activity			
	dministrative expenses paid to accomplish exempt purposes of su	pported organizations		
	mounts paid to acquire exempt-use assets			
	ualified set-aside amounts (prior IRS approval required)			
	ther distributions (describe in Part VI). See instructions.			
	otal annual distributions. Add lines 1 through 6.			
	istributions to attentive supported organizations to which the organ	nization is responsive		
	rovide details in Part VI). See instructions.			
	istributable amount for 2019 from Section C, line 6			
	ne 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1 Dis	stributable amount for 2019 from Section C, line 6	and the detail of the		
	nderdistributions, if any, for years prior to 2019			
	easonable cause required-explain in Part VI). See	and the second		Att Brite the
ins	structions.			
3 Ex	cess distributions carryover, if any, to 2019			
a Fro	om 2014			
b Fro	om 2015			
c_Fro	om 2016			
d Fro	om 2017			
e Fro	om 2018			
f To	otal of lines 3a through e			
g Ap	oplied to underdistributions of prior years			
h Ap	oplied to 2019 distributable amount	A CONTRACTOR OF A CONTRACTOR A		
i Ca	arryover from 2014 not applied (see instructions)		and the second se	611
j Re	emainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Dis	stributions for 2019 from			
Se	action D, line 7:\$			The second s
a Ap	plied to underdistributions of prior years	Contraction of the second		Conception of the second s
	plied to 2019 distributable amount		A REAL PROPERTY AND A REAL PROPERTY.	
c Re	emainder. Subtract lines 4a and 4b from 4.			
5 Re	emaining underdistributions for years prior to 2019, if			
any	y. Subtract lines 3g and 4a from line 2. For result			
	eater than zero, explain in Part VI. See instructions.	State State State		
	emaining underdistributions for 2019. Subtract lines 3h	The second second second	the second second	and a second
	d 4b from line 1. For result greater than zero, explain in			
	rt VI. See instructions.			
7 Ex	cess distributions carryover to 2020. Add lines 3j	And the second se		
	d 4c.			
	eakdown of line 7:			
	cess from 2015			
	cess from 2016			
	cess from 2017			
	cess from 2018			
	cess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Im 990 or 990-EZ) 2019Rotary District 7475 Foundation46-3765577Page 8Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE F (Form 990)			ctivities Outside the ion answered "Yes" on Form 990 ► Attach to Form 990.		
Department of the Treasury Internal Revenue Service			//Form990 for instructions and th	e latest information.	Open to Public Inspection
Name of the organization			75 Foundation	_ · ·	entification number 765577
Part I Gen		onProfit Org	itside the United States. Co		
MALE OF THE REAL OF THE PROPERTY	n 990, Part IV, line				
other assistanc award the gran	e, the grantees' eligib ts or assistance?	ility for the grants or as	to substantiate the amount of its gra ssistance, and the selection criteria u	used to	
outside the Uni	ted States.		ocedures for monitoring the use of it		
3 Activities per R			be duplicated if additional space is r		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
_(6)				· · · · · · · · · · · · · · · · · · ·	
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)			· · · · · · · · · · · · · · · · · · ·		
(17)			STATES AND		-
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add					

 lines 3a and 3b)
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule F (Form 990) 2019 Rotary District 7475 Foundation 46-3765577

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. Jine 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)				Australia Wildfires	10,000				
(2)									
(3)									
(4)	wyse offici								
(5)									
6)									
7)									
8)									
(9)									
0)									
1)								_	
2)									
3)									
4)									
5)			. <u>100 p</u> arts - 10						
16)									
by th	e IRS, or for whi	ch the grantee or counse	I has provided a s	re recognized as charities by the foreign section 501(c)(3) equivalency letter				▶	

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Rotary	District	7475 Found		46-3765577			Page 3
Part III Grants and Other Ass Part III can be duplicate			the United State	s. Complete if the orga	nization answered "	Yes" on Form 990, Par	t IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)				·			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)						· · · · · · · · · · · · · · · · · · ·	
(13)							
(14)							
(15)							
(16)							
(18)							

