Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For t	he 2022 calen	dar year, or tax year beginning $7/01$, 2022, and ending	6/30	,	20 2023
В	Check	if applicable:	С	DE	mployer identi	fication number
	ХА	ddress change	ROTARY INTERNATIONAL DISTRICT 5160	8	37-0767	398
		lame change	C/O TAWNY JAMES CPA		elephone numb	
	_	nitial return	PO BOX 154	.	530-867	-2028
	\blacksquare		WOODLAND, CA 95776	<u> </u>	000	2020
	_	nal return/terminated		ء ما		5 540 065
	_	mended return	F		ross receipts	,
	A	pplication pending	I Y NIN JEPSEN	(a) Is this a group		103 110
			SAME AS C ABOVE	(b) Are all subord If "No," attach	a list. See ins	I? Yes No tructions.
<u> </u>		-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	We	ebsite: RO	1111(10100)01(0	(c) Group exempt	ion number	
K		n of organization:	X Corporation Trust Association Other L Year of formation	:	M State of le	egal domicile: CA
Pa	ırt I	Summar				
	1		be the organization's mission or most significant activities: TO PROMOTE			
a		ACTIVITI	ES OF ROTARY INTERNATIONAL IN DISTRICT 5160, IN	CLUDING	BUT NOT	LIMITED TO
ű		ADMINIST	RATION, TRAINING, FUND RAISING AND YOUTH ACTIVI	TIES.		
Ĕ						
Š	2	Check this bo				sets.
Ğ	3		oting members of the governing body (Part VI, line 1a)			7
တ	4		dependent voting members of the governing body (Part VI, line 1b)			7
ı≅	5		of individuals employed in calendar year 2022 (Part V, line 2a)			0
Activities & Governance	6		of volunteers (estimate if necessary)			100
Ř			ed business revenue from Part VIII, column (C), line 12			0.
	р	ivet unrelated	I business taxable income from Form 990-T, Part I, line 11			0.
		0 t: t	and marks (Dark) (III. line 11s)	Prior Y		Current Year
e	8		and grants (Part VIII, line 1h).		3,162.	357,399.
Revenue	9		vice revenue (Part VIII, line 2g)	25	4,853.	191,966.
ě	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		34.	
_	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 040	F40 265
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) imilar amounts paid (Part IX, column (A), lines 1-3)	66	8,049.	549,365.
	13					
	14		to or for members (Part IX, column (A), line 4)			
ø	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			
be	b	Total fundrais	sing expenses (Part IX, column (D), line 25)			
û	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	61	606,533.	
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,000.	606,533.
	19		s expenses. Subtract line 18 from line 12		1,049.	-57,168.
- S	_	1101011001000	·	Beginning of C		End of Year
ts o	20	Total assets	(Part X, line 16)		8,710.	475,676.
\sse	21		s (Part X, line 26)		9,557.	23,691.
Net Assets of Fund Balance	22		fund balances. Subtract line 21 from line 20.			•
2 <u>E</u>	22			50	9,153.	451,985.
	art II	Signatur				
Unde	er pena plete. D	ilties of perjury, I de Declaration of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the arer (other than officer) is based on all information of which preparer has any knowledge.	best of my know	ledge and beli	ef, it is true, correct, and
c:		Signature of	officer	Date		
Siç He	JII	T SZNINI -	TED CEN WD	EVCIIDED		
110	16	LYNN C	JEPSEN IR.	EASURER		
		,, ,	preparer's name Preparer's signature Date	T _{a:} .	V I., I	PTIN
				Check	<u></u>	
Pa		TAWNY	, ,	self-ei	mployed	P00052723
Pro	epar	er Firm's name				
Us	e Or	ily Firm's addre		Firm's	EIN 68-	-0321108
_			WOODLAND, CA 95695	Phone		848-2624
Ma	y the	IRS discuss th	is return with the preparer shown above? See instructions			X Yes No

Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE AND ADMINISTER THE VARIOUS ACTIVITIES OF ROTARY INTERNATIONAL IN DISTRICT
	5160, INCLUDING BUT NOT LIMITED TO ADMINISTRATION, TRAINING, FUND RAISING AND YOUTH
	ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,
	and revenue, if any, for each program service reported.
Лa	(Code:) (Expenses \$ 181,848. including grants of \$) (Revenue \$)
4 a	
	BLOCK GRANT FUNDS RECEIVED FROM ROTARY FOUNDATION THAT ARE REDISTRIBUTED TO AFFILIATE
	ORGANIZATIONS.
4b	(Code:) (Expenses $\$$ 176,569. including grants of $\$$) (Revenue $\$$)
	SEE SCHEDULE O
Δc	(Code:) (Expenses \$ 139,268. including grants of \$) (Revenue \$)
-10	OTHER ACTIVITIES OF THE DISTRICT ARE FOR THE PURPOSE OF PROVIDING ASSISTANCE TO
	MEMBER CLUBS, INCLUDING LEADERSHIP DEVELOPMENT, SHORT AND LONG RANGE PLANNING
	ACTIVITIES AND COORDINATION OF INTER-CLUB ACTIVITIES - TOTAL ALL PROGRAMS.
	·
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
_	(Expenses \$ 106,948. including grants of \$) (Revenue \$)
4e	Total program service expenses 604,633.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
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		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	4.41		
15	at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	14b		<u>Х</u> Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18	column (Å), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
10	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) ROTARY INTERNATIONAL DISTRICT 5160 Part IV 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.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		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 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Χ
	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.	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
ВΛΛ	(gambing) winnings to prize winners:		Δ 000 (2000

Form 990 (2022) ROTARY INTERNATIONAL DISTRICT 5160

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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					
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 O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X			
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?						
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?						
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х			
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ			
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring						
	organization have excess business holdings at any time during the year?	8					
	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-					
	Section 501(c)(12) organizations. Enter:						
11	Gross income from members or shareholders						
h	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 12b						
	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.						
	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						
	Enter the amount of reserves on hand			Х			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
-	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would						
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
BAA	TEEA0105L 09/01/22	Form	990 (2022)			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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 form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Other (explain on Schedule O) SEE SCH. O Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

LYNN JEPSEN PO BOX 154 WOODLAND CA 95776 530-867-2028

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 the 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.

