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SCANNED DEC 1 0 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009 Open to Public

				05.46	100		14.0		inspection.
<u>A</u>	For the 200		ear, or tax year begin	ning 07/0	1/09 , and endir	g 06/30	<u>/10</u>		
B	Check if applica	able Please use IRS	C Name of organization					D Empl	oyer identification number
	Address change	e label or		CULLMAN	ROTARY CLUB				
	Name change	print or	Doing Business As					63-	<u>-6066306</u>
	initial return	type. See	Number and street (or P		elivered to street address)		Room/suite		none number 5-338-0432
\Box	Termination	Specific	City or town, state of		<u> </u>			G Gross reco	
$\overline{\Box}$	Amended return	Instruc- n tions.	CULLMAN	or country, and zir	AL 35056	-0995		G G GS IEG	elpis \$
	Amended return		e and address of princip			-0333			
Ш	Application pen	iung j	ANCENE VAN		•				a group return for es? Yes X No
			6 COUNTY R		•			affiliat H(b) Are all	laffilates 💳 💳
		1		CAD 699	AL 35055			includ	
			LLMAN	4 (1		7		— If "No,	* attach a list (see instructions)
<u>+</u>	Tax-exempt			◀ (insert no)	4947(a)(1) or	527		┥	0573
			://cullman					H(c) Group	exemption number > 0573
_	Type of organiz			Association	Other		L Year of formation	1937	M State of legal domicile AL
<u> </u>	art I	Summa		 					
	1	•	the organization's mis						
æ	T	O CREAT	E AND PROMOT	E OPPORTUI	NITIES FOR SE	RVICE.			
Ĕ									
Ĕ									
ð	2 Chec	ck this box	▶ if the organizat	ion discontinued	I its operations or disp	sed of more tha	in 25% of its net a	assets	
٥	1		members of the gov					3	16
Se	4 Num	ber of indep	endent voting memb	ers of the gover	ning body (Part VI, line	: 1b)		4	16
Ę		•	employees (Part V, I	•		-,		5	0
Activities & Governance			volunteers (estimate	•				6	
⋖	1		•	• ,	I, column (C), line 12			7a	
		•	isiness taxable incom		• • • •			7b	0
	1 1,00		Onioco taxasic moon		<u> </u>		Prior		Current Year
•	8 Cont	tributions an	d grants (Part VIII, Iir	ne 1h)				36,566	86,214
ž	t		revenue (Part VIII, II						
Revenue	_		me (Part VIII, column		and 7d)			1,270	1,518
ď			Part VIII, column (A),					37,739	-3,522
					art VIII, column (A), lir	e 12)		75,575	84,210
	<u> </u>		ar amounts paid (Pai					31,543	37,149
	1		or for members (Part		•		-	7	
.		•	•		rt IX, column (A), lines	5_10)	-		
Expenses	16a Profe		draising fees (Part IX	-		0 .0,		_	
ĕ	h Tota		expenses (Part IX, o		•				
ă	47 Otho		(Part IX, column (A),	, ,.	•		-	38,172	27,994
	'' '''	-	Add lines 13-17 (mu					69,715	65,143
	1	-	penses Subtract line		5555			5,860	19,067
- S		ciluc icas cx	penses Subtract line	e to nominite 12			Beginning of (End of Year
ets	20 Tota	ıl assets (Pa	rt X, line 16)		m	၂၇		52,688	71,755
Ass	21 Tota		Part X, line 26)		8 Núv 1 7 2	010		<u>- , , </u>	
Net Assets or Fund Balances	22 Net a		nd balances Subtrac	t line 21 from lin	! :	SS	-	52,688	71,755
_	art II		re Block		OGDEN		_ _	<u> </u>	
				that I have examin	ed this return; including a	COMPONING Char	fules and statement	and to the he	st of my knowledge
	ĺ	and belief, it	is true correct, and con	priete Declaration	of preparer (other than of	icer) is based on a	Il information of which	h preparer has	any knowledge
Sig	ın	L	<i>/</i>					1 <i>U</i>	11110
He		Signatu	ire of officer					Date	1 1 - 1 10
110	'		ANCENE VAN	SAMBEEK	•	EXE	CUTIVE SE	CRETAF	Y
		—	pnnt name and title	O.H.D.L.	<u> </u>	272	COLLYD DI	<u> </u>	<u> </u>
		y Type of	print name and title						Preparer's identifying number
Pai	id	Preparer's		$\langle \rangle$	AON	Date	Che self-		(see instructions)
	eparer's	signature	1 Huselia	<u> </u>	m City		/12/10 emp	loyed 🕨 💄	P00303951
	e Only	Firm's name	Int votes 1		Brewer, CPA	PC		EIN D	63-1236837
JJ	J J	ıf self-emplo	yed) PO	Box 206		_		Phone	
		address, and		lman, AI		6		no	<u> 256-736-5680</u>
			eturn with the prepare		<u> </u>				X Yes No
For		ct and Pape	rwork Reduction Ac	t Notice, see th	e separate instructio	ns.			Form 990 (2009)
~~	•								11