Schedule F (Form 990) 2019

Sche	edule F (Form 990) 2019 Rotary District 7475 Foundation 46-3765577		Page 4
Pa	nt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	rm 990) 2019

TANK AND		Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	d
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SCHEDULE G (Form 990 or 990-EZ)	Supplemental Inforn Complete if the organization	tion answered "Yes	" on Forn n \$15,000	m 99 0 or	90, Part IV, line 17, 18, o n Form 990-EZ, line 6a.		OMB No. 1545-0047 2019 Open to Public
Internal Revenue Service				ons	and the latest informati		Inspection
	tary District 74		tion			Employer identifica	
	NJ NonProfit Orga					46-37655	
	ing Activities. Complete if			ver	red "Yes" on Form	990, Part IV, line	17.
the second se	-EZ filers are not required to						
1 Indicate whether the or	rganization raised funds through a						
a Mail solicitations		e 🔄 Solicitation	of non-g	jove	ernment grants		
b Internet and email	solicitations	f Solicitation	of gover	mm	ent grants		
c Phone solicitations	3	g Special fun	draising	eve	ents		
d In-person solicitati							
	ave a written or oral agreement wit	h any individual (in	uciudina (offi	cers directors trustee		
or key employees lister	d in Form 990, Part VII) or entity in	connection with p	rofessior	nal	fundraising services?	· · · · · · · · · · · · · · · · · · ·	. Yes No
	nest paid individuals or entities (fur \$5,000 by the organization.	ndraisers) pursuan			ents under which the fu	indraiser is to be	
			(iii) Did fur raiser hav			(v) Amount paid to	(vi) Amount paid to
	address of individual ty (fundraiser)	(ii) Activity	custody o		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			contribution		_	col. (i)	
			Yes N	lo			
1							
:			ļ	-			
2							
				-			<u> </u>
3							
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4				\neg			
5							
				\dashv			
6							
7				-+			
1							
8				1			
9							
			<u> </u>	\dashv			
10							
:							
Total		I					
	the organization is registered or lic		ntribution	ns r	or has been notified it is	s exempt from	l
registration or licensing						e exempt non	
· · · · · · · · · · · · · · · · · · ·							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. DAA

Schedule G (Form 990 or 990-EZ) 2019

ross receipts	(event type)	(event type)		(add col. (a) through
	(event type)	(eventivoe)	(total oumbor)	col. (c))
		(oron type)	(total number)	
ess: Contributions		· · · · · · · · · · · · · · · · · · ·		
ross income (line 1 minus e 2)				
ash prizes				
oncash prizes				
ent/facility costs				
ood and beverages				
ntertainment				
ther direct expenses				
•			· · · · · · · · · · · · · · · · · · ·	
et income summary. Sub	tract line 10 from line 3, column (d	i)	▶	
	•	wered "Yes" on Form 990,	Part IV, line 19, or reporte	d more than
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			67,795	67,79
				45,15
ash prizes			45,151	45,15
oncash prizes				AR
ent/facility costs				
ther direct expenses			642	64
olunteer labor	Yes % X No	Yes %	Yes %	
irect evnense summan	Add lines 2 through 5 in column (d	0	►	45,79
et gaming income summ	ary. Subtract line / from line 1, col	umn (a)	•	22,00
				X Yes
," explain:				
any of the organization's	gaming licenses revoked, suspen	ided, or terminated during the tax	year?	Yes X
	ent/facility costs ood and beverages intertainment her direct expenses rect expense summary. Sub Gaming. Comp \$15,000 on For \$15,000 on For ross revenue ash prizes oncash prizes oncash prizes ent/facility costs ther direct expenses olunteer labor rect expense summary. et gaming income summ the state(s) in which the organization licensed to " explain:	ent/facility costs nod and beverages ntertainment her direct expenses rect expense summary. Add lines 4 through 9 in column (d Gaming. Complete if the organization answ \$15,000 on Form 990-EZ, line 6a. (a) Bingo coss revenue ash prizes concash prizes	ent/facility costs index and beverages intertainment intertainment inter direct expenses income summary. Subtract line 10 from line 3, column (d) income summary. Subtract line 10 from line 3, column (d) income summary. Subtract line 10 from line 3, column (d) income summary. Subtract line 10 from line 3, column (d) income summary. Subtract line 10 from line 3, column (d) income summary. Subtract line 10 from line 3, column (d) income summary. Subtract line 10 from line 3, column (d) income summary. Subtract line 10 from line 3, column (d) income summary. Add lines 4 through 9 in column (d) income summary. Add lines 2 through 5 in column (d) inter state(s) in which the organization conducts gaming activities: organization licensed to conduct gaming activities in each of these states? in explain:	ent/facility costs intertainment intertainme

