Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22C Name of organization D Employer identification number Check if applicable: ROTARY CLUB OF WESTERLY FOUNDATION Address change 37-1959642 Name change box if mail is not deliver 401-315-5868 PO BOX 407 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 82,872 WESTERLY RI 02891 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending THEODORE AVEDESIAN H(b) Are all subordinates included? If "No." attach a list. See instructions X 501(c)(3) 4947(a)(1) or 501(c) (insert no.) Tax-exempt status: N/A H(c) Group exemption number Website: Year of formation: 2020 X Corporation M State of legal domicile: Other > Form of organization: Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: CHARITABLE FUNDRAISING TO GRANT FUNDS TO ORGANIZATIONS THAT SUPPORT THE Governance ROTARY FOUNDATION GOALS AND TO CREATE LASTING CHANGE ACROSS THE WORLD AND IN OUR COMMUNITY. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 6 3 6 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 0 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 25,496 172,778 8 Contributions and grants (Part VIII, line 1h) Revenue 0 9 Program service revenue (Part VIII, line 2g) 8,475 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,343 -5,6256,690 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 40,661 170,496 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,162 38,341 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 38,341 16,162 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 2,320 154,334 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 200,502 209,382 20 Total assets (Part X, line 16) 37,137 21 Total liabilities (Part X, line 26) 25,850 183,532 163,365 22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign TREASURER ROSEMARIE RUSSO Here Type or print name and title Check Paid P01082884 08/11/22 K. ELISE VONHOUSEN, CPA Preparer & MALAGHAN, LLC Firm's EIN 20-1696994 FILIPPETTI HOYT, Firm's name Use Only 107 AIRPORT RD 401-596-2000 WESTERLY, RI 02891-3420 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

K Elia enterior

Form 990 (2021) ROTARY CLUB C		N 37-1959642	Page 2
	1 Service Accomplishments		
	ontains a response or note to any	line in this Part III	
1 Briefly describe the organization's missic CHARITABLE FUNDRAISIN ROTARY FOUNDATION GOALIN OUR COMMUNITY.	IG TO GRANT FUNDS TO	ORGANIZATIONS THAT	SUPPORT THE THE WORLD AND
2 Did the organization undertake any signi	ificant program services during the year wh	ich were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on			Yes X No
	or make significant changes in how it condi	ucts any program	
			Yes X No
If "Yes," describe these changes on Sch	nedule O.		
4 Describe the organization's program sen	vice accomplishments for each of its three	largest program services, as measured	by
expenses. Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any,	(4) organizations are required to report the	amount of grants and allocations to other	ers,
4a (Code:) (Expenses \$ COMMUNITY GIVING TO A SCHOLARSHIPS AWARDED GIVING TO ORGANIZATIO EMERGENCY ASSITANCE.	TO GRADUATING HIGH S ONS ADVANCING CLEAN W	TIONS RESOURCING TO SCHOOL STUDENTS; AND	THOSE IN NEED;
•••••			

•••••			

4b (Code:) (Expenses \$	including grants of	\$) (Revenu	ue \$)
N/A			
***************************************			*******************************
*			

T 4			

4c (Code:) (Expenses \$	including grants of	\$) (Revenu	ue \$)
N/A			

• • • • • • • • • • • • • • • • • • • •			

***************************************	***************************************		
T			
*	*****************************		
***************************************	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		

4d Other program services (Describe on Sci	hedule O.)		***************************************
(Expenses \$	including grants of \$) (Revenue \$	
4e Total program service expenses ▶	36,032		

