For	n _₹ 9	990		urn of Organ 501(c), 527, or 4947(ОМ	B No. 1545	
Depa	rtment of	f the Treasury nue Service		not enter social secu					Ор	en to P	ublic
			lar year, or tax year be	Bo to www.irs.gov/Fo						nspecti	on
				tary D7475 S				D Emplo	yer identificati	on number	
	Address c			NJ NonProfit					-		
	Name cha		ing business as					46~	376557	7	
		Nur	mber and street (or P.O. box if m	nail is not delivered to stree	et address)		Room/suite	E Teleph	none number		
	nitial retur Final retur		42 Rahway Ave y or town, state or province, cour	try and ZIP or foreign on	stal code		1	1908	-227-6	182	
	erminated	d .	outh Plainfiel	•	7080-3741					105	
	Amended	L roturn	me and address of principal offic		7080-3741			G Gross	receipts \$	195	5,052
	Applicatio	on pending D 5	. Michael Har 53 Highland	t Ave				group return fo subordinates in	r subordinates? ncluded?	Yes	X No
			estfield		NJ 07901			No," attach a li	st. See instruction	ons	ى. ئەڭۋىلارىنى
1	Tax-exen		X 501(c)(3) 501(c)	() (insert no.)	4947(a)(1)	or 527					100000
-	Website							exemption nun		-	
		ANT	Corporation Trust	Association Other	<u>[</u>		Year of formation:	2013	M State of	e pal domici	le: NJ
<u> </u>	art l	Summ		s							
Activities & Governance	1 E	See Sch		ion or most significa		•••••••••••••••••••••••				·	
30			if the organization			ed of more than 2	5% of its net as	sets.			
& (ing members of the gove					3	5		
ties	4 N	Number of inde	ependent voting member	rs of the governing t	oody (Part VI, line	1b)		4	5		
tivi			of individuals employed in		3 (Part V, line 2a)				0		
Ac			of volunteers (estimate if			• • • • • • • • • • • • • • • • • • • •		6	1750	1	
	7a 1	fotal unrelated	business revenue from	Part VIII, column (C	C), line 12	· · · · · · · · · · · · · · · · · · ·		7a			0
	br	Net unrelated t	ousiness taxable income	from Form 990-1, F	Part I, line 11		Prior			rrent Year	0
	8 (Contributions a	and grants (Part VIII, line		66,28			,772			
Revenue			ce revenue (Part VIII, line	- 0>	····		2	69,46		161	,329
eve			ome (Part VIII, column (d)	* • • • • • • • • • • • • • • • • • • •		2!			951
Ř	11 (Other revenue	(Part VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10)c, and 11e)	***********					0
	12 T	Fotal revenue -	- add lines 8 through 11	(must equal Part VI	III, column (A), line	∋ 12)	3	35,77	5	195	,052
	13 0	Grants and sim	nilar amounts paid (Part I	IX, column (A), lines	s 1–3)						0
			o or for members (Part I)		4)						0
Ś	15 S	Salaries, other	compensation, employe	e benefits (Part IX,	column (A), lines	5–10)					0
Ex penses	1 6 a P	Professional fu	indraising fees (Part IX, o ng expenses (Part IX, co	column (A), line 11e	e)						0
a x	b⊺	Fotal fundraisir	ng expenses (Part IX, co	lumn (D), line 25)	9	3,612					
ш	17 C	Other expenses	s (Part IX, column (A), lir	nes 11a–11d, 11f–2	4e)		2	87,49		240	
			s. Add lines 13–17 (must		mn (A), line 25)		2	87,49		240	
- 6	19 F	Revenue less e	expenses. Subtract line 1	18 from line 12				48,282		-45	, 924
Net Assets or Fund Balances	<u>20</u> ⊤	Total associa (P	Part X line 16)				Beginning of (Surrent Year $59,331$		d of Year	743
Asse Bala	20 I 21 T	otal liabilition (P	ert X, line 16)	•••••••••••••		• • • • • • • • • • • • • • • • • • • •	<u> </u>	902, <u>פו</u>		77	624
Net	22 N	Vet geente or fi	(Part X, line 26)	ine 21 from line 20		•••••••••	1	58,429	•	ga	,119
	art II		ure Block		<u></u>	<u> </u>					
Un tru	der pen e, corre	nalties of perjury, ect, and complete	; I declare that I have exam e. Declaration of preparer (o	ined this return, includ other than officer) is ba	ling accompanying s ased on all informati	chedules and state on of which prepare	ments, and to the er has any knowle	dge.	_	d belief, it	is
Sig		Signature of office						Dal	e		
Her	e		1 Townley		<u> </u>	reasurer	•				
		Type or print nam			The of Participant		la.			IK)	
Dala		Print/Type prepar			er's signature		Date	Chee			
Paid Prer			Wefferling		ence M Wefferl		07/2	4/24 self-			
•	oarer Only	Firm's name		ng & Compa	any CPAS			Firm's EIN	22-	3701	514
038	Unity		35 Smull		6-5011				073	^ 22 -	2111
14-	the ID	Firm's address	Caldwell		06-5011			Phone no.	,	226-:	
			return with the preparer Act Notice, see the separ			· · · · · · · · · · · · · · · · · · ·			·····	Yes	No
DAA	aperw	OIN REQUCTION	not notice, see the separ	are monuctions.						Form 99	U (2023)

•

		rvice Foundation Inc 46	-3/655//	Page 2
		r vice Accomplishments ns a <u>response</u> or note to any line in thi	s Part III	X
	ne organization's mission:			····
See Schedu	le O			
*				
•	****			
			· · · · · · · · · · · · · · · · · · ·	
2 Did the organizati	on undertake any significar	nt program services during the year which were		
prior Form 990 or			· · · · · · · · · · · · · · · · · · ·	es X No
	these new services on Sch	-		
-	on cease conducting, or m	ake significant changes in how it conducts, any		
services?	these sheres on Cabadu		······	es X No
	these changes on Schedu		rearran applicable op manaurad hu	
		accomplishments for each of its three largest p organizations are required to report the amount		
		each program service reported.	or grants and anocations to others,	
	s, and revenue, it arry, for e	adh program service reported.		
la (Code:) (Expenses \$	47,355 including grants of \$) (Revenue \$)
Donations	to Various or	ganizations that help	various charities with	•••••••••••••••••••••••••••••••••••••••
disaster a	id, food inse	curity and other health	and quality of life is	sues.