Rotary District 7475 Foundation

Page **2**

46-3765577

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Sche	edule G (Form 990 or 990-EZ) 2019	Rotary	District	7475 Founda	ation	46-376557	7	Page	3
11	Does the organization conduct gamin	g activities with no	onmembers?				Y	es X N	lo
12	Is the organization a grantor, benefici	ary or trustee of a							
	formed to administer charitable gamin	-					Y	es X N	lo
13	Indicate the percentage of gaming ac								
а	The organization's facility					13a		%	
b	An outside facility					[13b]		%	_
14	Enter the name and address of the pe	erson who prepare	es the organization	s gaming/special ever	nts books and				
	records:								
	Name Michael Townlo								
	Name ► Michael Townlo 15 Broadway	ey				• • • • • • • • • • • • • • • • • • • •	• • • • • •		
	· · · · · · · · · · · · · · · · · · ·				ו	NJ 07834			
			· · · · · · · · · · · · · · · · · · ·		•••••••••••••••••••••••••••••••••••••••				
15a	Does the organization have a contract	t with a third party	from whom the or	anization receives da	amina				
iou	revenue?			- -			Y	es X N	ю
b	If "Yes," enter the amount of gaming r								
	amount of gaming revenue retained b	y the third party ►	\$						
с	If "Yes," enter name and address of the								
	Name 🕨								
	Address ►								
16	Gaming manager information:								
	Nome N								
	Name ►			••••••••••					
	Gaming manager compensation ►	\$							
		*							
	Description of services provided								
			• • • • • • • • • • • • • • • • • • • •						
	Director/officer Er	mployee	Independen	contractor					
17	Mandatory distributions:								
а	Is the organization required under sta	te law to make cha	aritable distribution	s from the gaming pro	oceeds to				
	retain the state gaming license?						Y	es X N	0
b	Enter the amount of distributions requ			to other exempt orga	nizations or				
	spent in the organization's own exemp					(***)			_
Pa	rt IV Supplemental Inform		•		, ,				
	Part III, lines 9, 9b, 10 See instructions.	ib, 15b, 15C, 16	b, and 17b, as a	applicable. Also p	novide any additio	nai mormatior	1.		
	See instructions.								-
				•••••					
• • • • •				•••••					•
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SCHEDULE I	Grants	and Ot	her Assistance	e to Organiza	tions,		OMB No. 1545-0047			
(Form 990)	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.									
Department of the Treasury Internal Revenue Service	► G	io to www.	► Attach to Form s irs.gov/Form990 for th		n.		Open to Public Inspection			
Name of the organization Rotary District 747	,						Employer identification number			
A NJ NonProfit Orga							46-3765577			
Part I General Information on Grants and	Assistance									
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistan Describe in Part IV the organization's procedures for more 	ce?			• · ·			Yes X No			
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that	mestic Organi	zations	and Domestic Go				swered "Yes" on Form 990,			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant				
(1) Rotary Foundation of Rotary 1560 Sherman Ave Evanston IL 60201-3698	36-3245072		68,113				General Funds/Polio			
(2) Rotary Club of Nutley 97 Mayer Drive Clifton NJ 07012	22-6063750	(c) 4	13,000							
(3) Rotary Club of Madison Foundation	22-3337586		26,693							
(4) Branchburg Rotary Foundation48 Robbins RoadBranchburgNJ 08876	45-4169347		7,750							
(5)										
(6)							1			
(7)										
(8)										
(9)										
 2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the line 	a 1 tahla		1 table				►			
For Paperwork Reduction Act Notice, see the Instructions							Schedule I (Form 990) (2019			

