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Form

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014 Open to Public Inspection

A	For th	e 2014 ca	alendar year, or tax year beginning $07/01/14$ , and ending $06/30/1$	L <b>5</b>		
	Check if a		C Name of organization		D Employer	Identification number
	Address		CULLMAN ROTARY CLUB			
$\equiv$		-	Doing business as		1 63-6	066306
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
	Initial retu	um	P.O. BOX 995		256-	338-0432
	Final retu terminate		City or town, state or province, country, and ZIP or foreign postal code			
			CULLMAN AL 35056-0995		G Gross rece	eipts 94,442
님	Amended	ı retum	F Name and address of pnncipal officer	H(a) Is this a gr	oue return for ex	ibordinates? Yes X No
Ш	Application	on pending	RICKEY KREPS	n(a) is ulis a gi	oup return for st	
			P.O. BOX 995	H(b) Are all sul	oordinates inclu	ded? Yes No
			CULLMAN AL 35056	If "No	," attach a list (	see instructions)
1	Tax-exe	mpt status	501(c)(3) <b>X</b> 501(c) ( <b>4</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527	_		
J	Website	, ▶ h	ttp://cullman.rotary-site.org	H(c) Group exe	emption number	<u>▶ 0573</u>
ĸ	Form of	organization	Corporation Trust X Association Other ▶ L Y	ear of formation 1	L937	M State of legal domicile AL
P	art I	Su	immary			
		Briefly de:	scribe the organization's mission or most significant activities			
•		-	REATE AND PROMOTE OPPORTUNITIES FOR SERVICE.			
ဦ						
ñ						
چٍرٰٰرِ		Check this	s box > if the organization discontinued its operations or disposed of more than 25%	of its not asset	e	
္ပိ	2		of voting members of the governing body (Part VI, line 1a)	or its rict asset		17
- <b>6</b> 5	3		of voting members of the governing body (r art vi, line 1a) of independent voting members of the governing body (Part VI, line 1b)		4	17
<u>. Ę</u>	🔭				5	0
以门(Activities'& Governance	ر ا		hber of individuals employed in calendar year 2014 (Part V, line 2a)		6	0
رقح	, °		her of volunteers (estimate if necessary)		7a	0
70	/a		elated business revenue from Part VIII, column (C), line 12		7b	0
<del>-</del> -	<u>D</u>	Net unreia	ated business taxable income from Form 990-T-line 34	Prior Ye		Current Year
:	8	Contributi			5,982	42,159
Revenue	9		ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)			0
<u>جو</u>	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)			0
8	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5	0,306	50,839
	''		enue – add lines 8 through 11 (must equal Part VIII, column (A), line-12)		6,288	92,998
_	_		and similar amounts paid (Part IX, column (A), lines 1–3)		5,460	31,563
			paid to or for members (Part IX, column (A), line 4)		<del>5,100</del>	0
	4.5					0
penses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		<del></del>	0
eï	104		nal fundraising fees (Part IX, column (A), line 11e)  Iraising expenses (Part IX, column (D), line 25) ▶  0	<del></del>		
EX	1		F	3	7,233	37,778
_		•	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,693	69,341
		•	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,595	23,657
	19	Revenue	less expenses Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)		6,908	130,565
Asse Bat	21		lities (Part X, line 26)		0	0
Set	22		s or fund balances Subtract line 21 from line 20	10	6,908	130,565
	art II		gnature Block		0/00	
			perjury. Heclare that I have examined this return, including accompanying schedules and statemen	to and to the he	at of mulino	ulades and hallof it is
			impleje. Declare that mave examined this fettini, including accompanying schedules and statement impleje. Declaration of preparer tother than officer) is based on all information of which preparer has			vieuge and belief, it is
		T	11/12 ban KAOA -	<u>.</u>	10	116/15
Sig	nn e	si	ignature of officer	· · · · · · · · · · · · · · · · · · ·	Date/	<del>/////</del>
_	_		RICKEY KREPS PRESI	ENT		•
He	16	T.	YPE or print name and title	<u></u>	<del></del>	
_		<del>  '                                   </del>	preparer's name Preparer's signature	Date	- Tas .:	f PTIN
Paid	d	}	(2)		Check	<b>□</b> "
	parer	<del></del>			15 self-em	
	Only	Firm's nam	Segroves & Brewer P. C.  301 Elizabeth St (NF)		Firm's EIN	63-1139137
-55	· · · · · · ·		G-11 BY 3505 3037			256_727.0520
	, the ID	Firm's add			Phone no	256-737-0532
iviay	y uie iK	o uiscuss	this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2014)	CULLMAN ROTARY C	LUB	63-6066306	Page 2
Part III	Statement of Program Servicheck if Schedule O contain	rice Accomplishments	ine in this Part III	
	cribe the organization's mission ATE AND PROMOTE OF	PORTUNITIES FOR S	ERVICE.	
prior Form	ganization undertake any significant p 1990 or 990-EZ? escribe these new services on Sched	•	ich were not listed on the	Yes X No
services?	ganization cease conducting, or make escribe these changes on Schedule (		icts, any program	Yes X No
4 Describe the expenses	he organization's program service ac	complishments for each of its three inizations are required to report the	largest program services, as measured by amount of grants and allocations to others,	
THROUGH	)(Expenses \$ ATE AND PROMOTE VA H PROVIDING SCHOLA ANCE TO INDIVIDUAL	RSHIPS, GRANTS, A	ES FOR SERVICE ND OTHER	)
<b>4b</b> (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
(6505	,(5,45,655)		, (	,
·				
	am services (Describe in Schedule (		·	
(Expenses		iding grants of \$	) (Revenue \$	
4e Total progra	am service expenses ▶	31,563		