4d	Other program services. (Describe in Sc	hedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	37,149			

	art IV One chief of Nedurea Octobalics		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			₹.
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			Ì
_	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		v
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		.
_	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, 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,"			x
40	complete Schedule D, Part IV	9		^
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	ا م		x
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	44	x	
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Bort X, line 103 if "Yes," complete	11		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		, e	
_	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			
_	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	ļ		
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	•	٠.	
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	-		
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	-7		ัร
	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? If "Yes," complete Schedule D, Part X	٠.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			•
	Schedule D, Parts XI, XII, and XIII	12		х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			,
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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		X
b				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			-
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009)

Form 990 (2009) CULLMAN ROTARY CLUB 63-6066306 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

38 X Form 990 (2009)

37

X

38

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
	· ·			_	\prod	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1		- 			
	U.S. Information Returns. Enter -0- if not applicable	1a	0	-			. ,.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		-	-	ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oortabl	е	1.	. .		
	gaming (gambling) winnings to prize winners?		•	10	c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			İ	.		1
	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	ns?		2	b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					-	
	instructions)						į
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			-		
	this return?			3:	a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3	<u> </u>	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty				i
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial					
	account)?			4	a		X
b	If "Yes," enter the name of the foreign country					ĺ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank					
E-a	and Financial Accounts						 •
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	42		5	_		X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yes." to line 53 or 5b, did the organization file Form 8886 T. Disclosure by Tay Evernet Fatty Page			5	}		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders and Tax Shelter Transaction?	aroing		ے ا			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	_		5	+	$\neg \dagger$	
· ·	organization solicit any contributions that were not tax deductible?	C		6		l	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		- 00	+	\dashv	
	gifts were not tax deductible?	113 01		61			
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>	1	ч	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for or	ioods		ļ			
	and services provided to the payor?			7:	a	- /- 4	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			71	$\overline{}$		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s					
	required to file Form 8282?			70	:		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pi	ersona	I				
	benefit contract?			70	,		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		71	1		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79	1		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		ļ		ļ	
_	required?			71	1		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						٠
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				-		
9	organization, have excess business holdings at any time during the year?			8	╬		
	Sponsoring organizations maintaining donor advised funds.			-	- -		
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			96	\neg	\dashv	
10	Section 501(c)(7) organizations. Enter			91	+	\dashv	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter	וטטן					
''	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	a			İ		
	amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12	a -		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	_	一	

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 in Schedule O. See instructions.

Section A. Governing Body and Management

<u> </u>	nion A. Governing Body and Management		- 		_
4.	Enter the number of union members of the necessary hadro	.6	<u></u>	Yes	No
1a b		.6			
2	<u> </u>	.0	<u>'</u>	. ji	- ,
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2	x	· '
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct				
3	Did the organization delegate control over management duties customarily performed by or under the direct		3		x
4	supervision of officers, directors or trustees, or key employees to a management company or other person?		4		X
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members of stockholders, or other persons who may elect one or more members				
, a	of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			* # T	~ 1
	the year by the following		- ·		, ¦
а	The governing body?		8a	X	است منت
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		05		_
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal				
	renue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		1.02		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?		10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		1		
	form?		11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				₹. 1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-	أ. د.م. مدا
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		<u> </u>	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			a	٠
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard]
	the organization's exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization FRANCENE VAN SAMBEEK 266 COUNTY ROAD 699	_			
Ct	JLLMAN AL 35055	2.	56-33	8-0	432