				· · · · · · · · · · · · · · · · · · ·
* • • • • • • • • • • • • • • • • • • •				
• <i>• • • • •</i> • • • • • • • • • • • • •				• • • • • • • • • • • • • •
*			······································	
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • •			•••••••••••••••••••••••••••••••••••••••	
••••••••••••••••••		, . , ,		• • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •	, ,	· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••	
End Hunger	. 3.0 IS A IOC	33,363 including grants of \$ od packing event to distance food insecure.) (Revenue \$ cribute food to shelters) and
·				
• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·
•••••••••••••••••				· · · · · · · · · · · · · · · · · · ·
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
· · · · · · · · · · · · · · · · · · ·	••••••••	••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·
••••••				
••••••		······································		
		······································		
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
) (Evnanses \$	62 - 549 including grants of \$) (Revenue \$	
An exchance) (Revenue \$ A and various countries	
An exchange allow them	ge program wit n to live in t	th students from the USA the respective sister co	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	and various countries	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the USA the respective sister co	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur	ge program wit n to live in t res in order t	th students from the US the respective sister co to promote peace throug	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur difference	ge program wit n to live in t ces in order t es and similar	th students from the US the respective sister co to promote peace throug ries with each other.	A and various countries ountry and learn the cus	toms
An exchange allow them and cultur difference	ge program wit n to live in t ces in order t es and similar ervices (Describe on Sched	th students from the US the respective sister co to promote peace throug ries with each other.	A and various countries ountry and learn the cus	toms

Page 3

Form 990 (2023) Rotary D7475 Service Foundation Inc 46-	-3765577
---	----------

	art 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	Х	
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 Rev. Proc. 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			
	"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			
	his harman is the set in the Second state of t	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ī		
10		10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	**********	********	200020000
a	complete Cohodule D. Bort VII	11a		x
h	complete Schedule D, Part VI	lia		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1,1f		
12a				
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		.	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_

Form 990 (2023) Rotary D7475 Service Foundation Inc 46-3765577 Part IV Checklist of Required Schedules (continued)

	Did the exercise tion report more than #5,000 of events or other excistence to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>^</u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		x
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
-	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1202		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			••
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<u> </u>
		34		х
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38		x
p	19? Note: All Form 990 filers are required to complete Schedule O	1 30		•
000 0 08	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C				
	reportable gaming (gambling) winnings to prize winners?	1 1 c	X	

	990 (2023) Rotary D7475 Service Foundation Inc 46-3765	577_			Р	age 5				
	990 (2023) ROCATY DIATS DELVICE Formulation of the second statements Regarding Other IRS Filings and Tax Compliance (continue in the second statements regarding other in the second statements and the	ued)		- KONSTRACT	Yes	No				
-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		x				
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		^				
b	If "Yes " has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority	over,			x				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	laccour	nt)?	4a						
b	If "Yes." enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Account	s (FBAR).			X				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•••••	5a 5b		X				
b										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		┼──				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			6a		x				
			••••••••••••••••••••••••	Ua		- <u></u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			1 6b						
_	give were not tax as a second of the second									
7	Organizations that may receive deductible contributions under section 170(c).	noode								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g			7a		500000000				
L	and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided?			7b						
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					<u> </u>				
C	required to file Form 8282?			7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	-)	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	ation file	a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	ed by the	9							
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		ļ				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots			9b						
10	Section 501(c)(7) organizations. Enter:	1 1								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-						
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:	11								
a h	Gross income from members or shareholders	<u>11a</u>		-						
b	Gross income from other sources. (Do not net amounts due or paid to other sources	445								
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/12		-						
b		12b	••••••	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans	13b								
с	Enter the amount of reserves on hand	13c		1						
14a	Bid the ergenization receive any payments for indeer tenning convises 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			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?	• • • • • • • • • •		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form **990** (2023)

Form 990 (2023) Rotary D7475 Service Foundation Inc 46-3765577

Pa	It VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, ar			Page (
~~~~~~~	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	id for a	"No"	
	Check if Schedule O contains a response or note to any line in this Part VI	See ins	tructi	
Sec	tion A. Governing Body and Management			X
	set of the set of the management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5		Yes	No
	Inter the number of voting members of the governing body at the end of the tax year       1a       5         If there are material differences in voting rights among members of the governing body, or       1a       5	_		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included a line day in			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>x</u> -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	+-		
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-14		
	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 following			
а	The governing body?	8a	X	84000000
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? 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 Revenue C	Code.)		-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		L.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12 <u>c</u>		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?			X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a		X
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
-	State the name, address, and telephone number of the person who possesses the organization's books and records,			

20 State the name, address, and telephone number of the person who possesses e org 15 Broadway

### Michael Townley

NJ 07834

<u>6</u>

Bark UI: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors       Image: Compensate Compensate Compensate Compensate Compensate Compensate Compensate Compensate. Interactors current officers, trustees, key Amboyees, and Highest Compensate Compensate Compensation for the calendar year ending with or within the emplantion of survey employees. The Compensate Compensate Compensate Compensation for the Calendar year ending with or within the emplantion of survey employees. The Compensation for the Calendar year ending with or within the emplantion of survey employees. The Compensation for the Calendar year ending with or within the emplantion of survey employees. The Compensation of the Calendar year ending with or within the emplantion of survey employees. The Compensation of the calendar year ending with or within the emplantion of survey employees. The Compensation of survey employees. The Compensation of the compensation for the expansion of the compensation and any related organizations. List all of the expansion and any related organization and any related organization and any related organizations. List all of the expansion from the expansion and any related organization and any related	Eorm 990 (2023) Rotary D7	475 Ser	vic	ce	Fc	un	da	ti	on Inc 46-376	5577		Pa <u>g</u> e <b>7</b>
Check if Schedule Q contains a response or note to any line in this Part VII           Section A. Officers. Directors, Tutates. New Employees, and Hubbles Compensation for the calendar year ending with or within the capanization's userent officers, directors, tracters (whether individuals or organizations), regardless of amount of compensation. For Q- in columns (0, C), E), and (7) in compensation for the calendar year ending with or within the organization's userent to the set of the compensation of the organization's userent to the set of the compensation of the organization's userent to the set of the compensation of the organization's user within the organization's user within the organization.           I Lat the organization's our end to the set of the main officer, threader of the organization and user visited organizations.         Section A. Officers (March C), E), and (7) the organization and user visited organizations.           I Lat all of the organization's our end to the organization.         I Lat all of the organization and user visited organizations.           I Lat all of the organization and user visited organization.         I Lat all of the organization and user visited organization.           I Lat all of the organization and user visited organization.         I Lat all of the organization and user visited organization.           I Development to the set of the organization or any related organization.         I Development to the set of the organization is the organization or any related organization.           I Development to the organization and user visited organization or any related organization.         I Development to the organization and user visited organization.           I Development to the org	Part VII Compensation o	f Officers, D	irec	tor	s, T	rus	tees	s, K	ey Employees, High	est Compensated E	mployee	s, and