Forn	n_990 (2014)	CULLMAN	ROTARY	CLUB	63-6066306			Page
· · · · ·		Checklist of			s			
	•					<b></b>	Yes	No
1	Is the organ	ization described	d in section 501	(c)(3) or 49	947(a)(1) (other than a private foundation)? If "Yes,"			İ
	complete So	chedule A				1	<b>-</b>	X
2	-				Schedule of Contributors (see instructions)?	2		X
3	-				al campaign activities on behalf of or in opposition to	ſ		
		for public office?				3		X
4					n engage in lobbying activities, or have a section 501(h)			}
					e Schedule C, Part II	4	├	┼
5					O1(c)(6) organization that receives membership dues,			
	assessment	s, or similar amo	ounts as defined	ın Revenu	ue Procedure 98-197 If "Yes," complete Schedule C,	_	-	Į.
	Part III					5	X	
6					or any similar funds or accounts for which donors			1
	have the rigi	ht to provide adv	ice on the distri	ibution or in	nvestment of amounts in such funds or accounts? If			
		lete Schedule D				<u> 6</u>		X
7					sement, including easements to preserve open space,	_		
					res? If "Yes," complete Schedule D, Part II	7	├──	X
8	-			works of ar	t, historical treasures, or other similar assets? If "Yes,"	١.		x
_	•	chedule D, Part I		4.77 1 04	I for a constant and a constant bability and a	8		^
9					I, for escrow or custodial account liability, serve as a	ĺ		1
					redit counseling, debt management, credit repair, or	9	i	x
		ition services? If				-	<del>                                     </del>	-
10					nization, hold assets in temporarily restricted  wments? If "Yes," complete Schedule D, Part V	10		x
					stions is "Yes," then complete Schedule D, Parts VI,	"		
11				lowing ques	stions is Tes, then complete schedule b, Faits VI,			ĺ
_		or X as applicable		nd huilding	s, and equipment in Part X, line 10? If "Yes,"	ĺ	İ	ĺ
a	_	thedule D, Part V		na, banang	s, and equipment in rate X, interior in res,	11a		х
<b>h</b>	•			vestments_	other securities in Part X, line 12 that is 5% or more	1		
IJ					omplete Schedule D, Part VII	116	l l	х
c					program related in Part X, line 13 that is 5% or more	1		
·					omplete Schedule D, Part VIII	11c		X
а					in Part X, line 15 that is 5% or more of its total assets			
•	_	Part X, line 169 If				11d	x	
e					s in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
					al statements for the tax year include a footnote that addresses			
-					der FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	X
2a	-	-			ted financial statements for the tax year? If "Yes," complete			
	_	Parts XI and XII			•	12a		X
b				ed, indepen	dent audited financial statements for the tax year? If "Yes," and if			
					eting Schedule D, Parts XI and XII is optional	12b		X
3					)(1)(A)(ı)? If "Yes," complete Schedule E	13		X
4a	Did the organ	nızatıon maıntain	an office, emp	loyees, or a	agents outside of the United States?	14a		X
b	Did the organ	nization have ag	gregate revenu	es or exper	nses of more than \$10,000 from grantmaking,		į	
	fundraising, l	business, investi	ment, and progr	ram service	e activities outside the United States, or aggregate			
	foreign inves	tments valued a	t \$100,000 or m	nore? If "Ye	s," complete Schedule F, Parts I and IV	14b		<u>_x</u>
5	Did the organ	nization report or	n Part IX, colum	nn (A), line (	3, more than \$5,000 of grants or other assistance to or			
	for any foreig	n organization?	If "Yes," comple	ete Schedu	ile F, Parts II and IV	15		<u> </u>
6	Did the organ	nization report or	ո Part IX, colum	nn (A), line (	3, more than \$5,000 of aggregate grants or other	1 1		
	assistance to	or for foreign in	dividuals? If "Ye	es," comple	ete Schedule F, Parts III and IV	16		X
7	Did the organ	nization report a	total of more th	an \$15,000	of expenses for professional fundraising services on			
		•			Schedule G, Part I (see instructions)	17		X
8	•	•			undraising event gross income and contributions on		_	
		s 1c and 8a? If "				18	<u> </u>	
9	-	•		00 of gross	income from gaming activities on Part VIII, line 9a?			
		plete Schedule (				19		<u> </u>
Λa	Did the organ	nization operate	and or more ha	enital facilit	ties? If "Yes " complete Schedule H	1 20 2 1		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