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion (C) k all t	hat ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEB WILLIAMSON									-	
PRESIDENT	5.00	X	<u> </u>	X		Ш		0	0	0
STEPHEN FREEMAN	1 00		l							
VICE PRES.	1.00	X	<u> </u>	X	_	_		0	0	0
LISA ECKENROD										_
SECRETARY	1.00	X	<u> </u>	X		Ш		0	0	0
BILLY JACKSON				l						
TREASURER	1.00	X		X		Ш		0	0	0
JASON FOWLER		l i								_
CHAIRPERSON	1.00	X						0	0	0
JERRY JACOB								_		
CHAIRPERSON	1.00	X		<u> </u>		Ш		0	0	0
JASON ZINSMEISTE								_		_
CHAIRPERSON	1.00	X		_				0	0	0
SANDRA WATTS										
CHAIRPERSON	1.00	X			_	Ш		0	0	0
PHYLLIS BREWER										
CHAIRPERSON	1.00	X		<u> </u>		Ш		0	0	0
DALE GREER										
CHAIRPERSON	1.00	X	<u> </u>			Ш		. 0	0	0
MIKE ECKENROD						ΙI				
CHAIRPERSON	1.00	X		_				0	0	0
CARL ENGLISH									:	
CHAIRPERSON	1.00	X						0	0	0
DAVID POYNOR										
CHAIRPERSON	1.00	X						0	0	0
FRANCES COOPER						f l				
CHAIRPERSON	1.00	X				Ш		0	0	0
JIM WRIGHT										
CHAIRPERSON	1.00	X		<u> </u>				0	0	0
JOANN PERSALL										
SGT AT ARMS	1.00	X	·					0	0	0
FRANCENE VAN SAME										
EXEC SECRETA	5.00			X	1	i i		ol	0	0

Form 990 (2009) CULLMAN ROTARY CLUB

(F) Estimated amount of other ompensation from the organization and related rganization	1
	
	
	
 	
	
	<u>_</u>
	······································
	
Ye	S No
3	
4	X
5	X
(C Comper) isation
•	
	- " e

<u>Pa</u>	rt VII	Section A. Officers	, Directors, Trus	stee:	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)	
	, Nam	`(A) e and Title	(B) Average hours per	-	_	chec	,	that a	_	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
			week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
		· · · · · · · · · · · · · · · · · · ·		_								
							_					
					L	L.,						
1b 2	Total	bor of industrials (in	cluding but not l		d to	thoc	o lic	tod o	bov	 e) who received more than	\$100,000 in	
		compensation from				11105	C 113	ieu a	DUV	e) who received more than	\$100,000 iii	
3	employee	on line 1a? If "Yes,"	complete Sched	dule .	J for	suc	h inc	lividu	al	yee, or highest compensation		Yes No
5	individual Did any p	erson listed on line 1	a receive or acc	rue c	omp	ens	atıor	n fron	n an	s," complete Schedule J for y unrelated organization fo		4 X
Soc		endered to the organe ependent Contractor		, cou	npie	te So	ched	ule J	for	such person	·	5 X
1	Complete	this table for your fiv ation from the organi	ve highest compo zation	ensa	ted ı	ndep	end	ent c	ontr	actors that received more		
		Name and	(A) business address							Descript	(B) tion of services	(C) Compensation
				—						<u>.</u>		
										. 41		
							_					
2		ber of independent of \$100,000 in compe		_				ed to	thos	se listed above) who receiv	ed	000
DAA												Form 990 (2009)