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

		(C)								
(A) Name and title	(B) Average hours	director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other				
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W.271099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) SUZANNE BRAGDON	25									
PRESIDENT	0	Х		Χ				0.	0.	0.
	$-\frac{20}{0}$	Х		Х				0.	0.	0.
(3) CLAIRE SAMMON ROBERTS	<u> 20</u> _									
ASST SECRETARY	0	Χ		Χ				0.	0.	0.
(4) DANIEL GERALDI	20_									
ASST SECRETARY	0	Χ		Χ				0.	0.	0.
(5) KATHY SUVIA	<u> 20</u> _]								
MEMBER	0	Χ						0.	0.	0.
(6) MARK ROBERTS	_ 20 _									
MEMBER	0	Χ						0.	0.	0.
(7) LYNN JEPSEN	_ 20 _									
TREASURER & SEC	0	Χ		Χ				0.	0.	0.
_(8)										
(9)		-								
(10)		-								
<u>(11)</u>										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Tru		Key	En	_	_	es, a	and	Highest Con	ipensated Emp	loyees	(conti	nued)
		(B)			((•							
	(A)	Average hours	Position (do not check more than one box, unless person is both an		(D) Reportable	(E) Reportable		(F)					
	Name and title	per week					or/trus	tee)	compensation from	compensation from related organizations		ated amo	
		(list any hours	or d	ilsul	Officer	Key	High	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation t rganizati	ion
		for related	dividual director	utio	cer	emp	Highest co employee	ner er				d related anization	
		organiza - tions	E E	nalt		Key employee	e						
		below dotted line)	Individual trustee or director	Institutional trustee		ð	Highest compensated employee						
		illie)		ď			ited						
(15)													
<u> </u>													
(16)		1											
(17)													
(18)													
(10)													
(19)													
(20)													
<u> </u>			-										
(21)													
		1											
(22)													
(23)													
(24)													
(24)			-										
(25)													
		1											
1b S	ubtotal								0.	0.			0.
	otal from continuation sheets to Part VII, Secti								0.	0.			0.
	otal (add lines 1b and 1c)								0.	0.			0.
	otal number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensatio	า	
	om the organization 0											V	N _a
												Yes	No
3 Di	id the organization list any former officer, direc n line 1a? <i>If "Yes,"complete Schedule J for suc</i>	tor, truste <i>h individu</i>	e, ke ial	ey e	mpl	oyee	e, or	high	nest compensated	employee	. 3		Х
	·												
th	or any individual listed on line 1a, is the sum of le organization and related organizations greate	er than \$1	50,00	00?	If "	Yes,	" con	nple	ete Schedule J for	,	4		37
	uch individual										. 4		Х
5 Di	id any person listed on line 1a receive or accru or services rendered to the organization? <i>If "Ye</i> s	e comper s." comple	ısatıc <i>ete S</i>	n tr che	om <i>dule</i>	any e <i>J f</i> o	unre or su	late ch t	ed organization or Derson	ındıvidual	. 5		Х
Section	on B. Independent Contractors										l		
1 C	omplete this table for your five highest compen ompensation from the organization. Report compen	sated ind	epen	dent	t cor	ntra	ctors	tha	t received more the	nan \$100,000 of	,		
	1 1		lile C	alell	uai .	yeai	enun	ng v	(B)	<u> </u>		C)	
	(A) Name and business add	ress							Description of	of services	Compe	nsatio	n
		,							<u> </u>				
	otal number of independent contractors (including b		ited to	o tho	se I	ısted	abo	ve)	who received more	than			
	100,000 of compensation from the organization	0											

ROTARY INTERNATIONAL DISTRICT 5160 Form 990 (2022) 87-0767398 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b 149,084 c Fundraising events..... 1с Gifts, **d** Related organizations 1d 200,256 e Government grants (contributions) Contributions, and Other Sin All other contributions, gifts, grants, and similar amounts not included above . . . 1f 8,059. Noncash contributions included in 1g 357,399 Business Code Program Service Revenue 2a YOUTH PROGRAMS 116,536 116,536 75,430 DISTRICT CONFERENCE 75,430 All other program service revenue. . . g Total. Add lines 2a-2f 191,966 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7c **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses..... 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue...

549,365

191

966

0

Total. Add lines 11a-11d ...

12

Total revenue. See instructions.....

Tartin Statement of Functional Expen	303							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line in this Part IX								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				

Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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):				
а	Management				
b	Legal				
С	Accounting	1,800.		1,800.	
d	Lobbying	2,000.		= 7 0 0 0 1	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	2 (54	2 (54		
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	2,654.	2,654.		
13	Office expenses	4,233.	4,233.		
14	Information technology	10 000	10 000		
15	Royalties	10,989.	10,989.		
16	Occupancy	2,616.	2,616.		
17	Travel	51,365.	51,365.		
	Payments of travel or entertainment	51,365.	31,303.		
10	expenses for any federal, state, or local public officials.				
	Conferences, conventions, and meetings	152,154.	152,154.		
	Interest				
	Payments to affiliates	186,248.	186,248.		
	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSE	176,569.	176,569.		
b	PRINTING AND PUBLICATIONS	10,011.	10,011.		
С	SUPPLIES	3,647.	3,647.		
d	BANK CHARGES/MERCHANT FEES	1,638.	1,638.		
е	All other expenses	2,609.	2,509.	100.	
25	Total functional expenses. Add lines 1 through 24e	606,533.	604,633.	1,900.	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).	,	,	,	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	551,625.	1	440,022.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,450.	4	2,659.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ß	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges		9	32,995.
As	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	30,033.		32, 333.
		Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	588,710.	16	475,676.
	17	Accounts payable and accrued expenses		17	11,221.
	18	Grants payable		18	
	19	Deferred revenue	00/101.	19	12,470.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D).	25	
	26	Total liabilities. Add lines 17 through 25	79,557.	26	23,691.
Ices		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ā	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ក	29	Capital stock or trust principal, or current funds		29	
इं	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	451,985.
t A	32	Total net assets or fund balances	,	32	451,985.
£	33	Total liabilities and net assets/fund balances.		33	475,676.
			555,710.		1/0/0/0.