_P	art IV Checklist of Required Schedules (continued)			_
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<u>^</u>	├
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del> </del> -	-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	1	ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated	,,	1	- V
	employees? If "Yes," complete Schedule J	23	<del> </del>	X
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		1	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	├	X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del> </del>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	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	**************************************			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
ь	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 pnor Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		İ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ĺ i		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ł	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		- 1	
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\dashv$	X
Þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		- 1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	$\longrightarrow$	
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,	_		37
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<b>.</b>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

P	art V Statements Regarding Other IRS Filings and Tax Compliance  Chock if School Q Contains a response or note to any line in this Part V			$\Box$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		.03	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			I
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			I
Ĭ	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			į
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	į
	(FBAR)		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ŀ	
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		I	
а	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1,0	$\neg \uparrow$	
·	required to file Form 8282?	7c	- 1	
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter		I	
а	Initiation fees and capital contributions included on Part VIII, line 12		ı	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Ī	
1_	Section 501(c)(12) organizations. Enter		I	
	Gross income from members or shareholders  Gross income from ethor sources (Do not not amounts due or paid to other sources)		1	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		I	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŧ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	-	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<del>-  </del>	1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	· · · · · · · · · · · · · · · · · · ·		
	Enter the amount of reserves the organization is required to maintain by the states in which		I	
	the organization is licensed to issue qualified health plans		ŧ	
	Enter the amount of reserves on hand		I	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Voo." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schodule O	4.45		