Section A.         Officers. Directors. Trustes, Key Employees. and Highest Compensation for the calendar year ending with or within the complexation. Success of the calendar year and the calendar year ending with or within the complexation. The calendar year ending with or within the complexation of the calendar year ending with or within the complexation of the calendar year ending with or within the complexation of the calendar year ending with or within the complexation of the calendar year ending with the within the calendar year ending with the within the complexation of the calendar year ending with the within the calendar year ending with the within the complexation of the calendar year ending with the within the complexation of the calendar year ending with the within the within the calendar year ending with the within the calendar yearend the calendar year ending with the withe within the calendar						~ ~	noto	. +0	any line in this Part V	11		
15 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's current officers, directors, trustees (whether individuals or organization's), regardless of amount of compensation. There is a complexity of the organization's current to the organization and any related organization.         1. List all of the organization's current to the organization and any related organization.       In the organization's current to the organization and any related organization.         100.000 form the organization is of the organization from the organization and any related organization.       In the organization's current officer.         100.000 form the organization is officer to any organization and any related organizations.       In the organization's current officer.         100.000 form the organization is officer to any organization compensated any current officer, director, or trustee.       In the organization's current officer.         100.000 form the organization is on any related organization compensated any current officer, director, or trustee.       In the organization's current officer.         100.000 form the organization and any related organization.       In the organization's current officer.       In the organization's current officer.         100.000 form the organization and any related organization.       In the organization's current officer.       In the organiz											<u> </u>	
Let all of the organization's current of ficers, interest, whether individuals or organizations, regardless of amount of compensation. (D) (E), and (F) in compensation for definition of "key employee."     Lat the organization's current key employees, if any, See instructions for definition of "key employee."     Lat the organization's current key employees, and highest compensated employees who received more than \$100.000 from the organization and any related organization.     Lat the organization's four employees, and highest compensated employees who received more than \$100.000 from tempensation from the organization and any related organizations.     Lat the organization's fourmer director or trustees at the received, in the capacity as former director or trustee of the organization.     Lat the organization's fourmer director or trustees that received, in the capacity as former director, or trustee of the organization is to under our organization and any related organization.     Lat the organization's fourmer director or trustees that received, in the capacity as former director, or trustee of the organization is to under our organization and any related organization.     Lat the organization's four end organization and any related organization.     Lat the organization's four directors or trustees that received, in the capacity is to any first director or trustee of the organization.     Lat the organization's four directors or trustees that received, in the capacity is to any first director or trustee of the organization.     Lat the organization's four directors or trustees that received, in the capacity is to any first director or trustee of the organization.     Lat the organization and any related organization.     Lat the organization forme organization and any related organiza				_								
compensation. Enter & Din columns (D), (E), and (F) if no compensation was paid. List all the organization's five current highest compensated employees (other than an officer, director, fustee, or key employee), who received expensition (not of 5 for orm 1099-NEC, othor box if common 1099-NEC) of more than a structure that enganization in the organization in the organization and any related organizations. List all of the cognization's fore current highest compensated employees who received more than a \$100,000 of reportable compensation from the organization and any related organizations. List all of the cognization's fore current director, or trustees and the cognization and any related organizations. List all of the cognization's fore current director or any related organization. List all of the cognization's director and any related organization and any related organization. List all of the cognization's director and any related organization. Check this box if relative the organization from any related organization compensated any current officer, director, or trustee of the organization from any related organization. More and stee the organization from any related organization compensated any current officer, director, or trustee. More and stee the organization and any related organization and any current officer, director, or trustee or the organization and any related organization and any current officer, director, or trustee or the organization and any related organization. More and stee the organization and any related organization and any current officer, director, or trustee or the organization and any current officer, director, or trustee or the organization and any related organization. More and stee the organization and any related organization and any current officer, director, or trustee or the organization and any related organization. More and stee the organization and any related organization and any current officer, director, or trustee organization and any related organization an	• •										_	
• List the organization's five current highest compensated employees (other than an officer, director, insite, or key employee), who received more than \$100,000 from the organization (box of 16 Form 1096-NEC, 0) of more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's five current filters, we 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 five output which to list the previous above. • E. Check this box if neither the organization nor any related organization compensated any current officer, director, or turstee of the organization into any related organization compensated any current officer, director, or turstee of the organization for the order in which to list the previous above. • E. Check this box if neither the organization nor any related organization compensated any current officer, director, or turstee. • (i) Bruce Bergen • (i) Bruce Bergen • (i) Bruce Bergen • (i) Bruce Chair • (i) OOO × (i) Statistic Bergen • (i) Statistic Bergen • (i) Statistic Bergen • (i) Statistic Bergen • (i) Bruce Bergen • (i) Bruce Bergen • (i) OO × (i) Statistic Bergen • (i) Statistic Bergen • (i) Statistic Bergen • (i) OO × (i) Statistic Bergen • (i) OO × (i) Statistic Bergen • (i) Statistic Berge	compensation. Enter -0- in columns	(D), (E), and (F)	) if no	o cor	nper	nsati	on wa	as p	aid.		t	
who reacted expended expended compensation (box 5 of Form 109-MISC), and/or box 1 of Form 109-MISC) of more than \$100,000 free and any related organization. <ul> <li>List all of the organization and any related organization.</li> <li>List all of the organization form the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization.</li> <li>List all of the organization and any related organization and any related organization.</li> <li>List all of the organization and any related organization and any related organization.</li> <li>List all of the organization and any related organization and any related organization and any related organization.</li></ul>												
\$100,000 of opticable compensation from the organizations.       List all of the organizations former directive of the consentiation and any related organizations.         So the instructions for the order which to list the persons above.       Image: consentiation of the organization of any related organizations.         Image: consentiation of the organization of any related organization.       Image: consentiation of the organization of any related organization.         Image: consentiation of the organization of any related organization.       Image: consentiation of the organization of any related organization.         Image: consentiation of the organization of any related organization.       Image: consentiation of the organization.         Image: consentiation of the organization of any related organization.       Image: consentiation of the organization.         Image: consentiation of the organization of any related organization.       Image: consentiation of the organization.         Image: consentiation of the organization of any related organization.       Image: consentiation of any related organization.         Image: consentiation of any related organization.       Image: consentiation of any related organization.         Image: consentiation of any related organization.       Image: consentiation of any related organization.         Image: consentiation of any related organization.       Image: consentiation of any related organization.         Image: consentiation of any related organization.       Image: consentiation of any related organization.	who received reportable compensati	ion (box 5 of For	rm W	/-2, i	oox 6	of F	orm	109	9-MISC, and/or box 1 of Fo	form 1099-NEC) of more the	an	
List all of the organization's former director's or trustees that received, in the capacity as a former director or trustee of the organization. See the instructions for the order in which to list the persons above.      Check this box if neither the organization nor any related organization and any related organization.      Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.      (A)     (B)     (B)     (C)     (B)     (C)     (C)     (B)     (C)     (C)     (B)     (C)     (C)     (B)     (C)     (C)     (C)     (D)										who received more than		
Image: Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.       (a)       (b)       (c)       (c)<	• List all of the organization's <b>fo</b> organization, more than \$10,000 of	rmer directors reportable comp	or tr	uste ation	es ti from	hat r the	eceiv	/ed,	in the capacity as a former			1