<u>P</u>	art V	<u>'III, Stater</u>	ment of Reve	nue						
			-				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
m #				۲.				revenue		512, 513, or 514
ant	1a	Federated car	. •	1a		20.006				
ge	D	Membership of		1b	 -	38,206		•		
fts	C.	Fundraising e		1c		45,790				
98	ď	Related organ		1d		,	ł			•
Sig	e	Government grants	•	1e		<u> </u>]
iğ e	f	All other contribution	ns, gifts, grants, s not included above	_					1	
E E	i			_1f		2,218				
Š	g		ons included in lines 1a-	1f	\$	45,790				
Program Service Revenue Contributions, gifts, grants	h	Total. Add line	es 1a-1f		 .		86,214			
n e	_					Busn. Code				-
Š	2a								<u></u>	
Se F	b					<u> </u>			ļ	
Ž	С									
Š	d									
<u>ra</u>	е									
ဦ	f		ram service reve	nue		L			<u> </u>	
<u> </u>	_ 9	Total. Add line								
	3		come (including	divider	nds, intere	est, and				
		other similar a	· ·				1,518			1,518
		4 Income from investment of tax-exempt bond p				proceeds >				
	5	Royalties				<u> </u>	-			
	_		(ı) Real		(11) F	Personal				
	6a	Gross Rents]
	b	Less rental exps								,
	C	Rental inc or (loss)								
	d 7a	Net rental inco				<u> </u>				
		sales of assets	(i) Secunties		(11)	Other		•		
		other than inventory								
	b	Less cost or other								
		basis & sales exps			ļ					`
		Gain or (loss)			L			~ -		
		Net gain or (lo		. 1		<u> </u>				
en	8a		om fundraising ever							:
eni		_	45,7							ι
Other Reven			reported on line 1c)	1		44 000				
er	_	See Part IV, line		a		-11,298				
돌		Less direct ex	•	þĮ		775	4.0			'
			(loss) from fund	T	events		-12,073		 	-12,073
	9a		om gaming activities	1		0 051				
		See Part IV, line		a		9,051				,
		Less direct ex		b[500	0 551			
			(loss) from gam	ing act	tivities	<u> </u>	8,551			8,551
	10a		f inventory, less	- 1						,
		returns and all		a						j
		Less cost of g		þ				-		
	_ <u>c</u>		(loss) from sales	s of inv	entory	<u>▶</u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	44	Misce	ellaneous Revenue			Busn. Code		-		ئا ـ ـ ـ ـ ـ
	11a									
	b					-				
	C	A.H 42								
		All other reven				L			-	
		Total. Add line				P	04 04 0			
	12	rotal Revenue	e. See instruction	18		<u> </u>	84,210	0	0	-2,004