T	Governance, management, and disclosure for each res response to lines 2 tillou	_				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Sched	fule O Se	ee instruc	ctions	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				<del>,</del>	
				<u></u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	17			I
	If there are material differences in voting rights among members of the governing body, or					I
	if the governing body delegated broad authority to an executive committee or similar	1		ĺ		l
	committee, explain in Schedule O					1
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					I
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	х	ĺ
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year l	ov the fo	llowing			
а	The governing body?	,		8a	х	İ
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal Re	venue C			
	don't but one of the content but of the man	na. r.c	, , , , , , , , , , , , , , , , , , ,	, oue	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	, ioiiii.		110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflict	c?	12b		- 41
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	COLLING	3.	120		
C	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	Did the process for determining compensation of the following persons include a review and approval by			14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				I	
_				45.	ŧ	v
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15a		$\frac{x}{x}$
b				15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				ŧ	37
	with a taxable entity during the year?			16a		<u>X</u>
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				I	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				Ŧ	
C	organization's exempt status with respect to such arrangements?			16b_		<del>-</del>
	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 (Section 501(c	)(3)s on	ly)			
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website W Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	oolicy, a	nd			
	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>&gt;</b>				
FF	ANCENE VAN SAMBEEK 266 COUNTY ROAD 699					

CULLMAN

63		 _	_	~	_	_
	_	 	_	-	"	_

Page 7

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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

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

(A) Name and Title	(B) Average hours per week (list any	(c)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1099-MISC)	from the organization and related organizations
(1) RICKEY KREPS				İ			T			
	1.00		ĺ							
VICE PRESIDENT	0.00	X		X			4	0	0	0
(2) JASON FOWLER	1 00	İ								
DAGE DDEGIDENE	1.00	x		x			ı	o	0	0
PAST PRESIDENT (3) FRANCES COOPER	0.00	<del>  ↑</del>	_	^	<del>                                     </del>	-	$\dashv$	0	U	
(3) FRANCES COOPER	5.00	1								
PRESIDENT	0.00	x	ĺ	x	<u> </u>		1	o	0	0
(4) DALE GREER	0.00	<del> </del>		-			$\dashv$			
(,,=====	1.00	1								
SECRETARY	0.00	x		x				o	O	0
(5) PERRY SHIELDS							T			
	1.00		Ì	<b>.</b>						
TREASURER	0.00	X		X				0	0	0
(6) TERRY SHABEL										· · · · · · · · · · · · · · · · · · ·
	1.00									
CHAIRPERSON	0.00	X					$\perp$	0	0	0
(7) JOEL ADAMS										
	1.00								_	_
CHAIRPERSON	0.00	X					4	0	0	0
(8) ELI HOWARD	1 00				1					
	1.00	$ \mathbf{x} $				1			. 0	•
CHAIRPERSON (9) SCOTT GRAHAM	0.00	<u> </u>				+	╁	0		0
(9) SCOII GRAHAM	1.00									
CHAIRPERSON	0.00	x						o	o	0
(10) ANITA PIRKLE	<u> </u>			$\dashv$	$\dashv$	_	$\top$	<del>`</del>		
(10)12(111111111111111111111111111111111	1.00			ŀ						
CHAIRPERSON	0.00	x		ļ	]			О	o	0
(11) CHARLIE NESMITH							$\top$			
	1.00					ĺ				
CHAIRPERSON	0.00	X		]				0	0	0
DAA										Form 990 (2014)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	week box, u		ox, uni	Pos check ess po	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estima emous othe compen	ated int of ier	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organiz and re organiza	zation lated	
(12)TODD ADKISON		-	"	$\vdash$	-	8				<del> </del>			
CHAIRPERSON	1.00	x		,				o	o				0
(13) FRANCENE VAN SAM		1			$\vdash$	$\vdash$				<del>                                     </del>			
(10)2222102112 1121 1121	5.00		ĺ										
EXEC SECRETA	0.00	x		Х				0	0	1			0
(14)WILL HARDING										Ī			
	1.00												
CHAIRPERSON	0.00	X	ļ		<u> </u>			0	0	ــــــ			0
(15)JIM WRIGHT													
	1.00	٦,							_	Ì			_
CHAIRPERSON	0.00	X	<u> </u>					0	0	<del> </del>			0
(16) GUY CAFFEY	1.00												
SERGEANT-AT-ARMS	0.00	x						o	0	ł			0
	0.00	<u> </u>			-		-						
(17)													
							-		······································	<del>                                     </del>			
(18)													
(19)						-	{			<del> </del>			
(13)													
1b Sub-total			ابسا						<del></del>				
c Total from continuation shee	ts to Part VII, S	ectio	n A								<del></del>		
d Total (add lines 1b and 1c)  2 Total number of individuals (incl	luding but not lim	ited	to the	nee l	isted	ahov	/e) v	who received more than \$10	00.000 of				
reportable compensation from the			0		-			who received more than the			<del></del>	Yes	No
3 Did the organization list any form							loye	e, or highest compensated			3	103	x
employee on line 1a? If "Yes," of any individual listed on line	1a, is the sum of	repo	ortabl	е со	mpe	nsatio			n the				
organization and related organiz individual	zations greater tr	an \$	150,	0003	' IT "Y	es,"	com	plete Schedule J for such			4	Ī	x
5 Did any person listed on line 1a	receive or accru	e co	mper	nsatio	on fr	om ai	ny ui	nrelated organization or indi	ividual			$\neg$	
for services rendered to the org	anization? If "Yes	s," co	mple	ete S	chec	lule J	for	such person			_5		<u>X</u>
Section B. Independent Contractor									<del> </del>				
<ol> <li>Complete this table for your five compensation from the organization</li> </ol>													
	(A) ousiness address	треп	34110	11 101	uic .		GEI .		(B) on of services		<u> </u>	(C)	
Name and t	ousiness address							Descripti	on of services		Cor	npensati	iou
								<del></del>					
											<b></b>		
						1							
2 Table mark and a large to								and the survey of					
2 Total number of independent co received more than \$100,000 of							se li	sted above) who	0				
DAA	1							<del>, , , , , , , , , , , , , , , , , , , </del>			Form	<sub>n</sub> 990	(2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) Total revenue Unrelated excluded from tax under sections business function revenue revenue 512-514 1a Federated campaigns 1a 1b 38,749 b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e Program Service Revenue Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above 3,410 g Noncash contributions included in lines 1a-1f \$ 42,159 h Total, Add lines 1a-1f Busn. Code f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6a Gross rents b Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (a) Other sales of assets other than inventor Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 44,253 944 b Less direct expenses 43,309 ▶ 43,309 c Net income or (loss) from fundraising events 9a Gross income from garning activities See Part IV, line 19 8,030 500 b Less direct expenses 7,530 c Net income or (loss) from gaming activities  $\triangleright$ 7,530 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b d All other revenue Total. Add lines 11a-11d 92,998 0 Total revenue. See instructions 0 50,839

