JVA Accountants & Advisors LLC 15 Broadway Denville, NJ 07834-2703 973-620-9607

November 22, 2024

CONFIDENTIAL

ROTARY INTERNATIONAL DISTRICT 7475 35 SMULL AVE CALDWELL, NJ 07006

Dear LARRY:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

JVA Accountants & Advisors LLC

Filing Instructions

ROTARY INTERNATIONAL DISTRICT 7475

Exempt Organization Tax Return

Taxable Year Ended June 30, 2024

Date Due:

May 15, 2025

Remittance:

None is required. Your Form 990 for the tax year, ended 6/30/24 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically Form 88.79-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

JVA Accountants & Advisors LLC

15 Broadway

Denville, NJ 07834-2703

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

JVA Accountants & Advisors LLC 15 Broadway Denville, NJ 07834-2703

Form **990**

Department of the Treasury Internal Revenue Service

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.

or tax year beginning 07/01/23 and ending 06/30/24

OMB No. 1545-0047
2023
Open to Public
Inspection

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<u>⊢</u>	Check if ap	pplicable.	· value of	organizau0i		MADW	Ntipsta		D T O M D =		_		D Emple	yer identifi	cation numbe	r
Ш	Address ch	hange			RO:	LARY IN	LEKNAT.	IONAL	DISTRICT	1475			۱			
	Name cha	inge 📙	•	siness as										3311		
\Box	Initial retur	1		and street (d		nail is not deliver	ed to street ac	idress)			R	oom/suite		-226	3111	
一	Final return		City or to	wn, state or	province, cou	ntry, and ZIP or i	oreign postal	code								
믐	terminated	¹	CALD	WELL			NJ 070	006					G Gross	receints\$	29	6,961
	Amended I	return F	Name an	d address o	f principal offic	er:	-						0.000	- Coo.p.to V		
	Application	n pending	TUT.	TA PI	HELPS							H(a) Is this a gr	oup return fo	or subordinate	es? Yes	X No
_					L AVE							H(b) Are all su	hordinates i	ncluded2	Yes	No
				DWEL			N	J 070	06					ist. See instr		
_						, A ,		$\overline{}$,		11 140	, attacina i	ist. Occ mist	delions	
<u></u>		npt status:		501(c)(3)	X 501(c)	(4) (in:	sert no.)	4947	(a)(1) or	527						
<u>J</u>	Website:	: N/	<u> </u>				_				!	H(c) Group ex		7		
K	TO COMPANY OF THE PARK OF THE	rganization:		poration	Trust	Association	Other		د	. 1	L Year	of formation: 2	2018	M Stat	e of legal domi	cile: NJ
F	°art I 🔣	Sun	mary			,										
	1 E	Briefly desc	ribe the	e organiza	ation's miss	sion or most	significant	activities:								
Governance	2 (CLUBS	IN T	THE DI	STRCT				ATE VAR					TARY		
	2													5	•	
∞ ර ග	3 1	Number of	voung n	nembers	or the gove	erning body (Part VI, III	ie ia)			• • • • • •					
Activities	4 1	Number of	naepen	ident voti	ing membe	rs of the gov	erning boo	iy (Part VI	, line 1b)				4			
.≅								Part V, lin	e 2a)				5	0		
Ac	1				•	necessary)								0		
	7 a ⊺	l'otal unrela	ited bus	siness re	venue from	Part VIII, co	lumn (C),	line 12					78	1		<u> </u>
	bΝ	Net unrelate	ed busir	ness taxa	able income	from Form	990-T, Par	rt I, line 11					71)		0
												Prior Ye			Current Yea	
ø	8 0	Contributio	ns and g	grants (P	art VIII, line	• 1h)					. L		1,58		146	,245
ű	9 F				Part VIII, lin						- 1	4	8,11	7	148	,539
Revenue	10 li	nvestment	income	(Part VI	II, column (A), lines 3, 4	l, and 7d)				`		1,13	9	2	,177
Ř	11 0	Other rever	ue (Pai	rt VIII. co	lumn (A), li	nes-5-6d. 8	c. 9c. 10c.	and 11e)								0
), line 12)			23	0,83	8	296	,961
	13 (Grants and	similar	amounts	naid (Part	IX celumn	Alline	100 L	• • • • • • • • • • • • • • • • • • •		•		-,	1		7 0
	14 6	Sanafite na	id to or	for mem	hare (Dart I	X, column /			•		·					<u> </u>
											. –					
Ses.	15 3	salaries, oi	ner con	npensauc	m, employe	e benefits (Part IX, co	iumpeA),	ines 5–10)		.	<u>, </u>				<u> </u>
Expenses							line 11e)		·			war in the second	54. * 54.e. *		4 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	U
·×	1		_		•	olumn (D), lir	ie 25)					4	- 46			
ш						ines 11a-11							7,46		208	,203
	18 ⊺	Total exper	ses. Ac	dd lines 1	3–17 (mus	t equal Part	IX, column	ı (A), line 2	25)		.		7,46			,203
		Revenue le	ss expe	enses. Šu	ubtract line	18 from line	12		,				3,37		88	,758
200	<u>8</u>										<u> </u>	Beginning of Cu			End of Yea	
Net Assets or	g 20 T	Total asset											7,02			,400
As	21 ⊺	Total liabilit	ies (Paı	rt X, line	26)						. L		3,09			,708
Ž	22 N	Vet assets	or fund	balances	s. Subtract	line 21 from	line 20		· · · · · · · · · · · · · · · · · · ·			24	3,93	4	332	,692
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Si	_	Signature of												ate		
He	ere	<u>JEAN</u>			OTOMA				DIST	RICT	GO	V ELEC	T			
	•	Type or prin														
		Print/Type p	reparer's r	name			Preparer's	signature				Date	Che	eck 🗶 if	PTIN	
Pai	id	JOSEPH '	ÆLOCC	I, CPA			JOSEPH	VELOCCI	, CPA	<u>- </u>		11/2	2/24 self	-employed	P000573	374
Pre	parer	Firm's name		JV	A ACCC	UNTAN	'S & A	DVIS	ORS LLC	:			Firm's EIN	2	7-2628	
Us	e Only	Firm's addre	ss	15	BROAL	WAY	•	1-2703	•				Phone no.	07	3-620-	
Ma	y the IR														X Yes	No
						rate instructi										90 (2023)
DAA				, -											. 5.111	(2020)