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A)			
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1			expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	37,149	37,149		
2	Grants and other assistance to individuals in	37,143	37,143		-3
_	the U S See Part IV, line 22			*	-3'
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the			•	
	U.S. See Part IV, lines 15 and 16				-
4	Benefits paid to or for members				,
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		, , =		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<u>. – </u>			
11	Fees for services (non-employees)				
a	Management				
b	•				
C	Accounting				
d					<u> </u>
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other		·		
g 12					
12 13	Advertising and promotion Office expenses			<u> </u>	
14	Information technology				<u></u>
15	Royalties				
16	Occupancy	·-		· · ·	
17	Travel			-	
18	Payments of travel or entertainment expenses				<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	802		802	
20	Interest				
21	Payments to affiliates	3,013		3,013	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not	-		,	į
	covered above (Expenses grouped together		,		
	and labeled miscellaneous may not exceed			_	
	5% of total expenses shown on line 25 below)	00.000		00 000	!
a	MEALS AND ENTERTAINMENT	22,222		22,222	
b	BOOKKEEPING FEE	1,400 557		1,400	
c d	MEMBER RECOGNITION			557	
a e	ł				
f	All other expenses	., -			
1 25	Total functional expenses. Add lines 1 through 24f	65,143	37,149	27,994	
25 26	Joint costs. Check here ▶ If following			21,334	
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Part 2	X Balance Sheet	· -	63-6066306		Page 11
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		48,731	1	65,820
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		<u></u>	3	
4	Accounts receivable, net		4		
5	Receivables from current and former officers, directors,	trustees, key			
	employees, and highest compensated employees Com	plete Part II of			الإنجاب والمحافظ المساسم
	Schedule L		5		
6	Receivables from other disqualified persons (as defined			•	
-	4958(f)(1)) and persons described in section 4958(c)(3)				
<u>"</u>	Part II of Schedule L		6		
Assets 8 8 8	Notes and loans receivable, net			7	
8 8	Inventories for sale or use			8	
▼ 9	Prepaid expenses and deferred charges		-	9	
10a	Land, buildings, and equipment cost or				- 4
	other basis Complete Part VI of Schedule D	10a		-	ļ
b	Less, accumulated depreciation	10b		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	3,957		5,935	
16	Total assets. Add lines 1 through 15 (must equal line 3	52,688		71,755	
17	Accounts payable and accrued expenses		17		
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, truste		-		F 4 4
<u>ق</u>	employees, highest compensated employees, and disqu	•			4 4
[함	persons Complete Part II of Schedule L			22	
_ 23	Secured mortgages and notes payable to unrelated third	1 narties		23	
24	Unsecured notes and loans payable to unrelated third pa	•		24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25			26	
	Organizations that follow SFAS 117, check here ▶ 🔀	and			
2	complete lines 27 through 29, and lines 33 and 34.	-,		-	Į
<u>e</u> 27	Unrestricted net assets		52,688	27	71,755
Assets or Fund Balances 22 22 30 31 32	Temporarily restricted net assets		22,000	28	
글 29	Permanently restricted net assets		****	29	
```   ڐۣ	Organizations that do not follow SFAS 117, check her	ra 🕨 🗀		23	<del></del>
	and complete lines 30 through 34.		-		I Ì
O 30	Capital stock or trust principal, or current funds		20	<del></del>	
31	Paid-in or capital surplus, or land, building, or equipmen	t fund		30	
SS 32			<del></del>	31	
¥   32	Retained earnings, endowment, accumulated income, o	i ouier iurius	F2 600	32	71 755
33 2 34	Total helphyton and not penetratived belonged		52,688		71,755
<b>Z</b> 34	Total liabilities and net assets/fund balances		52,688	34	71,755

Form **990** (2009)

Forn	m 990 (2009) CULLMAN ROTARY CLUB 63-6066306		Pa	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			<u>, </u>
	•		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-		1
	Schedule O		٤	1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		$\mathbf{x}$
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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 in			
	Schedule O	,		. ;
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	-	-	1
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			'
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	, -	~	
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

**SCHEDULE D** (Form 990) ·

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Employer identification number

Open to Public

<b>C</b> :1	ULLMAN ROTARY CLUB		63-6066306
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	
	the organization answered "Yes" to Form 990, 8	Part IV line 6	Accounts. Complete II
	and organization and to to the total door, t	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bonor devised rands	(b) i chas and other assessme
1	Total number at end of year		
2	Aggregate contributions to (during year)		· · · · · · · · · · · · · · · · · · ·
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	the coate hald in doors advised	
5	Did the organization inform all donors and donor advisors in writing that		□ v  □ v ₋
^	funds are the organization's property, subject to the organization's exclusive the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the org	_	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	•	