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Form 990 (2014)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	exherises
1	Grants and other assistance to domestic organizations	31,563	31,563		
_	and domestic governments. See Part IV, line 21	31,303	31,303		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	-	-		
4	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)	<u> </u>			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	<del> </del>			
9	Other employee benefits				
10	Payroll taxes	<del></del>			
11	Fees for services (non-employees)				
a	•				
	Legal	1,850		1,850	
	Accounting	1,000		1/000	
	Lobbying  Professional fundrations converse Soc Part IV line 17				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O )				
	Advertising and promotion				
13	Office expenses Information technology				
14	Royalties			<del> </del>	<del></del>
15	Occupancy				···
16 17	Travel			· · · · · · · · · · · · · · · · · · ·	······································
17 40	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings	700		700	
20	Interest				
21	Payments to affiliates	5,841		5,841	
22	Depreciation, depletion, and amortization				
23	Insurance	167		167	
24	Other expenses Itemize expenses not covered			Ī	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	MEALS AND ENTERTAINMENT	28,239	1	28,239	
b	MEMBER RECOGNITION	689		689	
С	CHAMBER MEMBERSHIP	200		200	
d	PO BOX RENTAL	92		92	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	69,341	31,563	37,778	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   [Ollowing SOP 98-2 (ASC 958-720)]				

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 100,664 122,510 1 1 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10b b Less accumulated depreciation 10c 11 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 6,244 8,055 15 15 Other assets See Part IV, line 11 106,908 130,565 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 106,908 27 Unrestricted net assets 27 130,565 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 106,908 130,565 Total net assets or fund balances 33 33 106,908 130,565 Total liabilities and net assets/fund balances