Form 990 (2023) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
4	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)	3		^
7	election in effect during the tax year? If "Ves." complete Schoolule C. Bert II	4		l
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	x	١,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ı	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	ļ		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		٠,,
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		A
••	VII, VIII, IX, or X, as applicable.	·		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		b	I
-	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	145	.	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		A
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ľ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ĺ	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	l		
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	146		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		† <u></u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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 return	ns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	• • • •		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accoi	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
· b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or				
	gifts were not tax deductible?			6b		<u> </u>
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 g	oods				
	and services provided to the payor?			7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C,	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				ĺ
	required to file Form 8282?	, ,	,	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act? .		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			? 7h	ne ne ki hekisisis	mana wasan
8 .	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne		22	
	sponsoring organization have excess business holdings at any time during the year?		<i></i>	8	100° 100° 100° 100° 100° 100° 100° 100°	The spice program
9	Sponsoring organizations maintaining donor advised funds.			فالمشدب		
a	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		• • • • • • • • • • • • • • • • • • • •	9b		
10	Section 501(c)(7) organizations. Enter:	ا ۔۔ ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_10b				
11	Section 501(c)(12) organizations. Enter:	اأمما	I	[**:1		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	445				***
122	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	40-		
12a b		I 1	Í	12a		77(02074-77
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	L			
а	le the organization licensed to issue qualified health plans in more than one state?			13a	8381 S + S	
u	Note: See the instructions for additional information the organization must report on Schedule O.		• • • • • • • • • • • • • • • • • • • •			1000
b	Enter the amount of reserves the organization is required to maintain by the states in which				4.5	
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of recorded on hand	13c			rd.s	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	1.3008 da	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				 	-
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				37.2	<i>V.</i>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.			,	200	14,17 4 54,0
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	ities		•	1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

360	tion A. Governing Body and Wanagement					
1.	Enter the number of voting members of the governing body at the and of the toward	ایما	5	\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	Yes	No
ıa.	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a	<u> </u>			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					J 24
h	Enter the number of voting members included on line 1a, above, who are independent	1 _b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	LD		\dashv		
. ~	any other officer director tructoe or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	• • • • • •	· · · · · · · · · · · · · · · · · · ·	2	-	<u> </u>
J	supervision of officers, directors, trustees, or key employees to a management company or other person?	:		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	 ว		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 of stockholders, or other persons who had the power to elect or appoint	• • • • • •		6	-	\vdash
1 u	and as more manufacts of the assumption had 2			7a	X	
. h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		• • • • • • • • • • • • • • • • • • • •	·· /a		
	atackholders or syrama ather the naversing both 0			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by ti	o followin	• •		
а	The governing body?	•		0-	X	
b	Each committee with authority to act on behalf of the governing body?	• • • • • • •	· · · · · · · · · · · · · · · ·		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	• • • • • •		80	1	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-				L	
	tion Di i onoice (Thie decitori D'requeste information about politice not required by the inte	mai i v	CVCHAC	Odde.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,			100	
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 ris	e to co	nflicts?	12b		\vdash
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					\vdash
	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		· · · · · · · · · · · · · · · · · · ·	7.5		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l (
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-				
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					Tan.
	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	<u> </u>	<u> </u>
Sec	tion C. Disclosure					
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 (s	ection	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest po	licy,			
	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 reco	ords.				
	JDI FRANK 35 SMULL AVE		_			
C.	ALDWELL NJ 070	06	9	73-22	6-3	,111