	used only for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other	
Ďá	purpose conferring impermissible private benefit?  int It is Conservation Easements. Complete if the organization.	anization answered "Yes" to For	m 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check		111 000, 1 dit 14, mio 1.
•	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	nortant land area
	Protection of natural habitat	Preservation of certified historics	
	Preservation of open space	reservation or sertings motories	S. a G. Carlo
2	Complete lines 2a through 2d if the organization held a qualified consei	rvation contribution in the form of a conse	ervation
-	easement on the last day of the tax year	valion contribution in the form of a consc	
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/0	, ,	2d
3	Number of conservation easements modified, transferred, released, ex		
•	the taxable year	anguistica, or terminated by the organiza	tion dailing
4	Number of states where property subject to conservation easement is to	ocated >	
5	Does the organization have a written policy regarding the periodic moni		
•	violations, and enforcement of the conservation easements it holds?	torning, inspection, manding or	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ring conservation easements during the v	
٠	>	and conservation casements during the y	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
•	▶\$	concervation observation during the year	
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section	
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easeme	ents in its revenue and expense statemer	
•	balance sheet, and include, if applicable, the text of the footnote to the	·	
	the organization's accounting for conservation easements		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance she	eet works of
	art, historical treasures, or other similar assets held for public exhibition	i, education, or research in furtherance of	f public service,
	provide, in Part XIV, the text of the footnote to its financial statements to	hat describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in it	s revenue statement and balance sheet v	works of art,
	historical treasures, or other similar assets held for public exhibition, ed		
	provide the following amounts relating to these items	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		► \$_
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain. pro	ovide the
	following amounts required to be reported under SFAS 116 relating to t	•	
а	Parameter and Indian - Face COO Part VIII has 4		<b>▶</b> \$
	Assets included in Form 990, Part X		
		<del>-</del>	

sche	edule D (Form 990) 2009 CULLMAN RC	TARY CLUB			<u> 63-60</u>	<u>66306</u>			<u>P</u> :	age 🛭
Pa	art III Organizations Maintaining	Collections of Art,	Historical Trea	asures	, or Other	Similar	Assets	(conti	nued	i)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, chec	k any of the follow	ing that a	are a significa	ant use of i	:s			
а	Public exhibition	d Loan o	r exchange progra	ms						
b	Scholarly research	e Other	0 , 3							
C	Preservation for future generations									
4	Provide a description of the organization's collegant XIV	ections and explain how t	hey further the org	anızatıon	's exempt pu	ırpose in				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, h	nistorical treasures he organization's o	, or other	sımılar ?			∏ Ye	es 「	No
Pa	art IV Escrow and Custodial Arra					"Yes" to	Form 9			
=	IV, line 9, or reported an am							,		
1a	Is the organization an agent, trustee, custodiar				ets not					
	included on Form 990, Part X?	To other mice. modiary for		4550	101			☐ Ye	ae [	No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the following	tahla					U ''	,5	,
U	ii res, explain the anangement in Fait XIV a	nd complete the following	labic				T	Amoun	<del></del> -	
_	Positrana halana						+	Amoun	<u></u> -	
	Beginning balance					1c				
đ	Additions during the year					1 <u>d</u>				
е	Distributions during the year					<u>1e</u>	<del> </del> -			
f	Ending balance					1f			<del></del> =	1
	Did the organization include an amount on For	m 990, Part X, line 21?						∐ Y€	es	No
	If "Yes," explain the arrangement in Part XIV									
Pa	art V Endowment Funds. Comple	ete if organization a	nswered "Yes"	to For	<u>m 990, Pa</u>					
		(a) Current year	(b) Prior year	(c) Two	o years back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance			<u> </u>	, ,				<u> </u>	
b	Contributions								• •	
С	Net investment earnings, gains,		-							
	and losses			1.			-			
d	Grants or scholarships						-			-
е	Other expenditures for facilities						7-5 g.			
-	and programs					-		5		7
f	Administrative expenses	<del></del>								<u>·</u>
	End of year balance	F				<del>.</del>				
2	Provide the estimated percentage of the year	L		1		l		-		
	Board designated or quasi-endowment	%								
	Permanent endowment %									
	Term endowment ▶ %									
3a	Are there endowment funds not in the possess	ion of the organization the	at are held and adr	ministere	d for the			ſ		
	organization by.								Yes	No
	(i) unrelated organizations							3a(i)	$\dashv$	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the c									
Pa	<u>ırt VI                                   </u>	<u>ngs, and Equipmen</u>	t. See Form 99	<u>90, Par</u>	<u>t X, line 1</u>	0				