(A) Name and tile         (B) exclusion (II stary) more for approximation (II stary) more for approximation (II stary) more for approximation (II stary) dotted line)         (B) (II stary) more for approximation (II stary) more for approximation (II stary) more for approximation (II stary) dotted line)         (B) (II stary) more for approximation (II stary) more for approximation (II stary) more for approximation (II stary) dotted line)         (B) (II stary) more for approximation (II stary) more for approximation (II stary) (II stary) more for approximation (II stary) dotted line)         (B) (II stary) more for approximation (II stary) (II stary)			•				tion	com	pensated any current office	er, director, or trustee.		L
Name and the       Image of the pervexite intervent inte												
interview     inter			(d	lo not			than c	one			Estima	
Image: Non-the second	Name and the	hours							compensation	compensation	0	f other
Image of the second state of the second sta		(list any		Inst	<b>₽</b>	Key	High	For	organization (W-2/	organizations (W-2/	fr	om the
(1)Bruce Bergen       0.00       x       0       0       0       0         (2)David Breidinger       0.00       x       x       0       0       0       0         (3)D. Michael Hart       0.00       x       x       0       0       0       0         (3)D. Michael Hart       0.00       x       x       0       0       0       0         (4)Sam Madalli       0.00       x       0       0       0       0       0         Trustee       0.00       x       0       0       0       0       0         (6)Michael Townley       0.00       x       0       0       0       0       0         (7)       0.00       x       0       0       0       0       0       0         (8)       0.00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		related	lirecto	itution	) er	emp	nest ci bloyee	mer			-	
(1)Bruce Bergen       0.00       x       0       0       0       0         (2)David Breidinger       0.00       x       x       0       0       0       0         (3)D. Michael Hart       0.00       x       x       0       0       0       0         (3)D. Michael Hart       0.00       x       x       0       0       0       0         (4)Sam Madalli       0.00       x       0       0       0       0       0         Trustee       0.00       x       0       0       0       0       0         (6)Michael Townley       0.00       x       0       0       0       0       0         (7)       0.00       x       0       0       0       0       0       0         (8)       0.00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		-				loyee	omper					
Secretary         0.00         x         0         0         0         0           (2)David Breidinger         0.00         x         x         0         0         0         0           Vice Chair         0.00         x         x         0         0         0         0           (3)D. Michael Hart         0.00         x         x         0         0         0         0           Chairman         0.00         x         x         0         0         0         0           Chairman         0.00         x         x         0         0         0         0           (4) Sam Madalli         0.00         x         x         0         0         0         0           Trustee         0.00         x         0         0         0         0         0           (6) Michael Townley         0.00         x         0         0         0         0         0           (7)         0.00         x         0         0         0         0         0           (8)         0         0         0         0         0         0         0           (10)         0		dotted line)	ee	stee			nsated					
Secretary         0.00         x         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td>(1)Bruce Bergen</td><td></td><td><u> </u></td><td>$\vdash$</td><td></td><td>$\vdash$</td><td>-</td><td>-</td><td></td><td></td><td></td><td></td></t<>	(1)Bruce Bergen		<u> </u>	$\vdash$		$\vdash$	-	-				
(2)David Breidinger       0.00       x       x       0       0       0         Vice Chair       0.00       x       x       0       0       0       0         (3)D. Michael Hart       0.00       x       x       0       0       0       0         Chairman       0.00       x       x       0       0       0       0         Chairman       0.00       x       x       0       0       0       0         Trustee       0.00       x       0       0       0       0       0         Trustee       0.00       x       0       0       0       0       0         Trustee       0.00       x       0       0       0       0       0         Trustee       0.00       x       x       0       0       0       0         (6) Michael Townley       0.00       x       x       0       0       0       0         (8)												
0.00         x         x         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			X	-			<u> </u>		0	0		0
Vice Chair         0.00         x         x         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <	(2) David Breidinger											
(3)D. Michael Hart       0.00       x       x       0       0       0         Chairman       0.00       x       x       0       0       0       0         (4)Sam Madalli       0.00       x       0       0       0       0       0         Trustee       0.00       x       0       0       0       0       0         (5)Christine Seacrist       0.00       x       0       0       0       0         Trustee       0.00       x       0       0       0       0         (6)Michael Townley       0.00       x       x       0       0       0         (7)       0.00       x       x       0       0       0       0         (8)       0       0       0       0       0       0       0       0         (10)       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			x		x				0	0		0
Chairman       0.00       x       x       0       0       0       0         (4) Sam Madalli       0.00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <	(3)D. Michael Hart											
(4) Sam Madalli       0.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	<b>Ch</b> = 1 = -											
Trustee       0.00       x       0       0       0       0         (5)Christine Seacrist       0.00       x       0       0       0       0       0         Trustee       0.00       x       0       0       0       0       0       0         (6)Michael Townley       0.00       x       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		0.00	<b>_</b>						0	0	 	0
(5) Christine Seacrist       0.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0<	.,	0.00		ļ	ļ							
Trustee       0.00       x       0       0       0         (6)Michael Townley       0.00       x       x       0       0       0         Treasurer       0.00       x       x       0       0       0       0         (7)			X						0	0		0
Trustee         0.00         x         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	(5) Christine Seacri			l								
(6) Michael Townley         0.00         x         x         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Trustee		x						0	0		•
Treasurer       0.00       x       x       0       0       0       0       0         (7)		0.00		ŀ							-	0
(7)     (8)     (8)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10) <t< td=""><td><u></u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>	<u></u>										-	
(8)     (9)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     <		0.00	X		X				0	0		0
(9)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)	(')											
(9)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)     (10)								•				
(10)	(8)											
(10)												
(10)	(9)											
	.,											
	(40)											
	(10)											
	(11)							Ì				

.

	990 (2023) Rotary D7	, Directors, Tru	ric stee	ce s, K	Fc ey E	mpl	da oyee	<b>ti</b> s, a	on Inc 46-376 Ind Highest Compensated	5577 Employees (continued)	Page_8
	р		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week (list any						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institution al trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)						-					
(13)									÷		
(14)		••••••									
(15)					-						
(16)											
(17)		· · · · · · · · · · · · · · · · · · ·									
(18)											
(19)											
• ••	Subtotal Total from continuation she Total (add lines 1b and 1c) .	ets to Part VII,	Secti	ion /		•••••	· · · · · ·	 			
2	Total number of individuals (in reportable compensation from	cluding but not l	imite	ed to 0	thos	se lis	sted a	bov	ve) who received more than	\$100,000 of	
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 organi	ormer officer, dir <i>" complete Sche</i> e 1a, is the sum nizations greater	recto <i>dule</i> of re r thai	or, tru <i>J fo</i> eport n \$1	r suc table 50,0	ch in e con 00?	dividi npen If "Ye	ual _. satie ss,"	on and other compensation complete Schedule J for su	from the uch	Yes No 3 X 4 X
5	individual Did any person listed on line	1a receive or ac	crue	com	pens	satio	n fro	m a	ny unrelated organization o	or individual	. 5 X
Sec	tion B. Independent Contracto	ors									
1	Complete this table for your fi compensation from the organ	ization. Report of	com	ated Pens	inde atior	pen for	dent the c	con aler	idar year enging with or with	min the of gamzation o tax your.	(C) Com lensation
	Name and	(A) d business address							Descri	(B) (Rion of services	Com Pensation
2	Total number of independent received more than \$100,000	contractors (inc ) of compensation	ludir	ng bu om th	it no ne or	t lim rgan	ited t izatio	o th	ose listed above) who	0	5 990 com

	۸	a
Ľ	-	5

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
			00110					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Re f	(D) venue excluded rom tax under ctions 512-514
ŚŚ	10	Federated camp			1a							
Contributions, Gifts, Grants and Other Similar Amounts	1a 5	Membership due			1b							
ũ ũ		Fundraising ever			1c							
ifts ar A	о Н	Related organiza			1d							
, Bili	۵ ۵	Government grants (co			1e							
Sir	f	All other contributions,	gifts, grar	nts,			20 770					
her		and similar amounts no			<u>1f</u>	<b>I</b>	32,772					
Ē	g	Noncash contributions i lines 1a-1f			1g	\$						
and	h	Total. Add lines						32,772				
							Business Code					
e	2a	Raffle						108,400				
_ه کږ	b	Japan Exch	ange					30,566				
n Se	с	RYLA						13,226			<u> </u>	
ran Zevi	d	Veterans						9,137	9,137		<u>                                     </u>	
Program Service Revenue	e										<b> </b>	
ш.	f	All other program										
	_	Total. Add lines					<u></u>	161,329		Т	<u>*****</u>	
	3	Investment inco		-	ls, inte	erest, and			0.51			
		other similar am						951	. 951			· ·
	4	Income from inv						·				
	5	Royalties	 r		(ii) Personal							
				(i) Real		(11)	Personal					
		Gross rents	6a									
		Less: rental expenses	6b	·								
		Rental inc. or (loss)	6c			L						
	7a Gross amount from		(i) Securities			Other						
		sales of assets	7a			(11)	Other					
e	h	other than inventory Less: cost or other	74									
enu	-	basis and sales exps.	7b									
Revenue	c	Gain or (loss)	7c									
erF		Net gain or (loss										
ð		Gross income from			<u> </u>							
-		(not including \$		-								
		of contributions rep										
		1c). See Part IV, lin	ne 18 .		<u>8a</u>							
	b	Less: direct expe	enses		8b	L						
	С	Net income or (lo	oss) fro	om fundraising e	events	<u></u>						
	9a	Gross income fro										
		activities. See Pa			9a	<u> </u>						
		Less: direct expe			9b	L						
		Net income or (lo			/ities .							