Form 990 (2023) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297

Page 7

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(de	o not o x, unle	Pos check ess pe	c) ition more rson i irecto	than o is both or/truste	ne an ee)	(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) JUDI FRANK	5.00								-	
TREASURER	0.00			X				· o	.0	0
(2) BOB LAW	40.00									,
GOVERNOR NOMINEE	0.00			x				. 0	0	. 0
(3) JOSEPH NASTUS										
DISTRICT GOVE NOMINE	20.00			x				0	o	o
(4) JULIA PHELPS										
DISTRICT GOVERNOR	5.00 0.00			x				o	0	0
(5) JEANNIE TSUKAMO				^		-		0		<u> </u>
	50.00									
DISTRICT GOV ELECT (6)	0.00			X				0	0	0
									,	
(7)										
(8)										_
(9)						1			,	
(10)						\dagger	_			
(11) .						\vdash				

(A) Name and title	(B) Average hours per week	bo of	x, unic	Pos check ess pe nd a c	rson i	than o s both r/trust	ee)	(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
(12)		,				-			·	
(13)										
(14)										
(15)										
(16)										
(17)							-			
(18)										
(19)							-			
1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals reportable compensation from	eets to Part VII,	Sect	ion <i>i</i>	A	 	 			\$100,000 of	
 3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on lorganization and related organization and related organization bid any person listed on line 	s," complete Sche ine 1a, is the sum anizations greater	dule of re tha	J for eport n \$1	r suc table 50,0	con con 00?	divida npen If "Ye	<i>ual</i> satio ∍s,"	on and other compensation complete Schedule J for su	from the	yes No
for services rendered to the Section B. Independent Contract	organization? If "									5 X
Complete this table for your compensation from the organical compensation.	five highest comp	ens	ated	inde	pend	dent	con	tractors that received more	than \$100,000 of	rear
	(A) nd business address	Omp	101130	auon	101	.11 6 C	alei		(B) of services	(C) Compensation
										
									-	
							T			
· · · · · · · · · · · · · · · · · · ·										
2 Total number of independer received more than \$100,00								ose listed above) who	0	

B1495 11/22/2024 11:38 AM Form 990 (2023) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt Unrelated Revenue excluded function revenue from tax under business revenue sections 512-514 , Grants 1a Federated campaigns 1a **b** Membership dues 90,833 1b c Fundraising events 1c d Related organizations 55,412 1d Government grants (contributions) 1e f All other contributions, gifts, grants, 1f and similar amounts not included above Noncash contributions included in lines 1a-1f 1g |\$ 146,245 h Total. Add lines 1a-1f..... 4.T. 87,023 87,023 STYEP INCOME Program Service 22,500 22,500 PETS PROGRAM 22,150 22,150 RYLA INCOME GOVERNORS STIPEND 8,436 8,436 7,548 7,548 DISTRICT CONFRENCE 882 882 f All other program service revenue 148,539 g Total. Add lines 2a-2f..... Investment income (including dividends, interest, and other similar amounts) 2,177 2,177 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue b Less: cost or other basis and sales exps: 7b c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less

	-
0	0

Form 990 (2023)

150,716

296,961

returns and allowances

c Net income or (loss) from sales of inventory

d All other revenue

Total revenue. See instructions

Total. Add lines 11a-11d

b Less: cost of goods sold

10a

10b

Business Code

Form 990 (2023) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must contains a resp	omplete all columns. All oti onse or note to any line in	her organizations must con this Part IX	nplete column (A).	X
]o n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1			
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	İ			
	foreign individuals. See Part IV, lines 15 and 16	•			
4	Benefits paid to or for members			2777 E	
5	Compensation of current officers, directors,	,			
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				•
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		•		
8	Pension plan accruals and contributions (include		,		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u>.</u>			
10	Payroll taxes				
11	Fees for services (nonemployees):			•	
а	Management				
b	•				
С	Accounting	_	_		
d	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25, column	200 202	202 210	5,884	
	(A) amount, list line 11g expenses on Schedule O.)	208,203	202,319	3,004	
12	Advertising and promotion				
13	Office expenses				
14	Information technology		 		-
15 16	Royalties				
17	Occupancy				
18	Travel Payments of travel or entertainment expenses		· · · · · · · · · · · · · · · · · · ·		
.0	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				
24	Other expenses. Itemize expenses not covered				s
	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.)		The Man Control of the Control of th		
а			•		
b	· · · · · · · · · · · · · · · · · · ·				
C	·				
d	·				
е	All other expenses	000 000	000 010		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	208,203	202,319	5,884	0
∠0	organization reported in column (B) joint costs	}			
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Form 990 (2023) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 131,059 180,108 Cash—non-interest-bearing _____ 172,292 161,190 Savings and temporary cash investments Pledges and grants receivable, net 14,780 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 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) Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 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 15 15 Other assets. See Part IV, line 11 307,029 352,400 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 5,190 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, jabilities 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 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 63,095 14,518 of Schedule D 63,095 19,708 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 243,934 332,692 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 332,692 243,934 Total net assets or fund balances 32 352,400 307,029 Total liabilities and net assets/fund balances