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 X 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, 11 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," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

	chedules (continued)					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on			Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		A STATE OF THE PARTY OF THE PAR			
	organization's current and former officers, directors, trustees, key employees, and highest compensated				7	
	employees? If "Yes," complete Schedule J			23		X
24a	The state of the s					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b				
b	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year.			24b	-	-
	to defeace any tax exempt hands?			240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24c		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benef		240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	DOTTO		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990	EZ?		1		1
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any co	ırrent				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
27	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 Schoolule I. Port III.					97
28	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedul			27		X
150000	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	e L,				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	lf .				
	"Yes," complete Schedule L, Part IV		La La La Carte	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I	И		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
24	conservation contributions? If "Yes," complete Schedule M			30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	N, Par	t I	31		X
J_	complete Schedule N. Part II.					37
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulat			32		X
	sections 301 7701-2 and 301 7701-32 If "Vas " complete Schodule B. Bort I			33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	 III.				25
	or IV, and Part V, line 1			34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			11 1		
	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					
~ 7	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 organiza	tion				
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	VI		37		X
00	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b 19? Note: All Form 990 filers are required to complete Schedule O.	and			77	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			38	X	
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?					
AAC				For	m 990	1 (2021)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	ng#		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-11	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch.		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
	and services provided to the payor?	7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0	- 21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282? If "Ves." indicate the number of Forms 8282 filed during the year. 7d	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
е	The second secon	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		Х
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
C	Enter the amount of reserves on hand	1	-	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	+-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		^
	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1		1

Form	990 (2021) ROTARY CLUB OF WESTERLY FOUNDATION 37-1959642		F	Page 6
	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N		ago o
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se)_
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1 1		
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
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?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		X
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,			
	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:			
a	The governing body?	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
	101 211 Grades (This Godien & Toquesia information about policies not required by the internal Nevenue C	oue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		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	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_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?			
a	The organization's CEO, Executive Director, or top management official	15a		_X_
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		<u>X</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Iva	with a tayable entity during the year?	40-		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		_X_
~	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		
Sect	tion C. Disclosure	1 1001		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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 X Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEMARIE RUSSO 46 JOHN STREET			
WE	STERLY RI 02891 40	1-315	5-58	368

form 990 (2021)	ROTARY	CLUB	OF	WESTERLY	FOUNDATION	37-1959642

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

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

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

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

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

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

				3			- T	, , , , , , , , , , , , , , , , , , , ,		
(A) Name and title	(B) Average hours per week	erage box, unless person is both officer and a director/truit		s both a	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) THEODORE AVEDES										
PRESIDENT	5.00 0.00	х		х				0	0	0
(2) STEPHEN COFONE								11-1,014		
DDDGTDDWE TIEGE	1.00	x		x				0	0	0
PRESIDENT ELECT (3) SUZANNE LANE	0.00	A		A			_	0	0	0
	0.00	x						0	0	0
MEMBER AT LARGE (4) JULIE LORD	0.00	Λ	-							
(4) 0 0 2 2 2 2 0 1 2	5.00									
SECRETARY	0.00	X		X				C	0	0
(5) ROSEMARIE RUSSO										
MDE A CLIDED	10.00	x		х				c	0	0
TREASURER (6) DERIN TEMEL	0.00	Α	\vdash	Λ	1					
VICE PRESIDENT	0.00	x		x				C	0	0
(7)										
(8)										
(9)						\Box				
								- 4		
(10)									Legita da di Polis	
(11)								2 .2 · · · · · · ·		
								- A'') SE	*** 5 - 517-** Pal-7	
					_					000