	10a	Gross sales of in										
	ь.	returns and allow			10a							
		Less: cost of goo Net income or (lo			10b							
/^			ມວວ ) If(	on sales UI INVE	πυιγ		Business Code	I <u></u>				<u> </u>
Miscellaneous Revenue	11a											
ane nuc	b							· · · · ·				
sve	c	••••••						· · · · · · · · · · · · · · · · · · ·				
Misc	d	All other revenue										
		Total. Add lines					<u></u>					
	12	Total revenue.	See ins	structions				195,052	162,280	0		0

### Page **9**

# Form 990 (2023) Rotary D7475 Service Foundation Inc 46-3765577

### Form 990 (2023) Rotary D7475 Service Foundation Inc 46-3765577

Part IX Statement of Functional Expenses

_<u>Page</u>_10

Secti	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	X
	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ũ	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
c	Accounting	250		250	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	t			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
5	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				 
19	Conferences, conventions, and meetings				1
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		-		1
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			1	02 909
a	Prizes	92,808			92,808
b	Travel	53,341	<u>53,341</u> 33,363		
С	End Hunger	33,363			
d	Event Expenses	18,255			804
e		42,959			
	Total functional ex Penses. Add lines 1 throu \$ 24e	240,976	143,267	4,097	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational ca mpaign and				
	fundraising solicitation. Check here 🛄 if				
	followin gSOP 98-2 (ASC 958-720)				- 000 (

.

		Check if Schedule O contains a response or r	Tote to any line in this Part X	(A)	·····	(B)	•• f f
				رمن Beginning of year	Enc	of yea	r
	1	Cash—non-interest-bearing			1	1	,121
	2	Savings and temporary cash investments				22	,622
	3	Savings and temporary cash investments Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or for	mer officer. director.				
		trustee, key employee, creator or founder, substanti					
		controlled entity or family member of any of these p		5		*************	
	6	Loans and other receivables from other disqualified					
s	-	under section 4958(f)(1)), and persons described in			6		***********
Assets	7	Notes and loans receivable, net			7		
As	8		• • • • • • • • • • • • • • • • • • • •		8		
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation			10c		899900000000000000000000000000000000000
	11	Investments—publicly traded securities			11		
	12	Investments-other securities. See Part IV, line 11	*****		12		
	13	Investments-program-related. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •		13		
	14	Teters Mr.L. and A.	•••••••••••••••••••••••••••••••••••••••		14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)	169,331	16	99	,743
	17	Accounts payable and accrued expenses			17		624
	18	Grants payable			18		
	19	Deferred revenue	• • • • • • • • • • • • • • • • • • • •		19		
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·		20		
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21		
s	22	Loans and other payables to any current or former o	fficer, director,				
Liabilities		trustee, key employee, creator or founder, substantia					
abi		controlled entity or family member of any of these pe			22	*********	******
-	23	Secured mortgages and notes payable to unrelated	third parties		23		······································
	24	Unsecured notes and loans payable to unrelated thin	d parties		24		
	25	Other liabilities (including federal income tax, payabl	es to related third				
		parties, and other liabilities not included on lines 17-2					
		of Sebadula D			25		
	26	Total liabilities. Add lines 17 through 25			26	A	624
		Organizations that follow FASB ASC 958, check h					
ces		and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions		168,429	27	99.	119
Ba	28	Net assets with donor restrictions	· · · · · · · · · · · · · · · · · · ·		28		
2		Organizations that do not follow FASB ASC 958, o	check here				
2		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds			29	**********	
Set		Paid-in or capital surplus, or land, building, or equipm	ent fund		30		
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income			31	·····	
Vet	32	Total net assets or fund balances		168,429	32	99.	119
	33	Total liabilities and net assets/fund balances		1 4 4 4 4 4	33		743

### Form 990 (2023) Rotary D7475 Service Foundation Inc 46-3765577

.

Page **11** 

Form 990 (2023)

Form	990 (2023) Rotary D7475 Service Foundation Inc 46-3765577			Pag	e 12
Pa	rt XI Reconciliation of Net Assets				7
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		95,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	10,9	976
3	Revenue less expenses. Subtract line 2 from line 1	3	-4	15,9	924
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	58,4	129
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			362
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2	22,5	524
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	g	9,1	19
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u> 3b		
			Forr	n <b>990</b>	(2023)

SCHEDULE A (Form 990)		Pul	Public Charity Status and Public Support								
		Complete if the orga	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								
Deserves			Attach to Form 990 or Form 990-EZ.								
	nt of the Treasury evenue Service	Goto	o www.irs.gov/Form990 for ins	structions	and the	atest information.	200000000000000000000000000000000000000	en to Public			
Name of the organization Rotary D7475 Service Foundation Inc Employer identification num							fication numb				
	. De		fit Organization			46-376					
Part			y Status. (All organization				ns.				
			use it is: (For lines 1 through 12,		-	-					
Į	<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> </ul>										
2	<b>-</b> ,										
3 4			vice organization described in <b>se</b> ed in conjunction with a hospital			-	onital's no	<b>m</b> .e			
4	city, and state		eu in conjunction with a hospital	described	III Sectio		Jophai o na	me,			
5	An organizati	on operated for the benefit	t of a college or university owned	d or operat	ed by a g	overnmental unit described in					
6		b)(1)(A)(iv). (Complete Pa to or local government or	governmental unit described in	contion 1	70/6//4//						
7	5	•	a substantial part of its support f		• •• ••						
·	-	section 170(b)(1)(A)(vi).		ioni a gov	ennitenta	runit of from the general public					
8	-		170(b)(1)(A)(vi). (Complete Pa								
9	or university of		escribed in <b>section 170(b)(1)(A)</b> of agriculture (see instructions)				je				
10 X	university:	on that normally receives (	(1) more than 33 1/3% of its sup	nort from (	ontributic	one momborship foos and group					
10 X			empt functions, subject to certair				55				
			and unrelated business taxable i	•	•						
	п [.] .		30, 1975. See section 509(a)(2								
11		•	d exclusively to test for public sa	-							
12	-	•	d exclusively for the benefit of, to ations described in <b>section 509</b>								
		• • •	escribes the type of supporting of				CHECK				
а		•	perated, supervised, or controlle	•			ng				
	the suppo	rted organization(s) the po	ower to regularly appoint or elec	t a majority	• •		0				
_			complete Part IV, Sections A								
b			supervised or controlled in conne orting organization vested in the				ha				
		•	te Part IV, Sections A and C.	same per	sons mat	control of manage the supporte	- 10				
с			supporting organization operate	ed in conne	ection with	and functionally integrated with	th.				