Form 990 (2023)

orm	990 (2023) ROTARY INTERNATIONAL DISTRICT 7475 82-3311297				Pag	<u>je 12</u>
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29	<u> 6,9</u>	961
2	Total expenses (must equal Part IX, column (A), line 25)	2				203
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	8	88,	<u> 758</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		24	13,9	<u>934</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		33	32,0	692
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					* 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		10		¥:1	
	Schedule O.		٠[_			
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		···· [, ,	, f
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis		l			
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		Г			
	separate basis, consolidated basis, or both.			. 3		
	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		l
	If the organization changed either its oversight process or selection process during the tax year, explain on				1	
	Schedule O.				u .	- Committee
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		-			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		ŀ	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·····			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• 8	Section 501(c)(4), (5), or (6) organizations: Complete Part III.	·			
Vame	ne of organization ROTARY INTERNATIONAL	DICTRICT 7475		Employer identi	fication number Ω 7
n.			or is a soction		
1	Provide a description of the organization's direct and indirect definition of "political campaign activities."	t political campaign activities i	n Paπ IV. See Inst	ructions for	
2	Political campaign activity expenditures. See instructions			\$	
3		tions			
Par	irt I-B Complete if the organization is exemp				
1	Enter the amount of any excise tax incurred by the organizat	tion under section 4955		\$	
2	Enter the amount of any excise tax incurred by organization	managers under section 4955	5	\$	
3	If the organization incurred a section 4955 tax, did it file Form	m 4720 for this year?	· · · · · · · · · · · · · · · · · · ·		Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exemp		 	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt func	tion		
	activities			\$	
2	5 5	-			
	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. Enter			•	
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses, and employer identification nur	• •			
	organization made payments. For each organization listed, e				
	the amount of political contributions received that were prom			-	
	as a separate segregated fund or a political action committe	'	•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)		·			
(3)					
(4)					
(5)					-
(6)					

Sch	nedule C (Form 990) 2023 ROTAR	INTERNATIONA	L DISTE	ICT 74	75 8	32-331129	7	Page 2
P	art II-A Complete if the organiz	ition is exempt unde	r section 5	01(c)(3) an	nd filed	Form 5768 (el	ection under	•
	section 501(h)).		-					
4	Check if the filing organization to				ach affili	ated group men	nber's name,	
	address, EIN, expenses							
<u>В</u>	Check if the filing organization of		ed control" pr	ovisions ap	ply.		•	
	Limits on Lobl (The term "expenditures" m	ying Expenditures	incurred)		orga	(a) Filing nization's totals	(b) Affiliate group totals	•
1	a Total lobbying expenditures to influence put				<u> </u>	,		
•	b Total lobbying expenditures to influence a le							
	c Total lobbying expenditures (add lines 1a ar							
								•
	e Total exempt purpose expenditures (add lin						-	•
	f Lobbying nontaxable amount. Enter the am							
	columns.	Ğ						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable	amount is:					
	not over \$500,000,	20% of the amount on line 1	e.					
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the e	xcess over \$500	,000.	San de			
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the e	xcess over \$1,0	00,000.				
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the ex	cess over \$1,50	0,000.	The same			
	over \$17,000,000,	\$1,000,000.			1,9 %			
	g Grassroots nontaxable amount (enter 25%	of line 1f)						
	h Subtract line 1g from line 1a. If zero or less	enter -0-						
	i Subtract line 1f from line 1c. If zero or less,	enter -0-				<u> </u>		
	j If there is an amount other than zero on eith	er line 1h or line 1i, did the	organization fi	e Form 4720)			
	reporting section 4911 tax for this year?					<u>.</u>	Yes	No
		4-Year Averaging Per	iod Under S	ection 501((h)			
	(Some organizations that made	a section 501(h) election	on do not ha	ve to com	plete all	of the five colu	mns below.	
	Se	e the separate instruct	ions for line	s 2a throug	gh 2f.)			
_	Lot	bying Expenditures Du	ıring 4-Year	Averaging	Period	- '		
		<u> </u>						