Page 7

	(A) Name and title	(B) Average hours	Average box, unless person is both hours officer and a director/true							(D) Reportable ompensation	(E) Reportat compensa	ole tion	(F) Estimated amount of other		
	Pub	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		from the anization (W-2/ 1099-MISC/ 1099-NEC)	from rela organizations 1099-MIS 1099-NE	(W-2/ SC/	compensation from the organization and related organizations		
										11	i i i	4-,			
									111=						
												n =			
										110	- 14 -				
											71 . 1 -				
1b c d	Total from continuation sheet Total (add lines 1b and 1c)		ectio	n A				A A							
2	Total number of individuals (incl reportable compensation from t	uding but not lim	ited 1				abo	ve)	who receiv	ved more than \$	100,000 of				
3 4 5	Did the organization list any form employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and person listed on line 1a for services rendered to the organization and related to the organization list any formatical services rendered to the organization list and related organization list and re	mer officer, directomplete Schedul 1a, is the sum of the stations greater the stations greate	tor, for the state of the state	truste for su ortab 150, 	uch i ole co 000' nsat	indivi ompe ? If " ion fi	idual ensat Yes," 	ion a	and other aplete Sch	compensation from the compensation from the compensation from the compensation of its	om the		4 X		
Sect	ion B. Independent Contractor		5, 00	трк	<i>-10</i> C	CHE	Jule	3 101	such per	5011			5 A		
1	Complete this table for your five compensation from the organization	tion. Report com	sate pens	d ind	lepe n for	nden the	t cor caler	trac idar	tors that re year endi	ng with or within	the organization's	tax year.	(4)		
+	Name and	(A) business address				<u>ll</u>				Descri	(B) ption of services		(C) Compensation		
										'					
2 DAA	Total number of independent co received more than \$100,000 of	ntractors (includir compensation fr	ng bu om t	it no he o	t lim orgar	ited iizati	to the	ose	listed abo	ve) who		0	Form 990 (2024)		

Pa	rt V			f Revenue	ains a	response or note	to any line in this	s Part VIII		
		Ondok ii	Com	saulo o come		Toopenee or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
		September 1		g n			g 18			sections 512-514
ts ts	1a	Federated camp	aigns		1a	MOO			TERMS 1	12 18 18
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b					<i>J</i> W
Ω, Ĕ	С	Fundraising ever	nts	4007	1c	23,473		74-07		
ifts r A	d	Related organiza			1d					
o,≝	6	Government grants (co			1e					
Sir	f	All other contributions,								
utic her		and similar amounts no			1f	2,023				
Q j	g	Noncash contributions lines 1a-1f			1g	\$				
on	h	Total. Add lines					25,496			
0 10	- 11	Total. Add lines	1a-11			Business Code	28/190			
20000000	2a									
Program Service Revenue	Za h									
e Ser	b					1 1				
m (C									
gra	d									
Po	е									
I I		All other program				i de la constantina della cons				
		Total. Add lines								
	3	Investment incor	2				2 000	2 000		
1		other similar am	ounts)				3,929	3,929		
	4	Income from inve	estmer	nt of tax-exempt	bond	proceeds				
	5	Royalties								
				(i) Real		(ii) Personal			III III III II II II II II II II II II	
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental inc. or (loss)	6c							
		Net rental incom	e or (le	oss)						
	7a	Gross amount from sales of assets		(i) Securities	Š.	(ii) Other				医阴道性结束
		other than inventory	7a			4,546				
ē	b	Less: cost or other								
ent		basis and sales exps.	7b							
SeV.	С	Gain or (loss)	7c			4,546				
7		Net gain or (loss	(;)	•		>	4,546	4,546		
Other Revenue		Gross income from								77
U		(not including \$		•						
		of contributions rep								
		1c). See Part IV, lin			8a	48,901				
	h	Less: direct exp			8b	42,211				
		Net income or (I		om fundraising e			6,690			
	1000	Gross income fr			Vento					
	Ja	activities. See Pa			9a					
	h				9b					
	1	Less: direct exp								
					illes					
	10a	Gross sales of in		•	40-			SECURIO DE COME OS COME		
		returns and allow			10a					or end at the ball
		Less: cost of go			10b	-				
	С	Net income or (I	oss) fr	om sales of inve	ntory .	Business Code				
ns										
neol ue	11a									
llar	b									
Miscellaneous Revenue	С									
ž		All other revenue								
		Total. Add lines					40.00			
	12	Total revenue.	See in	nstructions			40,661	8,475	0	0

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All othe	er organizations must comp	lete column (A).	
	Check if Schedule O contains a respo	Marin	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1000	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		ECTO		
2	Grants and other assistance to domestic				1 11
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	un-pl			
6	trustees, and key employees Compensation not included above to disqualified				3
U	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):			1 1/1/11 11	
а	Management				
b					
С	Accounting	1,295		1,295	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O.)				
13	Advertising and promotion				
14	Office expenses Information technology				
15	Royalties				
16	Occupancy				-
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses Itemize expenses not severed		227 (22 Company		
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.)		1000000		
а	COMMUNITY GIVING	30,332	30,332		
b	SCHOLARSHIPS	5,700	5,700		
С	BANK CHARGES	994	2,	994	
d	LICENSES, AND FEES	20		20	
е	All other expenses	_			
25	Total functional expenses. Add lines 1 through 24e	38,341	36,032	2,309	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2021)