	Description of investment	(a) Cost or other basis	(b) Cost or of	ther	(c) Acc	umulated		(d) Book	value	
		(investment)	basis (othe	r)	depre	eciation	_  _		_	
1a	Land									
	Buildings					•				
	Leasehold improvements									
	Equipment		†							
	Other		<del>                                     </del>	<del></del>			$\top$			
	l. Add lines 1a through 1e (Column (d) must equ	ual Form 990 Part X coli	umn (B), line 10(c)	)	l		<b></b>			
	(2) (2) (2) (2)		(=),	,						

Schedule D (Form 990) 2009 CULLMAN ROTARY CLUB		63-6066306	Page 3
Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	e 
Financial derivatives			
Closely-held equity interests			
Other			<del>_</del>
<b>-</b>			
		<del>                                     </del>	
		<del>                                     </del>	
		<del> </del>	
			-
<del>-</del> <del>-</del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	·		
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	e
			-
<del></del>			
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	†		
Part IX Other Assets. See Form 990, Part X, line 15.		<u> </u>	
(a) Description		(b) Boo	ok value
OTHER INVESTMENT	77.		5,935
	4.44		
	<del></del>		
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	5,935
Part X Other Liabilities. See Form 990, Part X, line 2	25		<u> </u>
(a) Description of liability	(b) Amount		
ederal income taxes	(4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1	
		1	
		1	-
		1	
		]	
		]	
		]	
		]	
		1	,
			,
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
P. FIN 48 Footnote in Part XIV, provide the text of the footnote to the orga	nization's financial stateme	ents that reports the	
organization's liability for uncertain tax positions under FIN 48			

	dule D (Form 990) 2009 CULLMAN ROTARY CLUB	63-606630		Page 4
_Pa	rt XI: Reconciliation of Change in Net Assets from Form 990 to	Audited Financial State	ment	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		_ 5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	·	10	<u> </u>
_Pa	rt XII   Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	]	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIV)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	Ĺ <u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
þ	Other (Describe in Part XIV)	4b	J	
C	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<u> </u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	<u>ients With Expenses per</u>	Retu	ırn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		Į	
а	Donated services and use of facilities	2a	1	
þ	Prior year adjustments	2b	1	
C	Other losses	2c	4	
d	Other (Describe in Part XIV)	2d	:	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIV )	4b	ļ	
¢	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a and 4, Part IV, lines 1b		
and 2	b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	nes 2d and 4b Also complete		
this p	art to provide any additional information			
	<b></b>			. <b>-</b>
				. – – – – –
	. <b></b>			. <b></b> _
		<del>_</del> <del>_</del>		— <del>–</del>
				. <b></b>
				<b></b>

Schedule D (Form 990) 2009 CULLMAN ROTARY CLUB	63-6066306	Page <b>5</b>
Part XIV Supplemental Information (continued)		
		<del>-</del>
		- <b>-</b> -
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		<b>–</b> –
		<del></del> -

**SCHEDULE G** (Form 990 or 990-EZ

OMB No 1545-0047 2000

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions. **Employer identification number** 

2009	
Open To Public	"司 2 集

CULLMAN ROTARY CLU	IB		_		63-60663	06_
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required.				ered "Yes" to For	m 990, Part IV, li	ne 17.
1 Indicate whether the organization raised funds through	any of the following	gactiv	ities (	Check all that apply		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernm	ent grants		
c Phone solicitations	g Special fur	ndraisi	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity						Yes No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization	fundraisers) pursua	ant to	agree	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	have dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	-	Yes	No			
		╁				
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	<u> </u>		<del>-  </del>			<del></del>
Total				Ī		

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

ROTARYCLUB 11/12/2010 8 57 AM Schedule G (Form 990 or 990-EZ) 2009 CULLMAN ROTARY CLUB 63-6066306 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL AUCTION None (add col (a) through ∞l (c)) (event type) (event type) (total number) Revenue 31,790 31,790 Gross receipts Less: Charitable 45,790 45,790 contributions Gross revenue (line 1 -14,000-14,000 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 775 775 Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10

Р	art	III Gaming. Com than \$15,000				swered	"Yes" to I	Form 990,	Pa	rt IV, line	19, or rep	orted m	оге		
Revenue				(a) Bingo		•	o) Pull tabs/ins go/progressive			(c) Other ga	ming	(d) Total col (a) th	-		
Re	1	Gross revenue	i												
ses	2	Cash prizeş													
Direct Expenses	3	Noncash prizes								<del></del>	_				
Direct	4	Rent/facility costs									_				
	5	Other direct expenses													
	6	Volunteer labor	<del>       </del>	Yes No	%	Y	es o	%		Yes No	%		,		
	7	Direct expense summary	Add lir	nes 2 through	5 ın column (	(d)					▶ (				
	8	Net gaming income sum	mary C	ombine line 1,	column d, a	nd line 7					<b>•</b>				