Form 990 (2014)

orr	n 990 (2014) CULLMAN ROTARY CLUB	63-6066306				Pa	ge <b>12</b>
Pi	art XI Reconciliation of Net Assets						
	'Check if Schedule O contains a response or note to any line in	this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1			92,	998
2	Total expenses (must equal Part IX, column (A), line 25)		2			69,	341
3	Revenue less expenses. Subtract line 2 from line 1		3			23,	657
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column	n (A))	4		1	06,	908
5	Net unrealized gains (losses) on investments		5	L			
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain in Schedule O)		9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal	Part X, line	Į				
	33, column (B))		10		1	30,	<u> 565</u>
Pa	art XII Financial Statements and Reporting						_
	Check if Schedule O contains a response or note to any line in t	his Part XII					
						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			Į.		
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent	ent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	were compiled or					
	reviewed on a separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and se	eparate basis					
b	Were the organization's financial statements audited by an independent accountant	?		ļ	2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year	were audited on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and se	eparate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes resp	onsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an inc	dependent accountant?			2c		<del>,,</del>
	If the organization changed either its oversight process or selection process during	the tax year, explain in		ŀ			
	Schedule O						•
За	As a result of a federal award, was the organization required to undergo an audit or	audits as set forth in		ļ		l ,	
	the Single Audit Act and OMB Circular A-133?			Ĺ	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization	n did not undergo the					

Form **990** (2014)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

• ;	Section 501(c)(4), (5), or (6) organizations. Complete Part III				·····
Vam	e of organization			1 ' -	tification number
	CULLMAN ROTARY CLUB			63-60663	
Pa	rt I-A Complete if the organization is exen	npt under section 501(c)	or is a sectio	n 527 organizatio	n.
1	Provide a description of the organization's direct and indirect	ct political campaign activities in	Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
			(2)		
	rt I-B Complete if the organization is exen		(3).		
1	Enter the amount of any excise tax incurred by the organiza			<b>▶</b> \$	
2	Enter the amount of any excise tax incurred by organization	<u>*</u>		▶ \$	
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No
4a					Yes No
	If "Yes," describe in Part IV  rt I-C Complete if the organization is exen	ent under section 501(c)	eveent section	on 501/c)/3\	
				on 30 ((c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	1	<b>.</b> ¢	
_	activities	ed to other expenses topo for each		▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sect	ION	<b>▶</b> \$	
•	527 exempt function activities	s here and an Form 1120 DOI		•	
3	Total exempt function expenditures Add lines 1 and 2 Ente	r here and on Form 1120-FOL,		<b>▶</b> ¢	
	line 17b			▶ \$	□ Van □ Na
4	Did the filing organization file Form 1120-POL for this year?			to which the files	Yes No
5	Enter the names, addresses and employer identification nur	·	-		
	organization made payments. For each organization listed, o				
	the amount of political contributions received that were prom	• •	· ·	~	
	as a separate segregated fund or a political action committe			1	(a) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
  )			-		
''					
2)					
-,					
3)					
•					
  )			<del>-</del>		
•					
5)					
5)					
=					