Form 990 (2021)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 25,663 26,441 1 Cash—non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 177,941 169,839 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 5,000 5,000 15 Other assets. See Part IV, line 11 15 200,502 209,382 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable _____ 37,137 25,850 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 25,850 37,137 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. Balances 183,532 163,365 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions or Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 163,365 183,532 Total net assets or fund balances 32 32 200,502 209,382 33 Total liabilities and net assets/fund balances ... Form 990 (2021)

ALAMON A YOUR	990 (2021) ROTARY CLUB OF WESTERLY FOUNDATION 37-1959642		Page 12
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		П
1	Total revenue (must equal Part VIII, column (A), line 12)	40	,661
2	Total expenses (must equal Part IX, column (A), line 25)	38	,341
3	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2	,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		,532
5	Net unrealized gains (losses) on investments	-22	,487
6	Donated services and use of facilities 6	4	
7	Investment expenses 7		
8	Prior period adjustments 8		
9	Other changes in net assets or fund balances (explain on Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	163	,365
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		🔲
		Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		1000
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on		1.7
	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	NOTO CHARGO MINISTE	
	Single Audit Act and OMB Circular A-133?	3a	X
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	3b	
		Form \$	990 (2021)

SCHEDULE A (Form 990) Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number 37-1959642

		Branca F	ROTARI CLUB	OF WESTERLI FOR	MDATT	ON	37-195	9042					
P	art I	Reas	on for Public Charity	Status. (All organizations	s must co	omplete th	nis part.) See instruction	is.					
he	orgar	nization is not a	a private foundation because	it is: (For lines 1 through 12, ch	neck only or	ne box.)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section '	170(b)(1)(A)	(i).						
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990).)								
3		A hospital or	a cooperative hospital service	e organization described in sec	tion 170(b)(1)(A)(iii).							
4		A medical res	search organization operated	in conjunction with a hospital d	escribed in	section 17	0(b)(1)(A)(iii). Enter the hosp	ital's name,					
		city, and state	e:										
5	П	An organization		a college or university owned of									
		section 170	(b)(1)(A)(iv). (Complete Part	1.)									
6		A federal, sta	te, or local government or go	vernmental unit described in se	ection 170	(b)(1)(A)(v).							
7		-		ubstantial part of its support from	m a govern	mental unit	or from the general public						
0			section 170(b)(1)(A)(vi). (Co		ш								
8	H			70(b)(1)(A)(vi). (Complete Part	2	in conjunct	ion with a land grant college						
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	T	university:											
10	X	0	, ,	more than 33 1/3% of its support t functions, subject to certain e			•						
			M124 1250 BANK BANK BANK BANK BANK BANK BANK	t functions, subject to certain e Lunrelated business taxable inc									
		American Comment of the Comment of t		1975. See section 509(a)(2).	AND THE RESERVED		tax) Ironi basinesses						
11				clusively to test for public safe	2000	more entrances en	(4).						
12	Н	Ü		clusively for the benefit of, to p	1000 March 10			of					
	Ш			ns described in section 509(a									
				cribes the type of supporting org									
	а	Type I. A	supporting organization oper	rated, supervised, or controlled	by its supp	orted organ	ization(s), typically by giving						
		the suppo	orted organization(s) the power	er to regularly appoint or elect a	a majority o	f the director	rs or trustees of the						
		supporting	g organization. You must co	mplete Part IV, Sections A a	nd B.								
	b	Type II.	A supporting organization sup	ervised or controlled in connec	tion with its	supported	organization(s), by having						
				ng organization vested in the s	ame persor	ns that contr	ol or manage the supported						
		\Box	ion(s). You must complete										
	С			upporting organization operated ructions). You must complete									
	d		• ,,,	. A supporting organization ope)					
	u		, ,	organization generally must sa				,					
				ust complete Part IV, Section	anneigh ann eil Thill	010000000000000000000000000000000000000							
	е	Check thi	is box if the organization rece	ived a written determination from	m the IRS t	hat it is a Ty	pe I, Type II, Type III						
		functional	lly integrated, or Type III non	-functionally integrated support	ing organiza	ation.							
	f		mber of supported organizatio										
	g	Provide the fo	ollowing information about the	e supported organization(s).									
	50.5	ne of supported	(ii) EIN	(iii) Type of organization	8 5	organization	(v) Amount of monetary	(vi) Amount of					
	org	ganization		(described on lines 1-10 above (see instructions))	100	ur governing ment?	support (see instructions)	other support (see instructions)					
					Yes	No	,						
(A)							***************************************						
(~)													
(B)													
(0)													
(C)													
,0)													
(D)													
,-,													
(E)													
,-/													
Г-4													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2020 Schedule A, Part II, line 14 15 15 % 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				172,778	25,496	198,274
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	998 151 9 00		469, 469 10 4000	34,057	52,830	86,887
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1 1 -					
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				206,835	78,326	285,161
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				140,900		140,900
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				140,900		140,900
8	Public support. (Subtract line 7c from line 6.)						144,261
Sec	tion B. Total Support		_				
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6				206,835	78,326	285,161
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						
С	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						
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,				206,835	78,326	285,161
14	First 5 years. If the Form 990 is for the organization, should this how and stop here				a section 501(c)(3)		▶ □
Sec	organization, check this box and stop here						
15	Public support percentage for 2021 (line 8,			n (f))		15	50.59 %
16	Public support percentage from 2020 Sched						%
	ction D. Computation of Investme						
	Investment income percentage for 2021 (lin			column (f))		17	%
17 18	Investment income percentage from 2020						%
19a	33 1/3% support tests—2021. If the organ	nization did not ch	eck the box on line	14, and line 15 is i	more than 33 1/3%.		
ısa	17 is not more than 33 1/3%, check this bo						X
b	33 1/3% support tests—2020. If the organ						
	line 18 is not more than 33 1/3%, check this						▶∐
20	Private foundation. If the organization did					s	
						Schedu	lle A (Form 990) 2021