	its suppor	ted organization(s) (see in	nstructions). You must complet	e Part IV,	Sections	A, D, and E.					
d			ed. A supporting organization op								
			he organization generally must s must complete Part IV, Section	-		•	55				
е			eceived a written determination f								
	functional	y integrated, or Type III no	on-functionally integrated suppo								
f		ber of supported organiza				,,					
<u> </u>			the supported organization(s).								
	me of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	1	organization ur governing	(v) Amount of monetary support (see	• • •	Amount of			
	. g		above (see instructions))		ment?	instructions)		upport (see ructions)			
				Yes	No		l				
(A)											
(D)											
(B)											
(C)											
(D)											
(E)											
Total											
Total For Pape	work Reductior	Act Notice, see the Instru	ctions for Form 990 or 990-EZ.			S	chedule A (	Form 990) 2023			

.

			5 Service				Page 2
Pa	rt II Support Schedule for O						
	(Complete only if you chee						under
	Part III. If the organization	fails to qualify	under the tests	ilisted below, p	please complet	e Part III.)	
Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
	tion B. Total Support					+	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop her					• • • • • • • • • • • • • • • • • • •	
Sec	tion C. Computation of Public Su		tage				
14	Public support percentage for 2023 (line 6	6, column (f) divide	d by line 11, colum	ın (f))			%
15	Public support percentage from 2022 Sch	edule A, Part II, lir	ne 14			<u>  15  </u>	%
16a	33 1/3% support test — 2023. If the orga	anization did not ch	neck the box on line	e 13, and line 14 is	s 33 1/3% or more	, check this	
	box and stop here. The organization qual	lifies as a publicly	supported organiza	ation			,
b	33 1/3% support test 2022. If the orga				e 15 is 33 1/3% or	more, check	
	this box and stop here. The organization	qualifies as a pub	licly supported orga	anization			
17a		023. If the organiza	ation did not check	a box on line 13,	16a, or 16b, and li	ne 14 is	
	10% or more, and if the organization mee	ts the facts-and-ci	rcumstances test,	check this box and	d stop here. Expla	in in	
	Part VI how the organization meets the fa	icts-and-circumsta	nces test. The orga	anization qualifies	as a publicly supp	orted	
	organization					•••••••••••••••••••••••••••••••••••••••	
b	10%-facts-and-circumstances test - 2	022. If the organiz	ation did not check	a box on line 13,	16a, 16b, or 17a, a	and line	
	15 is 10% or more, and if the organization	n meets the facts-a	and-circumstances	test, check this be	ox and stop here.	Explain	
	in Part VI how the organization meets the	e facts-and-circums	stances test. The c	rganization qualifi	es as a publicly su	pported	
	organization	,					
18	Private foundation. If the organization d	id not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee	
	instructions				•••••		
					· · · · · · · · · · · · · · · · · · ·	Schedule	A (Form 990) 2023

.

DAA

	Rot	ary D7475	Service	Foundatio	on Inc 46	-3765577	Page 3
Pe	rt III Support Schedule for Or (Complete only if you chec	ganizations De	line 10 of Part	l or if the orga	nization failed	to qualify under F	Part II.
	If the organization fails to	qualify under the	e tests listed b	elow, please co	mplete Part II.	)	
Sec	tion A. Public Support	quality arrass ar				<u>ل</u>	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees			· · · · · · · · · · · · · · · · · · ·			
•	received. (Do not include any "unusual grants.")	235 ,793	58,227	316,842	66 ,283	32 ,772	709,917
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	68,505	25	14	269,492	162,280	500,316
3	Gross receipts from activities that are not an unrelated trade or business under section 513		·				<u></u>
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	304,298	58,252	316,856	335,775	195,052	1,210,233
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			·			
8	Public support. (Subtract line 7c from line 6.)						1,210,233
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
9	Amounts from line 6	304,298	58,252	316,856	335,775	195,052	1,210,233
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 on line 10b, whether or not the business is regularly carried on	21,002	36,383				57,385
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				·		
13	Total support. (Add lines 9, 10c, 11, and 12.)	325,300	94,635	316,856	335,775	195,052	1,267,618
14	First 5 years. If the Form 990 is for the orgonization, check this box and stop here	ganization's first, se		-		(3)	
Sec	tion C. Computation of Public Su			· · · · · · · · · · · · · · · · · · ·		•••••••	
15	Public support percentage for 2023 (line 8			n (f))		15	95.47%
16	Public support percentage from 2022 Sche	edule A, Part III, line	e 15	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	16	95.98%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2023 (li			, column (f))			%
18	Investment income percentage from 2022 S	Schedule A, Part III,	, line 17			18	%_
19a	33 1/3% support tests — 2023. If the org						T
-	17 is not more than 33 1/3%, check this be	-					X
b	33 1/3% support tests — 2022. If the org						
20	line 18 is not more than 33 1/3%, check the <b>Private foundation.</b> If the organization did	-	-			-	1

٩

Par	Le A (Form 990) 2023 Rotary D7475 Service Foundation Inc 46-37	<u>אלככל Pac</u>
0000000	(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, o	complete Sections A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12d	
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and cor	· · · ·
ecti	on A. All Supporting Organizations	
		Yes N
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
2	Did the organization have any supported organization that does not have an IRS determination of status	
	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
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	
	lines 3b and 3c below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	
	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
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	
	despite being controlled or supervised by or in connection with its supported organizations.	4b
с	Did the organization support any foreign supported organization that does not have an IRS determination	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	
	purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	
	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	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	
	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 <b>Part VI</b> .	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	
	(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).	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	
-	7? If "Yes," complete Part I of Schedule L (Form 990).	8
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	
2	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	90
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	
Ju	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	
	supporting organizations)? If "Yes," answer line 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	
~		10b

10b Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023 Rotary D7475 Service Foundation Inc 46-3765577		!	Page 5
Par	Supporting Organizations (continued)	_		
		Ye	S	<u>No</u>
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		200 P	
	11c below, the governing body of a supported organization?	1		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI. 11	<u>c                                    </u>		
Sect	ion B. Type I Supporting Organizations			
		Ye	s	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,			
	supervised, or controlled the supporting organization.			
Sect	ion C. Type II Supporting Organizations			
		Ye	s	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).			
Sect	ion D. All Type III Supporting Organizations			
		Ye	s	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 the organization maintained a close and continuous working relationship with the supported organization(s).	,		
3	By reason of the relationship described on line 2, above, 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			
	supported organizations played in this regard. 3			
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	1s).		