BAA TEEA0111L 09/01/22 Form **990** (2022)

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	49,3	365.
2	Total expenses (must equal Part IX, column (A), line 25).	2	6	06,5	533.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	57,1	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	09,1	53.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10		F1 6	٠
Da	t XII Financial Statements and Reporting	10	4	51,9	985.
Pai					_
	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:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Χ
	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				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	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		
BAA	TEEA0112L 09/01/22		Form	990	(2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Name		TERNATIONAL DI	STRICT 5160			Employer identifica		
Dord		JAMES CPA	organizations must	comple	oto thic	87-076739		
Par	organization is not a private fou						,tioris.	
1					•	•		
2	——————————————————————————————————————							
3			·		1/L\/1\/A	V:::\		
	A hospital or a cooperative						ntovitos boonitollo	
4	A medical research organianame, city, and state:	zation operated in con	junction with a nospital	Jescribe	u III Sec	uon 170(b)(1)(A)(III). ⊏	inter the hospital's	
5								
6	A federal, state, or local qu	,	ental unit described in s	ection 1	70(b)(1)	(Δ) (v).		
7	An organization that normall	y receives a substantial			` ` ` ` `	` ^ `	olic described	
	in section 170(b)(1)(A)(vi).		VANCEN (Commission Doub	1.5				
8	A community trust describe			•		20 1 1 1 1 1		
9	An agricultural research orgation or university or a non-land-guniversity:							
10	X An organization that norm from activities related to it investment income and un June 30, 1975. See sectio	s exempt functions, su related business taxab	ibject to certain exception	ns; and	(2) no n	nore than 33-1/3% of it	s support from gross	
11	An organization organized	and operated exclusive	ely to test for public saf	ety. See	section	509(a)(4).		
12	An organization organized or more publicly supported lines 12a through 12d that	l organizations describ	ed in section 509(a)(1) (or sectio	n 509(a)	(2). See section 509(a	ut the purposes of one)(3). Check the box on	
а	Type I. A supporting organization(s) the power to complete Part IV, Sections	regularly appoint or elec-	ed, or controlled by its sup ct a majority of the directo	ported o rs or trus	rganizati tees of tl	on(s), typically by giving ne supporting organization	the supported on. You must	
b	Type II. A supporting organ management of the supporting must complete Part IV. Se	ng organization vested i	controlled in connection the same persons that c	with its ontrol or	supporte manage	ed organization(s), by the supported organizat	having control or ion(s). You	
С	Type III functionally integrate organization(s) (see instru	ed. A supporting organiza	ation operated in connection	n with, ar A. D. an	nd functio	nally integrated with, its	supported	
d	_ ` ` ` `	egrated. A supporting or e organization general	ganization operated in colly must satisfy a distribu	nnection	with its s	upported organization(s) and an attentiveness	that is not requirement (see	
е		nization received a writ	tten determination from	the IRS	that it is	a Type I, Type II, Type	e III functionally	
f	Enter the number of supporte	d organizations		··				
g	Provide the following information		ed organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
<u>· / </u>								
(C)								
(D)								
<u>(E)</u>								
.	•							