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations	and complete	rait	/.)	-
	ZINIC INCOCATION		Mary 1	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		- 2	W	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			1	
	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			1977	
	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		
C	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.		3с		
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 Part VI 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 Part VI.		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 Part VI.		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.		9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit				
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If "Yes," answer line 10b below.		10a	1	

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10a

10b

642 Page

AND DESCRIPTION OF THE PARTY OF	IREA (Form 990) 2021 ROTART CHORD OF WESTERNIT FOODBATTON 57 199304			Page 3
Par	t IV Supporting Organizations (continued)			
			Yes	No
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	44-		
h	11c below, the governing body of a supported organization?	11a	AV AV	
b	A family member of a person described on line 11a above?	11b	3.7	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c	7	
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	110	303	
Occil	on B. Type I dupporting diganizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
00011	on or type it eappering organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations	•		
	vi ziriii iype iii eapperiiig eiganiiaiieie		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
1.5	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			16.75
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		000000000000000000000000000000000000000
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	ion 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).			******************
a	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	ons).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	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.	2a		
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 Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
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			
937	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
200000			and the same of the same of	

	lle A (Form 990) 2021 ROTARY CLUB OF WESTERLY FOU			9642 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	20, 1970	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must of	omplete	Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	S E Change Co.	7 2 2 1
4	Add lines 1 through 3.	4		25 200
5	Depreciation and depletion	5		1
6	Portion of operating expenses paid or incurred for production or collection	3		
•	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			(opional)
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	on 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		7.
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Typ	e III su	pporting organization	
	(see instructions).			