	Lobbying Expenditu	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))	The second secon			and the state of t	
c Total lobbying expenditures					
d Grassroots nontaxable amount					•
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

ROTARY INTERNATIONAL DISTRICT 7475 82-3311297

	tille C (Form 990) 2023 ROTARY INTERNATIONAL DISTRICT 7475 82— **Tille Complete if the organization is exempt under section 501(c)(3) and has NOT in the continuous				8		Page 3
	(election under section 501(h)).	(8	a)		(b	_	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	unt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		194				
С	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				- <u>"</u>		15
d	Mailings to members, legislators, or the public?		-	<u> </u>			
е	Publications, or published or broadcast statements?			<u> </u>			
f	Grants to other organizations for lobbying purposes?	-					
	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		<u> </u>			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			\vdash			
	Other activities?	Ç!****; ; ; ;					
30	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				77 (5.17)	, 40 u.e.	55. 5.
							50
ū	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>					
200000000000000000000000000000000000000	complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5),	or s	ectio	n		<u>kan</u>
		-				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		X
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes." Dues, assessments and similar amounts from members					3, is 	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• • • •					
-	political expenses for which the section 527(f) tax was paid).						
a	Current year		2a				
b	Carryover from last year	••••	2b				
c	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditures next year?		4				
5_	Taxable amount of lobbying and political expenditures. See instructions		5	<u> </u>			
Prov	rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part I be instructions); and Part II-B, line 1. Also, complete this part for any additional information.	I-A, li	nes 1	and .			
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Schedule C (For	n 990) 2023	ROTARY	INTERNATIONAL	DISTRICT	7475	82-3311297	Page 4
Part IV							
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection 5

Ε	ROTARY	INTERNATIONAL DISTRICT 7475		82-3311297
P	art I	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	Accounts
tisarii	Allo Luciona de la Company	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.	
-			(a) Donor advised funds	(b) Funds and other accounts
1	Total nun	nber at end of year		
2		e value of contributions to (during year)		
3		e value of grants from (during year)		
4		e value at end of year		
5		rganization inform all donors and donor advisors in writing tha	t the assets held in donor advised	•
		the organization's property, subject to the organization's excl		Yes No
6		rganization inform all grantees, donors, and donor advisors in		
	only for c	haritable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
	conferring	g impermissible private benefit?		Yes No
F	Part II	Conservation Easements	,	
		Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Prese	ervation of land for public use (for example, recreation or educ	cation) Preservation of a historically	important land area
	Prote	ection of natural habitat	Preservation of a certified his	storic structure
	Prese	ervation of open space		
2	Complete	e lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation
	easemen	t on the last day of the tax year.		Held at the End of the Tax Year
	a Total nun	nber of conservation easements		2a
	b Total acre	eage restricted by conservation easements		2b
	c Number	of conservation easements on a certified historic structure inc	luded on line 2a	2c
		of conservation easements included on line 2c acquired after		
	on a histo	oric structure listed in the National Register		. 2d │
3		of conservation easements modified, transferred, released, ex		
	tax year			<u> </u>
4	-	of states where property subject to conservation easement is	located	
5		organization have a written policy regarding the periodic mor		
		s, and enforcement of the conservation easements it holds?		Yes No
6		volunteer hours devoted to monitoring, inspecting, handling		•
		· ·	•	
7	' Amount	of expenses incurred in monitoring, inspecting, handling of vic	lations, and enforcing conservation easer	ments during the year
			· ·	
8	Does ead	ch conservation easement reported on line 2d above satisfy the	ne requirements of section 170(h)(4)(B)(i)	·
	and secti	ion 170(h)(4)(B)(ii)?		Yes No
.9	In Part X	III, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt and balance
	sheet, ar	nd include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the
	organiza	tion's accounting for conservation easements.		•
F	Part III	Organizations Maintaining Collections of Art,		Similar Assets
		Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1	a If the org	anization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balan	ce sheet works
	of art, his	storical treasures, or other similar assets held for public exhibi	tion, education, or research in furtherance	e of public
	service,	provide in Part XIII the text of the footnote to its financial state	ments that describes these items.	
	b If the org	anization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balance s	sheet works of
	art, histo	rical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance o	f public service,
		he following amounts relating to these items.		
	(i) Reve	enue included on Form 990, Part VIII, line 1		
	(ii) Asse	ets included in Form 990, Part X		\$
2	If the org	anization received or held works of art, historical treasures, o	r other similar assets for financial gain, pr	ovide the
	_	amounts required to be reported under FASB ASC 958 relati	-	
	a Revenue	included on Form 990, Part VIII, line 1		\$
		ocluded in Form 000. Part Y		e