Part II 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•	•	•		
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see ins	structions)				2
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c)(3)
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	. 11 (0			• 1 0
14 15	Public support percentage for 20 Public support percentage from 3	122 (IINE 6, COIUMI 2021 Schedule A	n (t), divided by i Part II line 14	ine 11, column (f))		
	33-1/3% support test—2022. If t and stop here. The organization	he organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	 3% or more, ch	eck this box
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more	e, check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Pa	rt VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances to	ind-circumstances est. The organiza	s test, check this tion qualifies as a	box and stop here publicly supporte	e. Explain in Pa ed organization.	rt VI how the
18	Private foundation. If the organize	zation did not che	ск а вох on line	13, 16a, 16b, 1/a	, or 1/b, check th	is box and see	Instructions

BAA Schedule A (Form 990) 2022

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.)

sec.	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include		, ,	,,			
2	any "unusùal grants.")	369,844.	398,775.	368,164.	413,162.	357,399.	1,907,344.
	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	369,844.	398,775.	368,164.	413,162.	357,399.	1,907,344.
b	disqualified persons	0.	0.	0.	0.	0.	0.
	1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	0. 1,907,344.
Sec	tion B. Total Support						1,907,344.
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	369,844.	398,775.	368,164.	413,162.	357,399.	1,907,344.
		303,044.	330,113.	300,104.	415,102.	331,333.	1,007,044.
iua	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	010	0.45	1.66	2.4		657
b	payments received on securities loans, rents, royalties, and income from similar sources	212.	245.	166.	34.		657.
b	payments received on securities loans, rents, royalties, and income from similar sources	212.	245. 245.	166.	34.	0.	0. 657.
b c 11	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,					0.	0. 657. 0.
b 11 12	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	212. 370,056.	245. 399,020.	166. 368,330.	34. 413,196.	357,399.	0. 657.
b c 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and	212. 370,056. for the organizatio stop here	399,020. n's first, second,	368,330.	34. 413,196. fth tax year as a s	357, 399.	0. 657. 0. 1,908,001.
b c 11 12 13 14 Sec	payments received on securities loans, rents, royalties, and income from similar sources	370,056. for the organizatio stop hereblic Support Po	399, 020. n's first, second, first,	368,330.	34. 413,196. fth tax year as a s	357,399. section 501(c)(3)	0. 657. 0. 1,908,001.
b c 11 12 13 14 Sec 15	payments received on securities loans, rents, royalties, and income from similar sources	370,056. for the organizatio stop here	399,020. n's first, second, first, s	368,330. third, fourth, or fi	34. 413,196. fth tax year as a s	357, 399. section 501(c)(3)	0. 657. 0. 1,908,001.
b c 11 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties, and income from similar sources	370,056. for the organizatio stop here blic Support Polic Support Support Polic Support Polic Support Support Polic Support Polic Support Support Supp	399, 020. n's first, second, forcentage (f), divided by line Part III, line 15	368,330. third, fourth, or fi	34. 413,196. fth tax year as a s	357, 399. section 501(c)(3)	0. 657. 0. 1,908,001.
b c 11 12 13 14 Sec 15 16 Sec	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.)	370,056. for the organizatio stop here blic Support Po 22 (line 8, column 2021 Schedule A, estment Incon	399, 020. n's first, second, sercentage (f), divided by lin Part III, line 15 ne Percentage	368, 330. third, fourth, or fine 13, column (f)	413,196. fth tax year as a s	357, 399. section 501(c)(3)	0. 657. 0. 0. 1,908,001.
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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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? <i>If "Yes," provide detail in Part VI.</i>	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 from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
0a	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		
b	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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	Hac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
		imily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		Yes	No
1	or moffice organization	the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		res	NO
2	Did that ben	the tax year. the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
٠					
sec	tion	C. Type II Supporting Organizations		Yes	No
1	of e	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1	103	
Sec	tion	D. All Type III Supporting Organizations			
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voic all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á		The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	\equiv	The organization is the parent of each of its supported organizations. Complete line 3 below.			
ď	\equiv	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Acti	vities Test. Answer lines 2a and 2b below.		Yes	No
ā	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
ŀ	mor reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the sons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.			
ā	Did each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of h of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
ŀ		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2022 ROTARY INTERNATIONAL DISTRICT 5			6/398 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Section C — Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	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		