_													Y	'es	No
9 a		iter the state(s) in which the the organization licensed t	•	•	•		states?					ءَ ا	- a	-	

11

12

if "No," Explain

If "Yes," Explain

Does the organization operate gaming activities with nonmembers?

formed to administer charitable gaming?

Sche	dule G (Form 990 or 990-EZ) 2009 CULLMAN ROTARY CLUB	63-606	6306	P	age 3
	•			Yes	No
13	Indicate the percentage of gaming activity operated in	1 1		١,	
а	The organization's facility	13a	%	'	
b	An outside facility	13b	%	-	- 1
14	Provide the name and address of the person who prepares the organization's gaming/special events books		1		1
	and records				;
	Name ▶				i i
	Address ▶		-	, ,	}
15a	Does the organization have a contract with a third party from whom the organization receives gaming				<u> </u>
	revenue?		15a		<u> </u>
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				li
С	If "Yes," enter name and address of the third party			<u>.</u>	
	Name ►			İ	
	Address ►				-
16	Gaming manager information				
	Name ▶			;-	
	Gaming manager compensation ▶ \$		ļ.,		ļ
	Description of services provided ▶		ř '		
	Director/officer Employee Independent contractor		, \$		- '
17	Mandatory distributions		,	,	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		1		
-	retain the state gaming license?		17a	•-	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				1
	in the organization's own exempt activities during the tax year ▶ \$			e.	4

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047 2009

Open to Publi Inspection

Employer identification number

63-6066306

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance CULLMAN ROTARY CLUB

the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ince?	of arant funds	in the United States	is in the United States		5	X Yes	ŝ
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments are ecipient that re	nd Organ sceived m	izations in the U lore than \$5,000.	nited States. Con Check this box if	nplete if the or no one recipie	ganization and nt received m	swered "Yes" to ore than \$5,000. Use	[
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if apolicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	]
ROTARY FNDIN DONOR ADVISED FUND 855 ROUTE 146 SUITE 120					(Dan)		CONOC SONTSEEN FIRM	1
CLIFTON PARK NY 12065	36-3245072		21,650		FMV			
								1
								1
								ſ
								i
								1
								1
								<b>j</b> 1
2 Enter total number of section 501(c)(3) and government organizations	organizations						1	1

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

3 Enter total number of other organizations

Schedule I (F	Schedule I (Form 990) 2009 CULLMAN ROTARY CLUB Part III Grants and Other Assistance to Individua	ARY CLUB	6 Softets Petial of	63-6066306	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	. Page 2
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if additio	nal space is needed	nripiete ir the organiza 1.	ation answered "Yes" to Fo	rm 990, Part IV, line 22.
_	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informative	on required in Part I,	line 2, and any other addition	onal information.

REQUESTS THAT THE FOUNDATION MAKE PAYMENTS DIRECTLY TO SPECIFIC ORGANIZATIONS, WHICH MUST BE 501(C)(3) ORGANIZATIONS.

THE GRANT MONEYS ARE HELD BY THE ROTARY FOUNDATION. THE CULLMAN ROTARY CLUB

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Schedule I (Form 990) 2009

SCHEDULE M (Form 990) ·

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2009

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** CULLMAN ROTARY CLUB 63-6066306 Part I **Types of Property** (a) (b) (c) (d) Check if **Number of Contributions** Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art-Works of art Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household 5 X 45,790 qoods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities—Publicly traded 10 Securities—Closely held stock Securities—Partnership, LLC, 11 or trust interests Securities-Miscellaneous 12 Qualified conservation contribution-Historic structures Qualified conservation contribution-Other Real estate—Residential 15 Real estate-Commercial 16 Real estate—Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ( 26 Other ▶( 27 Other ▶( 28 Other ▶( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be X used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard X 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a If "Yes." describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33

describe in Part II

Schedule M (Form 990) 2009 CULLMAN ROTARY CLUB

63-6066306

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M (Form 990) 2009

SCHEDULE:0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

Open to Public Inspection **-

Name of the organization

CULLMAN ROTARY CLUB

**Employer identification number** 63-6066306

Form 990, Part VI, Line 2 - Related Party Information Among Officers

MIKE ECKENROD

LISA ECKENROD

CHAIRPERSON

SECRETARY

HUSBAND AND WIFE

Form 990, Part VI, Line 6 - Classes of Members or Stockholders THE ORGANIZATION IS ORGANIZED AS AN ASSOCIATION WITH MEMBERS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BODY.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members THE MEMBERS OF THE ORGANIZATION APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 FORM 990 PRESENTED TO BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE MADE AVAILABLE TO PUBLIC UPON REQUEST.