e Other

d Equipment

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

Schedule D (Form 990) 2023

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Part VII	Investments – Other Securities Complete if the organization answered "Yes" on	Form 990. Part IV. lin	e 11b. See Form 990. Pa	rt X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation:
(1) Financial of	lerivatives			
	ld equity interests			
(0) (1)				•
(A)				
				·
(<u></u>			 	
(G)		-		·
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			(Sagari
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)		-		
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·	 	
<u>(4)</u>		,		 ,
(5) (6)				
(7)				
(8)				
(9)	·		1	
	n (b) must equal Form 990, Part X, line 13, col. (B))		* * * * * * * * * * * * * * * * * * *	NE TO THE PARTY OF
Part IX	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11d. See Form 990, Pa	art X, line 15.
-	(a) Description			(b) Book value
(1)	·			
(2)	 	 		
(3) (4)	· · · · · · · · · · · · · · · · · · ·			
(5)	,	·		·
(6)				:
(7)			_	
(8)			•	
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Form 9	990, Part X,
1.	line 25. (a) Description of liability		 +	(b) Book value
	income taxes			(b) Book Value
	RICT GRANT		· - ·	9,626
(3) PETS				4,892
(4)	·			
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)	·			
(9)	n (h) must equal Form 000 Port V line 25 act (PN			14,518
	n (b) must equal Form 990, Part X, line 25, col. (B)) uncertain tax positions. In Part XIII, provide the text of the foo			
=	liability for uncertain tax positions under FASR ASC 740. Che	=	•	

	edule D (Form 990) 2023 ROTARY INTERNATIONAL DISTR			
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta			
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statements		1 	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	13 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	Net unrealized gains (losses) on investments	2a 2b		
b		2c 2c		-
d		2d		
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	. 6 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
F	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 99			
1	The second secon	90, 1 art IV, line 12a.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*************************	······	
a		2a	, , , , , , , , , , , , , , , , , , ,	
b				
С	- · · ·	0-		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a				
	Other (Describe in Part XIII.)	4b		
			16	
	Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			`
5 P a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	Part IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b; F	5 Part V, line 4; Part X, line	
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5 Prov 2; Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; If art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental part XII, lines 2d and 4b. Also complete this part to provide the supplemental part XII.	Part IV, lines 1b and 2b; Fovide any additional infor	Part V, line 4; Part X, line mation.	
5 Prov 2; Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; If art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove the supplemental part XII, lines 2d and 4b. Also complete this part to prove the supplemental part XII, lines 2d and 4b. Also complete this part to prove the supplemental part XII.	Part IV, lines 1b and 2b; Fovidé any additional infor	Part V, line 4; Part X, line mation.	
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Schedule D (Fo	orm 990) 2023	ROTARY INTE	RNATIONAL	DISTRICT	7475	82-3311297	Page 5
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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

Open to Bubli

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 Employer identification number ROTARY INTERNATIONAL DISTRICT 7475 82-3311297 ALL OTHER ACCOMPLISHMENTS FORM 990, PART III, LINE 4D -CONTRIBUTIONS FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERS INCLUDE ALL INDEPENDENT ROTARY CLUBS IN THE DISTRICT FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE GOVERNING BODY IS ELECTED FROM THE MEMBERSHIP OF EACH INDEPENDENT ROTARY CLUB IN THE DISTRICT FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY BEFORE ITS FILING FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS ARE MADE AVAILABLE PUBLIC UPON REQUEST FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING DISTRICT GRANTS \$ 55,230 BANK CHARGES 0 105 0

Schedule O (Form 99	0) 2023				1=	Page 2
Name of the organization		NAT DICHDICH 7	475		Employer identifica	
ROTARY IN:	<u> reknatio</u>	NAL DISTRICT 7	4/5	•	82-331129	91
· · · · · · · · · · · · · · · · · · ·	\$	0	\$	5,779	\$. 0
DISTRICT (CONFRENC	E & ASSEMBLY				
	\$	40,875	\$	0 .	\$	0
DISTRICT	LEADERSH	IP EXPENSES		· · · · · · · · · · · · · · · · · · ·		
	\$	10,579	\$	0	\$	0
PETS & T	RAINING					
·	\$	28,030	\$	0	\$	0
POSTAGE				·		
	\$	10	\$	0	\$	0
YOUTH PRO	GRAMS			·····		
	\$	67,595	\$	0	\$	0
	TOTAL					· · · · · · · · · · · · · · · · · · ·
,	\$	202,319	\$	5,884	\$	0
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Form **990**