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

Schedule A (Form 990) 2022

8 Distributions to attentive supported organizations to which the organization is responsive (provide details

in Part VI). See instructions.

9 Distributable amount for 2022 from Section C, line 6

8

9

Sch	edule A (Form 990) 2022 ROTARY INTERNATIONAL DISTRICT 5160	37-076	7398	Page 1
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ıed)		
Sec	tion D - Distributions		Current Y	ear
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		•
7	Total annual distributions. Add lines 1 through 6.	7		

10 Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022	
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

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.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization T

ROTARY INTERNATIONAL DISTRICT 5160 C/O TAWNY JAMES CPA

Employer identification number

OMB No. 1545-0047

87-0767398

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

YOUTH LEADERSHIP AND EXCHANGE PROGRAMS CONSIST PRIMARILY OF CAMP ROYAL, CAMP VENTURE AND YOUTH EXCHANGE.

CAMP ROYAL AND CAMP VENTURE ARE A ONE WEEK DISTRICT-WIDE LEADERSHIP CAMP FOR HIGH SCHOOL STUDENTS. DISTRICT CLUBS SELECT LOCAL HIGH SCHOOL STUDENTS TO ATTEND, AND THE CLUBS PROVIDE THE FEES FROM WHICH THE EXPENSES OF THE CAMP ARE PAID.

YOUTH EXCHANGE IS A HIGH SCHOOL STUDENT EXCHANGE PROGRAM IN WHICH MEMBER CLUBS

SPONSOR AN OUTBOUND STUDENT FROM THEIR AREA AND HOST AN INBOUND STUDENT FROM THE

AREA TO WHICH THE OUTBOUND STUDENT IS SENT. THE SUBSTANTIAL COST OF THE PROGRAM IS

BORNE BY THE SPONSORING CLUBS AND THE FAMILIES OF THE STUDENTS.

INTERACT IS AN ORGANIZATION FOR HIGH SCHOOL STUDENTS THAT OPERATES IN MUCH THE SAME WAY AS A REGULAR ROTARY CLUB. IT IS SANCTIONED BY ROTARY INTERNATIONAL. THE STUDENTS HAVE REGULAR MEETINGS, HAVE FUND RAISERS AND PERFORM COMMUNITY SERVICE. THEY HAVE ADULT ROTARY MEMBER WHO ACT AS ADVISORS.

THE DISTRICT FUNCTION HOLDS TRAINING SESSIONS FOR THE STUDENTS, HOSTS SOCIAL FUNCTIONS THAT ARE FOR EVERYONE, AND HELPS INDIVIDUAL INTERACT CLUBS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE DISTRICT CONFERENCE IS HELD ONCE A YEAR. IT IS A MEETING OF ROTARIANS FROM THE MEMBER CLUBS TO SHARE THEIR EXPERIENCES WITH ONE ANOTHER AND TO PROVIDE INFORMATION ON THE VARIOUS PROGRAMS OF ROTARY INTERNATIONAL AND THE DISTRICT.

Name of the organization ROTARY INTERNATIONAL DISTRICT 5160 Employer identification number 87-0767398

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD IS PROVIDED A COPY OF THE TAX RETURN BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICTS ARE REVIEWED WITH THE BOARD AND APPROPRIATE ACTION IS TAKEN WHEN REQUIRED.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

TEEA4902L 07/22/22