Sch	hedule C (Form 990 or 990-EZ) 2014 CULL	MAN ROTARY	CLUB		63-606630	Page
P	art II-A Complete if the organi	zation is exemp	t under section	501(c)(3) and	l filed Form 5768 (el	ection under
	section 501(h)).					
Α	Check ▶ ☐ if the filing organizati	on belongs to an	affiliated group (	and list in Pa	rt IV each affiliated gr	oup member's
	name, address, EIN,	•			·	
В	Check ▶ ☐ if the filing organizati	on checked box	A and "limited coi	ntrol" provisio	ns apply	
	Limits on Lo	bying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred.)	<u>.                                    </u>	organization's totals	group totals
1	a Total lobbying expenditures to influence pul	blic opinion (grass ro	ots lobbying)			
	<b>b</b> Total lobbying expenditures to influence a le	egislative body (direc	t lobbying)			
	c Total lobbying expenditures (add lines 1a a	nd 1b)				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add lin	es 1c and 1d)				
	f Lobbying nontaxable amount Enter the am	ount from the followir	ng table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:			
	Not over \$500,000	20% of the amour	nt on line 1e	_		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	00,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1	,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,5	500,000		
	Over \$17,000,000	\$1,000,000		L		
	g Grassroots nontaxable amount (enter 25%	of line 1f)				
	h Subtract line 1g from line 1a If zero or less,	enter -0-		į		
	i Subtract line 1f from line 1c If zero or less,	enter -0-		l	<del> </del>	
	j If there is an amount other than zero on eith	er line 1h or line 1i, c	did the organization file	e Form 4720		
	reporting section 4911 tax for this year?					Yes No
		4-Year Averag	ing Period Under	section 501(h	)	
	(Some organizations that mad	le a section 501(h	i) election do not l	have to compl	ete all of the five colu	mns below.
	Ş	See the separate i	nstructions for lin	es 2a through	2f.)	
_	L(	bbying Expendit	ures During 4-Yea	r Averaging P	eriod	
	Calendar year (or fiscal year			1		
	beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2	a Lobbying nontaxable amount					
- 1	b Lobbying ceiling amount					
	(150% of line 2a, column(e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
•	e Grassroots ceiling amount					
	(150% of line 2d, column (e))			<del> </del>	· <del></del>	<del> </del>
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Page 2

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Forn	5768	3		r age_
		(a)	T	(t	)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed  ription of the lobbying activity  Yes	No		Amo	unt	
ues:	cription of the lobbying activity Yes	140	<u> </u>	AIIIC		
1	During the year, did the filing organization attempt to influence foreign, national, state or local		1			
	legislation, including any attempt to influence public opinion on a legislative matter or		1			
	referendum, through the use of					
а	Volunteers?	<u> </u>	_[			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?	ļ				
d	Mailings to members, legislators, or the public?	<u> </u>	<u> </u>			
е	Publications, or published or broadcast statements?	<u> </u>	<u> </u>			
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					_
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		L			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	orse	ction			
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		X
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b)	Part	III-A,	line 3	, is	
	answered "Yes."	,	,			
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				_
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?	4				
5_	Taxable amount of lobbying and political expenditures (see instructions)	5				
Par	t IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2014 CULLMAN ROTARY CLUB

63-6066306

Page 4

Part IV Supplemental Information (continued)

### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

C	ULLMAN ROTARY CLUB		63-6	066306
₽	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Ac	count	S.
	Complete if the digamization answered Tes to I	<u> </u>		h) Funds and other accounts
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			<del></del>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the			
	funds are the organization's property, subject to the organization's exclus			∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in w			
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pi	Conservation Easements. Complete if the organization answered "Yes" to Fe	orm 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check al			
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	ant land	area
	Protection of natural habitat	Preservation of a certified historic st		a. 32
	Preservation of open space	Treservation of a sertifications of	actaro	
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	ın.	
-	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure include	ed in (a)	2c	
d				
u	historic structure listed in the National Register	, and not on a	2d	
3	Number of conservation easements modified, transferred, released, exting	quished or terminated by the organization di		
,	tax year	galonica, or torrimiated by the organization as	ug	
4	Number of states where property subject to conservation easement is loc	ated >		
5	Does the organization have a written policy regarding the periodic monitor			
Ŭ	violations, and enforcement of the conservation easements it holds?	mig, mepeemen, mememig er		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year		
•	<b>&gt;</b>	, <b>,</b> ,		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easement	s in its revenue and expense statement, and	f	
	balance sheet, and include, if applicable, the text of the footnote to the org	anization's financial statements that describe	es the	
	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to Fo		nilar A	ssets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	<del></del>	e sheet	<del></del>
	works of art, historical treasures, or other similar assets held for public exh	•		
	public service, provide, in Part XIII, the text of the footnote to its financial s			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		neet	
	works of art, historical treasures, or other similar assets held for public exh			
	public service, provide the following amounts relating to these items	•		
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or oth	ier similar assets for financial gain, provide th	he	
	following amounts required to be reported under SFAS 116 (ASC 958) rela	• .,		
а	Revenue included in Form 990, Part VIII, line 1	-	<b>&gt;</b>	\$
	Assets included in Form 990. Part X			¢