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Schedule I (Form 990) (2019) Rotary Distr	ict 7475 Found	dation 4	6-3765577		Page 2
Part III Grants and Other Assistance to	Domestic Individua	als. Complete if the	organization answere	d "Yes" on Form 990, Part	IV, line 22.
Part III can be duplicated if additic (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	vide the information re	equired in Part I, line	2; Part III, column (b); and any other additional	information.
					·
			,		

Schedule I (Form 990) (2019)

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SCHEDULE O	Supplemental Information to Form 990 or 990-E	Z	OMB No. 1545-0047					
(Form 990 or 990-EZ)	m 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.							
Department of the Treasury	► Attach to Form 990 or 990-EZ.							
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information. Rotary District 7475 Foundation	Employer identific	Inspection and a second					
	A NJ NonProfit Organization	46-37655	77					
Form 990 -	Organization's Mission or Most Significant Ac	tivities						
To Solicit	, collect and otherwise raise money for charit	able purpo	oses to					
support pro	ojects to assist the general public in the Sta	te of NJ,	teh					
United Stat	tes and Internationally at their time of need	in order t	co advance					
world under	rstanding, goodwill, and peace through the imp	rovement c	of health,					
the supprot	t of education and the alleviation of poverty a	and to mak	e					
distributio	ons to organization that qualify as exempt orga	anization	under					
Section 50	L (c) (3).							
Form 990 -	Organization's Mission							
To Solicit	, collect and otherwise raise money for charita	able purpo	ses					
to support	projects to assist the general public in the s	State of N	IJ, the					
United Stat	ces and Internationally at their time of need :	in order t	o advance					
world under	standing, goodwill, and peace through the imp	rovement c	of health,					
the suport	of education, and the alleviation of poverty a	and to mak	e					
distributio	ons to organizations that qualify as exempt or	ganization	s under					
section 501	. (c) (3).							
Form 990, I	Part VI, Line 11b - Organization's Process to H	Review For	m 990					
No review w	as or will be conducted.							
Form 990, 1	Part VI, Line 19 - Governing Documents Disclosu	ıre Explan	ation					
No document	s available to the public							

Federal Statements

	<u>Form 990, Par</u>	t IX, Line 24	<u>e - All Oth</u>	er Expenses	<u>5</u>		
Description		Total penses		ogram ervice		jement & neral	⁻ und aising
Technology	\$	196	\$	196	\$		\$
Total	\$	196	\$	196	\$	0	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)	
Description	Amount
Total	\$ <u>235,793</u> \$ <u>235,793</u>
Schedule A, Part III, Line 2(e)	
Description	Amount
Taxable Interest on Savings and Temporary Cash Investments Youth Exchange District Confrence	\$ 91 13,600 54,814
Total	\$ 68,505
Schedule A, Part III, Line 11	
Description	Amount
Raffle Less: Deductions	\$ 22,002 -1,000
Total	\$ 21,002

Wefferling & Company CPAs LLC 35 Smull Ave Caldwell, NJ 07006-5011

> Rotary District 7475 Foundation A NJ NonProfit Organization 15 Broadway Denville, NJ 07834 |||...|..||..||..||..||.||