Form 330-LL	

EXTENDED TO MAY 15, 2024 **Short Form**

OMB No. 1545-0047

2022

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.

Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending JUN 30, 2023 JUL 1 R Check if applicable: D Employer identification number **C** Name of organization Address change 23-7075054 THE DAYTON ROTARY CLUB FOUNDATION Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 414 937-228-3331 3131 SOUTH DIXIE DR terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 45439 DAYTON, OH Number Application pending Cash MODIFIED CASH Accrual **X** if the organization is G Accounting Method: Other (specify) H Check Website: N/A not required to attach Schedule B **Tax-exempt status** (check only one) - **X** 501(c)(3) **501**(c) () (insert no.) 4947(a)(1) or 527 (Form 990). Form of organization: X Corporation Trust Association Other Κ Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 129,414. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received 114,473 1 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4,198. Investment income SEE SCHEDULE O 4 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b b Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c C 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than а Revenue 6a | \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 10,743. gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c 10,743. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c C Other revenue (describe in Schedule O) 8 8 129,414. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 Grants and similar amounts paid (list in Schedule O) 78,777. 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 Expenses 3,280. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 21,243. 16 Other expenses (describe in Schedule O) 16 103,300. 17 17 Total expenses. Add lines 10 through 16 26,114. Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 99,883. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O 316. 20 20 21 126,313. Net assets or fund balances at end of year. Combine lines 18 through 20 21

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

Form **990-EZ** (2022)

Form 990-EZ (2022) THE DAYTON ROTARY CLUB FOU	JNDATION	2	3-70750	54 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp				
	`	A) Beginning of year	. ,	End of year
22 Cash, savings, and investments		98,528.		125,642.
 23 Land and buildings 24 Other assets (describe in Schedule 0) SEE SCHEDULE O 		1 255	23	
		1,355.		671.
25 Total assets		99,883.		126,313.
26 Total liabilities (describe in Schedule O)		0.		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		99,883.	27	126,313.
Part III Statement of Program Service Accomplishmen		,	· ·	kpenses for section
Check if the organization used Schedule O to resp	ond to any question	in this Part III		and 501(c)(4)
What is the organization's primary exempt purpose? <u>SEE</u> SCHEDULE O			organizati others.)	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program se manner, describe the services provided, the number of persons benefited, and other relevant informat		In a clear and concise		
28 TO AID CHARITABLE, EDUCATION, AND PH	ILANTHROPIC A	ACTIVITIES		
THROUGH GRANTS TO OTHER CHARITABLE C			-	
EDUCATIONAL INSTITUTIONS.			-	
(Grants \$ 78,777.) If this amount includes foreign g	rants. check here		 28a	78,777.
29				
			_	
			_	
(Grants \$) If this amount includes foreign g	rants, check here	[29a	
30	,			
			_	
(Grants \$) If this amount includes foreign g	rants, check here	[
(Grants \$) If this amount includes foreign g		r	31a	
32 Total program service expenses (add lines 28a through 31a)			32	78,777.
Part IV List of Officers, Directors, Trustees, and Key Er	nnlovees			
			e the instructions fo	or Part IV)
Check if the organization used Schedule O to resp			e the instructions fo	n Part IV)
	ond to any question (b) Average hours	in this Part IV (c) Reportable	d) Health benefits,	(e) Estimated
	ond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to resp (a) Name and title	ond to any question (b) Average hours	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	d) Health benefits, contributions to	(e) Estimated
Check if the organization used Schedule O to resp (a) Name and title HOLLY WIGGINS	ond to any question (b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1093-MISC/ 1099-NEC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to resp (a) Name and title HOLLY WIGGINS PRESIDENT	ond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	d) Health benefits, contributions to employee benefit blans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to resp (a) Name and title HOLLY WIGGINS PRESIDENT FRANK SCOTT	bond to any question (b) Average hours per week devoted to position 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	d) Health benefits, contributions to employee benefit blans, and deferred compensation	(e) Estimated amount of other compensation 0 .
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Check if the organization used Schedule O to resp (a) Name and title HOLLY WIGGINS PRESIDENT FRANK SCOTT VP/TREASURER LISA GRIGSBY	ond to any question (b) Average hours per week devoted to position 2.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-NIEC) (if not paid, enter -0-) 0. 0.	d) Health benefits, contributions to employee benefit lolans, and deferred compensation 0 .	(e) Estimated amount of other compensation 0 . 0 .
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Check if the organization used Schedule O to resp (a) Name and title HOLLY WIGGINS PRESIDENT FRANK SCOTT VP/TREASURER LISA GRIGSBY SECRETARY KIM BRAMLAGE	(b) Average hours per week devoted to position 2.00 2.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-NEC) (if not paid, enter -0-) 0. 0. 0.	d) Health benefits, contributions to employee benefit Jans, and deferred compensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0.
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Check if the organization used Schedule O to resp (a) Name and title HOLLY WIGGINS PRESIDENT FRANK SCOTT VP/TREASURER LISA GRIGSBY SECRETARY KIM BRAMLAGE EX-OFFICIO TRUSTEE WALT HIBNER	(b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-NIEC) (if not paid, enter -0-) 0. 0. 0. 0.	d) Health benefits, contributions to employee benefit lolans, and deferred compensation 0 . 0 . 0 . 0 .	(e) Estimated amount of other compensation 0. 0. 0.
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Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the		<u> </u>
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
D	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	405		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.000			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u	0			
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
U		40e		х
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	_ 100		
	The organization's books are in care of LAURA ERBAUGH Telephone no. (937) 2	28-	333	1
	<u> </u>	543		
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule 0	44d		17
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	00.57	(0000)
		Form 9	90-EZ	(2022)