▶

e Other

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

CULLMAN ROTARY CLUB Schedule D (Form 990) 2014 Part VII Investments—Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (b) Book value (c) Method of valuation (a) Description of security or category Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶ Investments—Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13. (b) Book value (c) Method of valuation (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Part IX Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description Life Insurance CSV 8,055 (1) (2) (3) (4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 8,055 Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

che	edule D (Form 990) 2014 CULLMAN ROTARY CLUB	63-(	5066306	Page 4
	art XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 12a		
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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	·	5	
Pa	art XII Reconciliation of Expenses per Audited Financial S		es per Return.	
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 12a	· · · · · · · · · · · · · · · · · · ·	
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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	_2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	

Part XIII Supplemental Information.

b Other (Describe in Part XIII )

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1
 Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4c

Schedule D (Form 990) 2014 CULLMAN ROTARY CLUB

63-6066306

Page 5

Part XIII Supplemental Information (continued)

ROTARYCLUB 4 34 PM

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2014

Inspection

Employer identification number Name of the organization CULLMAN ROTARY CLUB 63-6066306 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity or entity (fundraiser) fundraiser listed in organization control of contributions' col (i) Yes No 2 3 10 **Total** 

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

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL AUCTION None (add col (a) through col (c)) (total number) (event type) (event type) 44,253 44,253 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 44,253 44,253 line 2) 4 Cash prizes 5 Noncash prizes 650 650 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 294 294 9 Other direct expenses 944 10 Direct expense summary Add lines 4 through 9 in column (d) 43,309 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No ▶ 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain

ROT&RYCLUB 4 34 PM Schedule G (Form 990 or 990-EZ) 2014 CULLMAN ROTARY CLUB 63-6066306 Does the organization conduct gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 Yes No formed to administer chantable gaming? Indicate the percentage of gaming activity conducted in 13 The organization's facility An outside facility b Enter the name and address of the person who prepares the organization's gaming/special events books and 14 records Name ▶ Address > Does the organization have a contract with a third party from whom the organization receives gaming Yes No If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party If "Yes," enter name and address of the third party Name ▶ Address ▶ Gaming manager information 16 Name ▶ Gaming manager compensation Description of services provided Employee Director/officer Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part IV Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Open to Public

Inspection

Employer Identification number

2 DONOR ADVISED FUND Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance X Yes SCHOLARSHIP 63-6066306 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 16,550 6,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section r applicable 36-3245072 General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? CULLMAN ROTARY CLUB VARIOUS: SENT TO COLLEGES OF WINNER (2) ROTARY FNDTN DONOR ADVISED FUND AL 35077 60201 (a) Name and address of organization 1560 SHERMAN AVE, FN110 or government (1) BUETTNER SCHOLARSHIP EVANSTON VARIOUS Part II Part

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For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Page 2

63-6066306

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

CULLMAN ROTARY CLUB

Schedule I (Form 990) (2014)

Part III

		2000				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						•
7						
3						
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4						
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9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information req	uired in Part I, line 2	, Part III, column (b),	and any other additional in	Iformation

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

GRANT PRIMARY GRANT MADE WAS TO ROTARY INTERNATIONAL DONOR ADVISED FUND. MONEYS TO THE ROTARY FOUNDATION DONOR ADVISED FUND ARE DISTRIBUTED DIRECTLY

FROM DONOR ADVISED FUND TO SPECIFIC ORGANIZATIONS, WHICH MUST BE 501(C)(3)

ORGANIZATIONS.

OTHER LESSER GRANTS ARE GENERALLY EITHER TO KNOWN 501(C)(3) ORGANIZATIONS

OR TO SCHOOLS.



SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

CULLMAN ROTARY CLUB

Employer Identification number 63-6066306

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE.

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 11b - Organization's Process to Review Form 990 FORM 990 AVAILABLE 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.