Pari	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	<u> </u>
Secti	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	S		
2	Amounts paid to perform activity that directly furthers exempt purposes o organizations, in excess of income from activity	ACTIA		
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		y beg y
4	Amounts paid to acquire exempt-use assets	: D-410		M 957
5	Qualified set-aside amounts (prior IRS approval required—provide details	s in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	on is responsive		
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6			
<u>9</u> 10				
	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributable assessed for 2024 from Castian C. line C.		Pre-2021	Amount for 2021
	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021			
2	(reasonable cause required–explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021	A PROPERTY COMMENTS OF THE PROPERTY OF THE PRO		
a	From 2016			
b	From 2017			
C	From 2018			
	From 2019			
	From 2020			
-	Total of lines 3a through 3e		LINESONENIA AVENUE	
- Table	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)	1		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			der Gebiel (2007) Suprimited
	Section D, line 7: \$ Applied to underdistributions of prior years			
1689	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
- 8	Breakdown of line 7:			Accession (Alexandria)
а	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form	n 990) 2021	ROTARY	CLUB OF	WESTERLY	FOUNDATION	37-1959642	Page 8
Part VI	Supplemental III, line 12; Part	Information. Pro IV, Section A, lir	ovide the exp nes 1, 2, 3b,	olanations requir 3c, 4b, 4c, 5a, 6	ed by Part II, line 10 6, 9a, 9b, 9c, 11a, 1	; Part II, line 17a or lb, and 11c; Part IV,	17b; Part Section
	3a, and 3b; Part	V, line 1; Part \	/, Section B,	line 1e; Part V,	D, lines 2 and 3; Part Section D, lines 5, 6	, and 8; and Part V,	1c, 2a, 2b, Section E,
	ines 2, 3, and c	s. Also complete	triis part ior	any additional i	nformation. (See inst	ructions.)	
							··· y
·			**********				
·							el a fe
•							

* * * * * * * * * * * * * * * * * * * *	***************	*******************					***************************************
*							
•							******************
•	***************************************						
• • • • • • • • • • • •							
	******************	*******************************					***************************************
• • • • • • • • • • • • • • • • • • • •							
					*********************	*************	***************************************
		• • • • • • • • • • • • • • • • • • • •					
	**************			*************		*************************	************
					***********************		****************

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

•	13.gov// 01111330 101	mstro	CHOITS	and the latest information.		Inspection
lame of the organization ROTARY CLUB OF WES	TEDIV FOI	ע כונעו	TT (N M	Employer identificat 37–19596	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organizatio	n ans	swere			
1 Indicate whether the organization raised funds through any					Wanter Constitution	120
				ernment grants		
ALCO TO A CONTRACT OF THE PROPERTY OF THE PROP	f Solicitation			2000 - 20		
	g Special fur	ndraisir	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	n any individual (ir connection with n	rofess	g office ional f	ers, directors, trustees, undraising services?		☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundompensated at least \$5,000 by the organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo conf	id fund- r have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6		+				
·		İ				
7						
0		-				
8						
9						
						nt ee na b
0						
List all states in which the organization is registered or lice registration or licensing.		ntributi	ons or	has been notified it is exe	mpt from	