232173 12-16-22

orm 990-EZ (2	2022) THE DAYTON RO	TARY CLUB FOU	NDATION			23-70750		Page
						r	Yes	i No
	rganization engage, directly or indirectly, ir							
If "Yes," c Part VI	omplete Schedule C, Part I	ne Only					46	X
	All section 501(c)(3) organizations mu	-	Ob and EQ and	d completed	the tebles for lines	EQ and E1		
	Check if the organization used Sched		,	•				
					<u></u>		Yes	No
Did the o	rganization engage in lobbying activities or	have a section 501(h) election	on in effect durir	ng the tax yea	r?	[
lf "Yes," c	omplete Sch. C, Part II						47	X
B Is the org	janization a school as described in section	170(b)(1)(A)(ii)? If "Yes," cor	mplete Schedule	еЕ			48	X
	rganization make any transfers to an exem						49a	X
	vas the related organization a section 527 o						49b	
-	this table for the organization's five higher			ers, directors,	trustees, and key er	nployees) who ea	ch received	more
than \$100	0,000 of compensation from the organization			houro		(d) Health benefits	, (e) Estir	notod
	(a) Name and title of each employ	yee	(b) Average per week de		(C) Reportable compensation (Forms	contributions to employee benefit	amount o	
	Ν	ONE	' positio		W-2/1099-MISC/ 1099-NEC)	plans, and deferred		
						componidation		
							_	
	ion. If there is none, enter "None." N lame and business address of each indepe	ONE ndent contractor		(b) ⁻	Type of service	(c) (Compensatio	n
d Total nun	nber of other independent contractors each	receiving over \$100,000						_
2 Did the o	rganization complete Schedule A? Note: A	ll section 501(c)(3) organizat	ions must attacl	ha		_		
							X Yes	No
•	s of perjury, I declare that I have examined nd complete. Declaration of preparer (othe				•		ge and belief	, it is
	Signature of officer					Date		
Sign Here Signature of officer Date LISA GRIGSBY, PRESIDENT Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
aid					self- emplo			
aid reparer	JANE E. PFEIFER	JANE E. PFE	LIFER	01/31		-	014949	
se Only	Firm's name CLARK , SCH				Firm's EIN			
cc only	Firm's address 10100 INN	OVATION DRIVE			Phone no.		5-0070	
	DAYTON, O	H 45342						
ay the IRS di	scuss this return with the preparer shown	above? See instructions					X Yes	No
						F	orm 990-EZ	(2022