Two Year Comparison Report

For calendar year 2023, or tax year beginning

07/01/23

2022 & 2023

Name

06/30/24 ending Taxpayer Identification Number

F		RY INTERNATIONAL DISTRICT 7475	-				3311297
				2022	202		Differences
	1. Co	ntributions, gifts, grants	1.	80,657	. 5	5,412	-25,245
		embership dues and assessments	2.	100,925		0,833	
	3. Go	overnment contributions and grants	3.			•	
n e	4. Pro	ogram service revenue	4.	48,117	14	8,539	100,422
2	5. Inv	vestment income	5.	1,139		2,177	
>	6. Pro	oceeds from tax exempt bonds	6.			•	
E.	7. Ne	t gain or (loss) from sale of assets other than inventory	7.				
		et income or (loss) from fundraising events	8.		·		
		et income or (loss) from gaming	9.				
		et gain or (loss) on sales of inventory	10.			,	
		her revenue	11.				
	12. To	tal revenue. Add lines 1 through 11	12.	230,838	29	6,961	66,123
	13. Gra	ants and similar amounts paid	13.				
	14. Be	nefits paid to or for members	14.				
S	15. Co	empensation of officers, directors, trustees, etc.	15.				
S	16. Sa	laries, other compensation, and employee benefits	16.				
9	17. Pro	ofessional fundraising fees	17.				
α	18. Otl	her professional fees	18.	167,466	20	8,203	40,737
Ш	19. Oc	cupancy, rent, utilities, and maintenance	19.				
		preciation and Depletion	20.				
		her expenses	21.				
	22. To	tal expenses. Add lines 13 through 21	22.	167,466	20	8,203	40,737
		cess or (Deficit). Subtract line 22 from line 12	23.	63,372	8	8,758	25,386
	24 . To	tal exempt revenue	24.	230,838	29	6,961	
	25. To	tal unrelated revenue	25.			٠.	
ion	26 . To	tal excludable revenue	26.	49,256	15	0,716	
nat	27. To	tal assets	27.	307,029		2,400	
Information	28. To	tal liabilities	28.	63,095		9,708	
Ē	29 . Re	etained earnings	29.	243,934		2,692	88,758
the.	30. Nu	ımber of voting members of governing body	30.	_5	5		
ō	31. Nu	ımber of independent voting members of governing body	31.	_ 5	5		5
	32. Nu	imber of employees	32.	0	0		* 1
	33. Nu	imber of volunteers	33.			<u>-</u>	

Form **990**

Tax Return History

---2023-

Name

ROTARY INTERNATIONAL DISTRICT 7475

Employer Identification Number 82-3311297

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	,			80,657	55,412	
Membership dues		99,225	96,150	100,925	90,833	
Program service revenue		107,933	78,675	48,117	148,539	
Capital gain or loss						
nvestment income		819	120	1,139	2,177	<u> </u>
-undraising revenue (income/loss)						
Gaming revenue (income/loss)					,	
Other revenue						
Total revenue		207,977	174,945	230,838	296,961	
Grants and similar amounts paid						
Benefits paid to or for members						· · · · · · · · · · · · · · · · · · ·
Compensation of officers, etc.						
Other compensation						
Professional fees		208,158	142,110	<u> </u>	208,203	
Occupancy costs					·	
Depreciation and depletion						
Other expenses						
Total expenses		208,158	142,110	167,466	208,203	
Excess or (Deficit)		181	32,835	63,372	88,758	
						
Total exempt revenue		207,977	174,945	230,838	296,961	
Total unrelated revenue						
Total excludable revenue		108,752	78,795	49,256	150,716	
Total Assets		217,851	209,657	307,029	352,400	
Total Liabilities		70,124	29,095	63,095	19,708	
Net Fund Balances	133,382	147,727	180,562	243,934	332,692	

B1495 ROTARY INTERNATIONAL DISTRICT 7475

Federal Statements

FYE: 6/30/2024

82-3311297

11/22/2024 11:38 AM

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US

Amount Business Code Code 6/30/75 Obs (\$ or %)

SAVINGS ACCOUNT

\$ 2,177

TOTAL

\$ 2,177

11/22/2024 11:38 AM

B1495 ROTARY INTERNATIONAL DISTRICT 7475

82-3311297

Federal Statements

FYE: 6/30/2024

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Е	Total xpenses		Program Service	agement & Seneral		Fund taising
DISTRICT GRANTS	\$	55,230	\$	55,230	\$ 105	\$:	
BANK CHARGES	,	105			105		,
ADMINISTRATIVE EXPENSES		5 , 779			5 , 779		
DISTRICT CONFRENCE & ASSEMBLY		40,875	,	40,875			
DISTRICT LEADERSHIP EXPENSES		10 , 579		10,579°			
PETS & TRAINING		28 , 030		28 , 030			
POSTAGE		10		10			
YOUTH PROGRAMS		67,595		67 , 595	 		
TOTAL	. \$ <u> </u>	208,203	\$	202,319	\$ 5,884	\$ _	0