Schedule G (Form 990) 2021 ROTARY CLUB OF WESTERLY FOUNDATION 37-1959642 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TOURNAMENT POPS CONCESSION NONE (add col. (a) through col. (c)) Revenue 59,905 12,469 72,374 1 Gross receipts 2 Less: Contributions 23,473 23,473 3 Gross income (line 1 minus 36,432 12,469 48,901 line 2) 4 Cash prizes 5 Noncash prizes 2,850 2,850 6 Rent/facility costs 34,079 34,079 Expenses 7 Food and beverages ... 4,201 4,201 8 Entertainment 741 340 1,081 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 42,211 6,690 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sche		orm 990) 2021					FOUNDATION		Page 3
11	Does the	organization con	duct gaming activ	vities with	nonme	mbers?			Yes No
12	Is the org	janization a grant	or, beneficiary or	trustee of	a trust,	or a member of a	partnership or other entit	у	2000-000 - 1
	formed to	administer chari	table gaming?			*******			Yes No
13	Indicate t	he percentage of	gaming activity of	onducted i	in:				
a	The orga	nization's facility	8 8	8			g 2	A CONTRACTOR OF THE PARTY OF TH	13a %
b	An outsid	le facility	AIIA		No.	OM	MILM		13b %
14	Enter the	name and addre	ess of the person	who prepa	res the	e organization's ga	ming/special events book	s and	JULIW
	records:	is sign is	Careller on the American	il.is	(S) (L)		in Orași, a an in region a	10 March 10	
	Name >								
	rianio p								
	Address								
	/ tadi coo								
15a	Does the	organization hav	e a contract with	a third nar	ty from	whom the organiz	ation receives gaming		
ıJa				Harmon Anna Brown					☐ Yes ☐ No
Ь	If "Voc."	ontor the amount	of gaming royon	o received		organization	\$	and the	La les La
D						\$		and the	
_		enter name and a				Ψ			
C	II Tes, t	enter name and a	ludress of the triif	и рану.					
	Nome								
	Name								
	A ddraga								
	Address								
46	Ci								
16	Garriirig	manager informat	uon.						
	Name N								
	Name >								
	Carrian		ti \						
	Gaming	manager comper	isation • 5						
	Dogorintia	n of condess pr	ovidad N						
	Descripio	on or services pro	Jvided						
	П _{В:}	ctor/officer	Employ		Г	Independent co	ata ata a		
		Cloronicer	Епрюу	ee	L	пиерепиеть сс	intractor		
		D. L. House							
17		y distributions:		4		t Park Control			
а							m the gaming proceeds t		П., П.,
62									Yes No
b							ther exempt organization	s or	
_	_	the organization's					idbDdl	" Ob L ("")	
Pa	π IV							line 2b, columns (iii)	
				50, 150,	10, 7	and 17b, as ap	plicable. Also provid	de any additional info	ormation.
		See instruct	ions.						
							,		
								Sc	chedule G (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

ROTARY CLUB OF WESTERLY FOUNDATED

Employer identification number

.994.4949	90 IS PRES	ENTED AT E	BOARD MEET	ING FOR R	EVIEW AND	APPROVAL 1	PRIOR TO
FILING.							
		,					
	PART VI,						ATION
GOVERNING	DOCUMENTS	ARE MADE	AVIALABLE	TO THE P	JBLIC ON 1	REQUEST.	
		****************	*************			•••••	

	***************************************	****************					
					•••••		
					••••••		
						****************	************
		• • • • • • • • • • • • • • • • • • • •					
	•••••					••••••	
	•••••						
******************	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				****************	
			***************************************			•••••	***************

W5385000

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 37-1959642 ROTARY CLUB OF WESTERLY FOUNDATION

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile or foreign co	e (state Total	d) income En	(e) d-of-year assets	(f) Direct cont entity	
1)							
2)							
3)							
4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations. Co	omplete if the or ax year.	rganization answe	ered "Yes" on For	(e)	ine 34, because	it had	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Yes	ed entity?
1) ROTARY CLUB OF WESTERLY PO BOX 407 05-6035638 WESTERLY RI 02891	COMM SVC	RI	501C4		N/A		х
2)							
3)							
	M-salics				110		
(4) (5)							