2	Activities Test. Answer lines 2a and 2b below.	Ye	s	No
а	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.	<u>ı   </u>		
b	Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would	ap 🛛	SS\$	
	have engaged in these activities but for the organization's involvement.	>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>1</b>		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	)		

,

	Ile A (Form 990) 2023 Rotary D7475 Service Founda			577 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
	instructions. All other Type III non-functionally integrated supporting organizations mus	st com	plete Sections A through E	
Sect	(B) Current 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		
Sect	ion 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):			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	_6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for Prior Year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for Prior Year (from Section B, line 8, column A)	3		
4		4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Туре	II supporting organization	
	(see instructions ).		-	

Schedule A (Form 990) 2023

DAA

Schedule A (Form Part V	990) 2023 Rotary D7475 Serv Type III Non-Functionally Integrated 509(a)(3) \$			65	577	Page <b>7</b>
Section D – D			uons (conunued)		Curr	ent Year
d Amounta		1				
	paid to supported organizations to accomplish exempt purpo			1		
	paid to perform activity that directly furthers exempt purposes	s or supported		2		
	tions, in excess of income from activity	autad arappinations		2		
	rative expenses paid to accomplish exempt purposes of supp	orted organizations	4	3		
Manager	paid to acquire exempt-use assets	- 11. f. <b>P</b>		4		
	set-aside amounts (prior IRS approval required-provide det	ails in Part VI)		5		
	stributions (describe in Part VI). See instructions.			6		
	nual distributions. Add lines 1 through 6.			7		
	ons to attentive supported organizations to which the organizad details in <b>Part VI</b> ). See instructions.	ation is responsive		8		
	able amount for 2022 from Section C, line 6			9		
	nount divided by line 9 amount			10		
		(i)	(ii)			(iii)
Section E - Di	stribution Allocations (see instructions)	Excess Distributions	Underdistributions		Diet	ributable
Section L - Di	Stribution Anocations (see instructions)	Excess Distributions	Pre-2023	5		nt for 2023
1 Distributa	able amount for 2023 from Section C, line 6	1	F16-2023		Anou	11 101 2023
	tributions, if any, for years prior to 2023	-		<u></u>		
	ble cause required– <i>explain in <b>Part VI</b></i> ). See					
instructio						
	listributions car _{ry} over, if any, to 2023					
	18	-				
<b>b</b> From 20'		-				
		-				
d From 202	20	-				
		-				
e From 202		-				
	ines 3a through 3e					
	o underdistributions of prior years					
······································	o 2023 distributable amount					
	r from 2018 not applied (see instructions)					
	er. Subtract lines 3g, 3h, and 3i from line 3f.				<u></u>	
4 Distributi	ons for 2023 from					
Section [	D, line 7: \$					
a Applied t	o underdistributions of prior years					
	o 2023 distributable amount					
	er. Subtract lines 4a and 4b from line 4.					
	ng underdistributions for years prior to 2023, if					
any. Sub	tract lines 3g and 4a from line 2. For result					
greater th	nan zero, ex _{ip} lain in Part VI. See instructions.					
6 Remainin	g underdistributions for 2023. Subtract lines 3h					
and 4b fro	om line 1. For result greater than zero, explain in					
Part VI. S	See instructions.					
7 Excess of	listributions carryover to 2024. Add lines 3j					
and 4c.						
	vn of line 7:					
a Excess fr	om 2019					
	om 20 <u>2</u> 0					
	om 2021					
d Excess fr		J				
e Excess fr	om 2023					
				S	chedule A (	Form 990) 2023

Schedule A (Fo	rm 990) 2023	Rotary	D7475	Service	Foundat	ion Inc	46-376557	7 Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V lines 2, 5, and 6.	/, Section A, lin Part IV, Sectior /, line 1; Part V	es 1, 2, 3 C, line 1; , Section	b, 3c, 4b, 4c, Part IV, Sec B, line 1e, Pa	5a, 6, 9a, 9b tion D, lines 2 art V, Section	, 9c, 11a, 11b 2 and 3; Part D, lines 5, 6,	o, and 11c; Part IV, Section E, lin and 8; and Par	IV, Section nes 1c, 2a, 2b,
• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	* * • • • • • • • • • • • • • • • • • •		•••••
• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •			* * * * * * * * * • • • • •			* > * - • • • • • • • • • • • • • • • • • •		
•	•••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •						
• ••••••		····					• • • • • • • • • • • • • • • • • • • •	
				•••••				·····
·						• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •			, <i></i>			•••••		
•		• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •								<i></i>
• • • • • • • • • • • • • • • • • • • •	·····	· · · <i>· · · · · · · · · · · · · · · · </i>	,					
· · · · · · · · · · · · · · · · · · ·								
• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • •		,			
• • • • • • • • • • • • • • • • • • • •	· · · <i>· ·</i> · · · · · · · · · · · · · ·							
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			, ,			
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •		<b></b>						
• . • • • • • • • • • • • • • • • • • •				•••••			•••	
• • • • • • • • • • • • • • • • • • • •			••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •			••••••	• • • • • • • • • • • • • • • • • • • •		••••••		
				• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •		
· •••••								
•		- 						
* ••••				, . ,	•••••••••••••••••••••••••••••••••••••••	<i>..</i>		
•								
·							•••••	

~

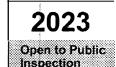
SCHEDULE O	
(Form 990)	

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

Name of the organization	Rotary D7475 Service Foundation Inc	Employer identification number
	A NJ NonProfit Organization	46-3765577

Form 990 - Organization's Mission or Most Significant Activities To Solicit, collect and otherwise raise money for charitable purposes to support projects to assist the general public in the State of NJ, the United States and Internationally at their time of need in order to advance world understanding, goodwill, and peace through the improvement of health, the supprot of education and the alleviation of poverty and to make distributions to organization that qualify as exempt organization under Section 501 (c) (3).

Form 990 - Organization's Mission	
To Solicit, collect and otherwise raise money for charitable purpose	s
to support projects to assist the general public in the State of NJ,	the
United States and Internationally at their time of need in order to	advance
world understanding, goodwill, and peace through the improvement of	health,
the suport of education, and the alleviation of poverty and to make	
distributions to organizations that qualify as exempt organizations	under
section 501 (c) (3).	
	•••••
Form 990, Part VI, Line 11b - Organization's Process to Review Form	990
No review was or will be conducted.	