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|--|

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. 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

Name of the	organization
-------------	--------------

Nan	ne of t	the organization							identification number
Pa	rt I			ARY CLUB FOUL					3-7075054
		Reason for Public (ee instruction	S.	
	organ	ization is not a private found					IV A V:		
1		A church, convention of ch				r)(a)01 n	I)(A)(I).		
2	H	A school described in sect				/L. \/ d \/ A \/::	:)		
3		A hospital or a cooperative A medical research organiz					•	VIII) Entor	the beenital's name
4		city, and state:	ation operated in cor	ijunction with a nospital	uescribeu	III Sectio	A)(1)(d)01111		the hospital's hame,
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	n he
Ŭ		section 170(b)(1)(A)(iv). (C		loge of aniversity evines	or opoide	ou by u go			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general i	public described in
-		section 170(b)(1)(A)(vi). (C	-						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	-	•	•				
12		An organization organized a	-	•	-			•	
		more publicly supported or	-						neck the box on
		lines 12a through 12d that	• •					-	aivina
а		Type I. A supporting orgative the supported organization			• • • •	-			
		organization. You must o			majonty c				ipporting
b		Type II. A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) hy hay	ina
	L	control or management o	-				-		-
		organization(s). You mus			anne peree			90o oo.pr	
с		Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		er the number of supported o	• • • • • • • • • • • • • • • • • • • •						
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization	()	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)
				above (see instructions))	103				
Tota									1

Schedule A (Form 990) 2022 Part II Support Sch

THE DAYTON ROTARY CLUB FOUNDATION

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.)

260								
Cale	ndar year (or fiscal year beginning 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.")	164,932.	116,173.	140,224.	106,128.	114,473.	641,930.	
2	Tax revenues levied for the organ-							
	ization'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	164 020	116 100	140 004	106 100	114 400	C 4 1 0 2 0	
	Total. Add lines 1 through 3	164,932.	116,173.	140,224.	106,128.	114,473.	641,930.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
~							641,930.	
	Public support. Subtract line 5 from line 4.						041,930.	
		(a) 2019	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 164,932.	116,173.	140,224.	106,128.	114,473.	641,930.	
	Gross income from interest,	101,552.	110,173.	110,2210	100,120.	111,175.	041,550.	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,289.	118.	82.	3,237.	4,198.	8,924.	
9	Net income from unrelated business			021	0,20,1	1,1500	0,9210	
5	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						650,854.	
	Gross receipts from related activities,	etc. (see instructio	ons)			12	51,558.	
	First 5 years. If the Form 990 is for th						•	
	organization, check this box and stor	0				.,.,		
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2022 (I			olumn (f))		14	98.63 %	
	Public support percentage from 2021		•			15	98.99 %	
	33 1/3% support test - 2022. If the o					ore, check this bo>	(and	
	stop here. The organization qualifies						V	
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu		-					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·	
	Schedule A (Form 990) 2022							

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Schedule A (F	orm 990) 2022
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THE DAYTON ROTARY CLUB FOUNDATION 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.) Section A. Public Support

Sec	LION A. FUDIIC Support						
Cale	ndar year (or fiscal year beginning 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	-					•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	iization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2021	1 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
	Investment income percentage for 2			ine 13 column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2022. If the						
.04	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the	-	-				
U	line 18 is not more than 33 1/3%, che	-					
20				-		•	
	Private foundation. If the organization	on did hot check a		a, UL 190, CHECK I	THIS DUX AND SEE INS		
23202	3 12-09-22		8			Sched	lule A (Form 990) 2022