edule R (Form 990) 2021 ROTARY CLUB OF WEST art III ldentification of Related Organization because it had one or more related orga (a) Name; address, and ElN of related, organization	s Taxable a anizations tro (b) Primary activity	as a	Partnership, (Complete if the hip during the	tax year.), Part IV, line	34,		Pag
edule R (Form 990) 2021 ROTARY CLUB OF WEST Identification of Related Organization because it had one or more related organization (a) [Name, address, and ElN of] [8]	s Taxable a anizations tro (b) Primary activity	eated (c) Legal	Partnership. (d)	Complete if the hip during the	tax year.), Part IV, line	34,		Pas
edule R (Form 990) 2021 ROTARY CLUB OF WEST Identification of Related Organization because it had one or more related organization (a) [Name, address, and ElN of] [8]	s Taxable a anizations tro (b) Primary activity	eated (c) Legal	Partnership. (d)	Complete if the hip during the	tax year.), Part IV, line	34,		Paç
edule R (Form 990) 2021 ROTARY CLUB OF WEST Identification of Related Organization because it had one or more related organization (a) [Name, address, and ElN of] [8]	s Taxable a anizations tro (b) Primary activity	eated (c) Legal	Partnership. (d)	Complete if the hip during the	tax year.), Part IV, line	34,		Pag
edule R (Form 990) 2021 ROTARY CLUB OF WEST Identification of Related Organization because it had one or more related organization (a) [Name, address, and ElN of] [8]	s Taxable a anizations tro (b) Primary activity	eated (c) Legal	Partnership. (d)	Complete if the hip during the	tax year.), Part IV, line	34,		Pa
Identification of Related Organization because it had one or more related organization (a) [Name_address_and_EIN of]	s Taxable a anizations tro (b) Primary activity	eated (c) Legal	Partnership. (d)	Complete if the hip during the	tax year.), Part IV, line	34,		Pa
(a) Name, address, and EIN of §	(b) Primary activity	(c) Legal	(d)	(e)		1	1 320 1				
	D	(state or	entity	Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1	Gene	b) eral or aging mer?	(k Percer owner
		foreign country)	7VIII	excluded from tax under sections 512-514)	VVI	1 y	Yes No	(Form 1065)	Yes	No	
						1111					
art IV Identification of Related Organization	s Taxable a	as a	Corporation of	or Trust. Com	olete if the organ	nization answere	ed "Yes" on	Form 990, Pa	art IV	<u>, </u>	
ine 34, because it had one or more related organization Name, address, and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year a		ntage		Sector 512(b) control
			toreign country)		or succy						Yes
			= " =	- 4							
			45								
			-					Schedu			

DAA

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		1/2	Yes	No
1 During the tax year, did the organization engage in any of the following trans	sactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled	ed entity	1a		х
and grand or deplate contribution to related organization(5)	2 4	41.		Х
				X
				X
e Loans or loan guarantees by related organization(s)		1e		Х
a Sale of assets to related organization(s)		1f	-	X
			-	X
			-	X
			_	х
) Leader of Identices, equipment, of other assets to related organization(s)				X
	od oznajenia/a			
I Performance of services or membership or fundraising solicitations for relati	ed organization(s)	1k	-	X
m Performance of services or membership or fundraising solicitations by relate	de organization(s)	11		X
n Sharing of facilities, equipment, mailing lists, or other assets with related ord	ganization(s)		-	X
Sharing of paid employees with related organization(s)		1n		X
		1o		_ A
p Reimbursement paid to related organization(s) for expenses		1-		х
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses				
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s)		1p 1q		x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)		1p 1q		x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)		1p 1q		x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) [2] If the answer to any of the above is "Yes," see the instructions for information (a)		1p 1q 1r 1r 1s		x x
P Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) [4] If the answer to any of the above is "Yes," see the instructions for information (a)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c)	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for informatio (a) Name of related organization	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1 If the answer to any of the above is "Yes," see the instructions for informatio (a)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) [4] Name of related organization [5] Name of related organization	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for informatio (a) Name of related organization	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for informatio (a) Name of related organization 1)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for informatio (a) Name of related organization 1)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for informatio (a) Name of related organization 1)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for informatio (a) Name of related organization 1)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for informatio (a) Name of related organization 1)	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) [4] Name of related organization [5] Name of related organization	n on who must complete this line, including covered relationships and transaction thresholds. (b) (c) (c) Medical Med	1p 1q 1r 1s	ed	x x

Schedule R (Form 990) 2021 ROTARY CLUB OF WESTERLY FOUNDATION 37-1959642

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		(state or foreign	income (related, unrelated, excluded from tax under	501(organiz		Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	

												_	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
						31							
••••													

Schedule R (Form 990) 2021

Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	Page 5
	Public Inspection Copy	/
• • • • • • • • • • • • • • • • • • • •		