	,
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanat	ion
No documents available to the public	

Form 990, Part IX, Line 24e - Other Expenses For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

hedule O (Form 990) me of the organization			_		Employer identific	
Rotary D747	75 Serv	ice Foundation	Inc		46-37655	77
Description	<b>n</b>					• • • • • • • • • • • • • • • • • • • •
	Tot/P	rog Service	Mgt	& General	Func	lraising
Travel				,		
	\$	16,965	\$	0	\$	0
STYEP Expe	nses					
	\$	9,208	\$	0	\$	0
Veterans E					·····	· · · · · · · · · · · · · · · · · · ·
	\$	5,137	\$	0	\$	0
RYLA	····· <b>·</b> T·····				·····,·····	
		A A06		 م		•
	\$	4,406	\$	0	\$	0
Youth				•	•••••••••••••••••••••••••••••••••••••••	~
	\$		\$	0	\$	0
Bank Servi						
	\$	0	\$	1,786	\$	0
Office	• • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •			
	\$	0	\$	765	\$	0
Insurance				· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •
* * * * * * * * * * * * * * * * * * * *	\$	0	\$	663	\$	0
Printing				,		
	\$	0	\$	0	\$	568
Technology		·····				• • • • • • • • • • • • • • • • • • • •
	\$	0	\$	442	\$	0
NJ Chariti	es Regi	stration				
	\$	0	\$	160	\$	0
Postage			· · · · · · · · · · · · · · · · · · ·			
	\$	0	\$	0	\$	153
Licenses a	nd Perm					
			•••••••••••••••••••••••		Page 1	 of 9

Schedule O (Form 990) 2023 Name of the organization						Employe	er identification n	Page 2
Rotary D7475 Se	rvice	Founda	tion In	nc			3765577	
\$		0		\$	0	\$		83
NJ Annual Filin	σ Fee				• • • • • • • • • • • • • • • • • • • •			* * * * * * * * * * * * * * * * * * *
\$	9	0		\$	31	\$	, . , . ,	0
• • • • • • • • • • • • • • • • • • • •				<u>.</u>		····· <i>?</i> .		
Total	•••••	•••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
\$	• • • • • • • • • • • • •	38,308		<b>\$</b>	3,847	<b>\$</b>		804
Form 990, Part	XI, L	ine 9 -	Other	Changes	in Net As	sets Expl	anation	
Transfer of res						\$		,524
· · · · · · · · · · · · · · · · · · ·						·····	· · · · · · · · · · · · · · · · · · ·	
	••••		· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •			
		•••••••••••••	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • •
					• • • • • • • • • • • • • • • • • • • •			<i>.</i>
,,				••••••••••				
	<b>.</b> <i></i>							
							. , . ,	
			, , , ,		• • • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	****
				····	* * * * * * * * * * * * * * * * * * * *			
				••••				• • • • • • • • • • • • • • • • • • • •
				•••••				• • • • • • • • • • • • • • • • • • •
				••••		<i>.</i>		
·		,		••••	• • • • • • • • • • • • • • • • • • • •			
								· · · · · · · · · · · · · · · · · · ·
							· · · · · · · · · · · · · · · · · · ·	····
				••••		••••••		
	• • • • • • • • • • • • •			••••				
				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
				·····				
						Page	e 2 of 2	

٩.

Form <b>990</b>		rm <b>990</b>	Two Year	2022 & 2023					
			For calendar year 2023, or tax year beginnir						
Nai	me					Тахраус	ver Identification Number		
I	Ro	tary D747	75 Service Foundation In	C					
2	A	<u>NJ NonPro</u>	ofit Organization			46-3	3765577		
	1				2022	2023	Differences		
	1.	. Contributions, g	ifts, grants	1.	66,283	32,772	-33,511		
			es and assessments	2.					
	3.	. Government cor	ntributions and grants	3.					
n e			e revenue	4.	269,467	161,329			
e D	5.	Investment inco	me	5.	25	951	926		
>	6.	. Proceeds from t	ax exempt bonds	6.					
ц В	7.	Net gain or (loss	s) from sale of assets other than inventory	7.					
	8.	Net income or (I	oss) from fundraising events	8.					
	9.	Net income or (I	oss) from gaming	9.					
			s) on sales of inventory	10.					
			•••••••••••••••••••••••••••••••••••••••	11.					
	12	. Total revenue.	Add lines 1 through 11	12.	335,775	195,052	-140,723		
	13.	. Grants and simi	lar amounts paid	13.					
	14	. Benefits paid to	or for members	14.					
හ ග			of officers, directors, trustees, etc.	15.			<u> </u>		
ŝ			compensation, and employee benefits	16.			······		
e	17	. Professional fun	draising fees	17.					
d X	18	. Other professior	nal fees	18.	150	250	100		
ш	19	Occupancy, ren	t, utilities, and maintenance	19.					
			d Depletion	20.					
	21	. Other expenses	· · · · · · · · · · · · · · · · · · ·	21.	287,343				
	22	. Total expenses	Add lines 13 through 21	22.	287,493				
			icit). Subtract line 22 from line 12	23.	48,282				
	24.	. Total exempt rev	venue	24.	335,775	195,052	-140,723		
-		. Total unrelated r		25.					
forma	26.	. Total excludable	revenue	26.	269,492	162,280	-107,212		
	27.	. Total assets			169,331	99,743	-69,588		
	28.	. Total liabilities		28.	902	624	-278		
	29.	Retained earning	gs	29.	168,429	99,119	-69,310		
Other	30.	. Number of voting	g members of governing body	30.	6	5			
	1		bendent voting members of governing body $\ldots$	31.	6	5			
	1	Number of employ	•••••••••••••••••••••••••••••••••••••••	32.	0	0			
	33.	Number of volun	iteers	33.	1823	1750			

## **Tax Return History**



1

Name

### Rotary D7475 Service Foundation Inc A NJ NonProfit Organization

### Employer Identification Number 46-3765577

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	235,793	58,227	316,842	66,283	32,772	
Nembership dues						
Program service revenue	13,600			269,467	161,329	
Capital gain or loss						
nvestment income	91	25	14	25	951	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)	22,002	39,873				
Other revenue	54,814					
Total revenue	326,300	98,125	316,856	335,775	195,052	
Grants and similar amounts paid	125,556		203,145			
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees		100	125	150	250	
Occupancy costs						
Depreciation and depletion						
Other expenses	174,349	13,120	211,247	287,343	240,726	
Total expenses	300,005	13,220	414,517	287,493	240,976	
Excess or (Deficit)		84,905	-97,661	48,282	-45,924	
Fotal exempt revenue	326,300	98,125	316,856	335,775	195,052	
Total unrelated revenue			,			
Total excludable revenue	90,507	39,898	14	269,492	162,280	A 1941
Total Asse <b>is</b>		217,808	120,147	169,331	99,743	
Total Liabilities	1,417			902	624	
Net Fund Balances	132,903	217,808	120,147	168,429	99,119	

46-3765577

# Federal Statements

## Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses		Program Service		Management & General		Fund Raising	
Travel STYEP Expenses Veterans Expense RYLA	\$	16,965 9,208 5,137 4,406	\$	16,965 9,208 5,137 4,406	Ş		\$	
Youth Bank Service Fees Office Insurance		2,592 1,786 765 663		2,592		1,786 765 663		
Printing Technology NJ Charities Registration		568 442 160				442 160		568
Postage Licenses and Permits NJ Annual Filing Fee		153 83 31				31		153 83
Total	\$	42,959	\$	38,308	\$	3,847	\$	804

**Federal Statements** 46-3765577 Schedule A, Part III, Line 1(e) Description Amount 32,772 Contributions Ś Corporate Contributions Grant Income 32,772 Total Schedule A, Part III, Line 2(e) Description Amount 9,137 Veterans \$ 13,226 RYLA Taxable Interest on Savings and Temporary Cash Investments 951 Japan Exchange 30,566 Raffle 108,400 Total 162,280 \$