1

Yes No

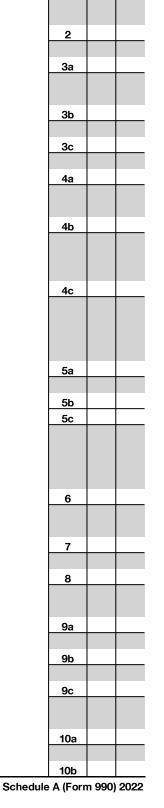
Part IV Supporting Organizations

(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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **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.*
- **c** 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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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).
- 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).*
- **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.**
- **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.**
- c 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Schedule A (Form 990) 2022 THE DAYTON ROTARY CLUB FOUNDATION

Yes No

Yes No

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			

	•	• •	•	.,	,			
or management of the sup	porting organiza	ation was v	ested in the	e same	e persoi	ns that controlled o	or managed	
the supported organization	n(s).							

Section D. All Type III Supporting Organizations							

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instructio	on <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	----------------------	----------------------------------	---------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A	(Form 990)	2022
DertV	Turne III	Nam

THE DAYTON ROTARY CLUB FOUNDATION

га	Type III Non-Functionally integrated 509(a)(5) Supporting	Orga	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must c	complet	e Sections A through E.					
Sect	ion 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion 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						

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

Schedule A (Form 990) 2022

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e Excess from 2022

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Schedule A (Form 990) 2022

Section D - Distributions

_1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). 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)				
i	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				
-	Demainder Cultreat lines to and the from line t				

b 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, explain in Part VI. 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

Schedule A (Form 990) 2022

THE DAYTON ROTARY CLUB FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Current Year

chedule A (Form 990) 2022					FOUNDAT		23-7075054	Page
	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c , lines 2 an	c, 4b, 4c, 5a, d 3; Part IV, 5	6, 9a, 9b, 9c, Section E, line	11a, 11b, a s 1c, 2a, 2	and 11c; Part IV b, 3a, and 3b; F	Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,
	(See instructions.)								
028 12-09-22								Schedule A (Form §	990) 2

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 of Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	ions on	OMB No. 1545-0047
Name of the organization	THE DAYTON ROTARY CLUB FOUNDATION		oyer identification number -7075054
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION (OF PROPERTY:		AMOUNT :
INVESTMENT IN	ICOME - DAYTON FOUNDATION ACCOUNT		4,186.
INVESTMENT IN	ICOME		12.
TOTAL INCLUD	ED ON FORM 990-EZ, LINE 4		4,198.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION (OF OTHER EXPENSES:		AMOUNT :
BANK FEES			1,399.
MISCELLANEOUS	5		8,665.
PAYMENTS TO P	ROTARY INTERNATIONAL		11,179.
TOTAL TO FORM	4 990-EZ, LINE 16		21,243.
FORM 990-EZ,	PART I, LINE 20, CHANGES IN NET ASSETS:		
CHANGES IN NI	ET ASSETS OR FUND BALANCES:		AMOUNT :
UNREALIZED LO	DSS - DAYTON FOUNDATION ACCOUNT		316.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG.	OF YEAR	END OF YEAR
ACCOUNTS RECI	SIVABLE	1,355.	671.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - TO BEG	COME A VI	SIBLE
COMMUNITY FOR	RCE TO SUPPORT ORGANIZATIONS THAT DEMONSTR	RATE COMM	ITMENT TO
SERVICE ABOVE	E SELF, HELP YOUNG PEOPLE AND FAMILIES IN	NEED, IM	IPROVE THE
QUALITY OF L	IFE, AND FOSTER A STRONG PARTNERSHIP WITH	THE GREA	TER
DAYTON REGION			
LHA For Paperwork Re 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	S	ichedule O (Form 990) 2022

THE ORGANIZATION DID NOT, DU	URING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,	
R INDIRECTLY, TO PAY PREMIU	UMS ON A PERSONAL BENEFIT CONTRACT.	
HE ORGANIZATION, DID NOT, I	DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
R INDIRECTLY, ON A PERSONAL	L BENEFIT CONTRACT.	
32212 10-28-22	Schedule O (Form 990 15) 20

THE DAYTON ROTARY CLUB FOUNDATION

Employer identification number 23 - 7075054