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24

82-3311297

ROTARY INTERNATIONAL DISTRICT 7475

Net Asset / Fund Balance at Begin	ning of Year			243,934
Revenue Contributions Program service revenue Investment income Capital gain / loss Fundraising / Gaming:	148	6,245 8,539 2,177		
Gross revenue Direct expenses Net income Other income Total revenue Expenses			296,961	
Program services Management and general Fundraising Total expenses Excess / (deficit)		2,319 5,884 	208,203	88,758
Changes	alance at End of Year			332,692
Reconciliation of R Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus:		Total expenses pe Less: Donated servi Prior year adju Losses Other Plus:	ustments	enses
Investment expenses Other Total revenue per return	296,961	Investment ex Other Total exp	penses enses per return _	208,203
Assets Liabilities Net assets	Beginning 307,029 63,095 243,934	Ending 352,400 19,708 332,692	Differences	<u>!</u>
·.	Miscellaneous Info Amended return Return / extended due date Failure to file penalty	05/15/25	•	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

7/01 , 2023, and ending 6/30, 20 24

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2023, or fiscal year beginning Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	,					EIN or SSN
	ROTA	ARY	INTERNATION	L DISTRICT	7475	82-3311297
Name and title of officer or person subject to tax			TSUKAMOTO			
			GOV ELECT			
Part Type of Return a			· · · · · · · · · · · · · · · · · · ·			·
Check the box for the return for which				the applicable amou	nt if any fro	om the return. Form
8038-CP and Form 5330 filers may e	=	-			-	
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a belo					· •	
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, wh				-		
applicable line below. Do not comple				-). But, ii you entered	-o- on the re	sturn, then enter-o- on the
••				iO Dart \ //// /	A) II 40)	1b 296,961
1a Form 990 check here 2a Form 990-EZ check here			revenue, if any (Form 99			· · · · · · · · · · · · · · · · · · ·
3a Form 1120-POL check here	⊣ "		revenue, if any (Form 99	- 00\		O.I
			tax (Form 1120-POL, line			
4a Form 990-PF check here			pased on investment inc			
5a Form 8868 check here	b	Daiai	nce due (Form 8868, line	3C)		5b
6a Form 990-T check here	H .º.		tax (Form 990-T, Part III			
7a Form 4720 check here			tax (Form 4720, Part III,			· · · · · · · · · · · · · · · · · · ·
8a Form 5227 check here			of assets at end of tax y	•	•	
9a Form 5330 check here			lue (Form 5330, Part II, li			
10a Form 8038-CP check here			unt of credit payment re			
			thorization of Offic	-	_	
Under penalties of perjury, I declare to of entity)	nat 🔼 I	am a	n officer of the above enti , (E	f — ·	•	ect to tax with respect to (name at I have examined a copy of the
2023 electronic return and accompan	ying schedu	les an	d statements, and, to the	best of my knowledge	and belief,	they are true, correct, and
complete. I further declare that the an	nount in Par	t I abo	ve is the amount shown o	n the copy of the elec	ctronic return	ı. I consent to allow my
intermediate service provider, transm						• •
acknowledgement of receipt or reaso						
the date of any refund. If applicable, I				-		
(direct debit) entry to the financial inst				• •		
return, and the financial institution to		-		=		<u> </u>
1-888-353-4537 no later than 2 busing processing of the electronic payment						
the payment. I have selected a person						
electronic funds withdrawal.	nai raominioa		ambor (i iri) do my oigha		rotarri aria, i	· approadic, the concent to
PIN: check one box only						•
X lauthorize JVA ACC	OUNTAN	TS	& ADVISORS L	LC	towns DIM	11297
r authorize			irm name	to en	ter my PIN	Enter five numbers, but
						do not enter all zeros
on the tax year 2023 electron	ically filed re	eturn. 1	f I have indicated within t	nis return that a conv	of the return	is heing filed with a state
	es as part of					ERO to enter my PIN on the
As an officer or person subject	ct to tay with	reene	oct to the entity. I will ente	r my PIN as my signa	ture on the t	ray year 2023 electronically
						es) regulating charities as part
of the IRS Fed/State program					. 5 ,	, 0.
Signature of officer or person subject to tax				· · · · · · · · · · · · · · · · · · ·	Date _	11/15/24
Part III Certification and	<mark>ժ Authent</mark>	ticati	on			
ERO's EFIN/PIN. Enter your six-digit		•				
number (EFIN) followed-by your five-o	ligit self-sele	ected I	PIN.	Į.	*****	*****
				·		ter all zeros
I certify that the above numeric entry				-		
am submitting this return in accordan	ce with the r	equire	ments of Pub. 4163, Mod	ternized e-File (MeF)	Information	tor Authorized IRS e-file
Providers for Business Returns.			_			
ERO's signature JOSEPH VE	LOCCI,	CP	'A		_ Date	11/15/24
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Do Not Submit This Form to the IRS Unless Requested To Do So						