Form 990
(Rev January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 2019 Open to Public Inspection

A	For the 2019 (calendar year, or tax year beginning $07/01/19$, and ending $06/30/2$	0	υ	1
В	Check if applicable	C Name of organization		D Employe	er identification number
	Address change	CULLMAN ROTARY CLUB			
	Name change	Doing business as			066306
<u>;</u> ;;		Number and street (or P O box if mail is not delivered to street address) P.O. BOX 995	Room/suite	E Telephor	338-0432
5 ;	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code		256-	336-0432
_Ŀ	terminated	l · · · · · · · · · · · · · · · · · · ·		_	00.070
> -	Amended return	CULLMAN AL 35056-0995 F Name and address of principal officer		G Gross rec	eipts \$ 98,978
	Application pending	FRANCENE VAN SAMBEEK	H(a) Is this a gro	oup return for s	ubordinates? Yes X No
	ripplication penaling	266 CO RD 699	H(b) Are all sub		uded? Yes No
4					(see instructions)
-		<u> </u>	· " '\'o,	attacir a iist	(See Instructions)
出	Tax-exempt status	501(c)(3) X 501(c) (4) 4 (Insert no) 4947(a)(1) or 527	1		
31	,	ttp:/cullman.rotary-site.org Corporation Trust X Association Other ▶ L Ye	H(c) Group exe	-	
	Form of organization		ear of formation 1	937	M State of legal domicile AL
	T	ummary			
		escribe the organization's mission or most significant activities CREATE AND PROMOTE OPPORTUNITIES FOR SERVICE.			
ဦ	10 0	REALE AND PROPOSE OPPORTUNITIES FOR SERVICE.			
naı					
Governance	2 Charles	us box Fig. if the organization discontinued its operations or disposed of more than 25°)/	_4_	
			% of its net ass	1 1	18
Activities &	3 Number	of voting members of the governing body (Part VI, line 1a)		3	18
itie	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	0
÷	5 Total nur	mber of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
ĕ		mber of volunteers (estimate if necessary)		6	0
	1	related business revenue from Part VIII, column (C), line 12		7a 7b	0
_	b Net unre	lated business taxable income from Form 990-T, line 39	Prior Yea		Current Year
	8 Contribu	tions and grants (Part VIII, line 1h)		714	55,286
Revenue	9 Program	181	18	,	0
Ş.	10 Investme	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d)	8-08		0
æ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,484	41,386
		enue – add lines 8 through 11 (must equal Part VIII, column (A), mcG2PEN, UT		5,198	96,672
_		nd similar amounts paid (Part IX, column (A), lines 1–3)		7,067	29,290
		paid to or for members (Part IX, column (A), line 4)			0
s	45 Calamaa	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
xpenses	16a Profession	onal fundraising fees (Part IX, column (A), line 11e)			0
ē	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0	•	, ,,	
Ä	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	53	3,533	41,342
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		600	70,632
	19 Revenue	less expenses Subtract line 18 from line 12	-15	5,402	26,040
Net Assets or	S		Beginning of Cur		End of Year
Sets	20 Total ass	ets (Part X, line 16)	120	384	146,424
A Pa	21 Total liab	ulities (Part X, line 26)		0	0
		ts or fund balances Subtract line 21 from line 20	120	384	146,424
		gnature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and statemen			owledge and belief, it is
	rue, correct, and c	omplete Declaration of preparer (other than officer) is based on all information of which preparer ha	any knowledge	- \/	10-1-20
					10, 100
Sig	ייפ יי	ignatule of officer		Date	
He			IVE SEC	RETAR	<u> </u>
_		ype or print name and title	Date	1	If PTIN
Pai	:a	e preparer's name Preparer's signature Living Z Sweatmon Preparer's signature		Check Self-em	
	naror	The class Consider C Co/ DC			
	e Only		F	rm's EIN	63-0853902
U5(412 2nd Ave NE			256-739-0955
	Firm's ad		Pi	none no	
_	<u> </u>	ss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		X Yes No
For	Paperwork Red	uction Act Notice, see the separate instructions			Form 990 (2019)

Form 990 (2019) C	ULLMAN ROTAR	Y CLUB	63-6066306	Page 2
	_	Service Accomplishments		
	eck if Schedule O co e the organization's missi	ntains a response or note to any line i	n this Part III	
		OPPORTUNITIES FOR SER	VICE.	
2 Did the organiz	zation undertake any sign	ificant program services during the year which	were not listed on the	
prior Form 990	-			Yes X No
		n Scriedule O or make significant changes in how it conducts	s, any program	
services?	5 .	· ·		Yes X No
	tibe these changes on Sch			
expenses Sec	ction 501(c)(3) and 501(c)	vice accomplishments for each of its three larg (4) organizations are required to report the amifor each program service reported	•	
4a (Code) (Expenses \$	29,290 including grants of \$	29,290) (Revenue \$	
TO CREATE	E AND PROMOTE	VARIOUS OPPORTUNITIES	FOR SERVICE THROUGH	PROVIDING '
ORGANIZA		AND OTHER ASSISTANCE	TO INDIVIDUALS AND	
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
N/A				
4- (0-4-	\ (Funnance 6) (Revenue \$	
4c (Code N/A) (Expenses \$	including grants of \$) (Revenue \$,
•				
4d Other program	services (Describe on Sc	chedule O)		
(Expenses \$		including grants of \$) (Revenue \$)
4e Total program :	service expenses	29,290		Form 990 (2019)

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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, or have a section 501(h)	_		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		X
_	"Yes," complete Schedule D, Part I	6		
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		77
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			-
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			••
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			77
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		,,	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_ <u>X</u>	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			77
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			-
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17		X
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?			4.
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>.</u> .	.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	

domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

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	dieckist of required ochedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			😛
24-	employees? If "Yes," complete Schedule J	23		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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			۹,
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		İ	ļ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			<u> </u>
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			32
20	"Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30	ŀ	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	•		
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
		ا	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	 		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable [1b] [0]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

Pa	urt ♥ Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)				
				[Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	2b	ļ			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			1 1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	3b	\vdash	ļ		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	a financial account in a foreign country (such as a bank account, securities account, or other financia	I accou	unt)?	4a		X
þ	If "Yes," enter the name of the foreign country		· (5040)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	its (FBAR)			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\vdash	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the form 2005 T2	tion		5b	$\vdash \vdash \vdash$	<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		5c	$\vdash\vdash\vdash$	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e		60		x
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or		6a_	\vdash	
b	gifts were not tax deductible?	115 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			100		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	ahoor				
а	and services provided to the payor?	goods		7a		
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	ıs		7.5		
·	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e	ĺ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne		, i	
	sponsoring organization have excess business holdings at any time during the year?			8	L [
9	Sponsoring organizations maintaining donor advised funds.					
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		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b			. 1	
12a	, , , , , , , , , , , , , , , , , , , ,		?	12a	ļļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1				
	the organization is licensed to issue qualified health plans	13b			:	
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	- ^		14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		n-	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation (זכ	4.		v
	excess parachute payment(s) during the year?			15		<u> </u>
16	If "Yes," see instructions and file Form 4720, Schedule N	1000-	?	16	.	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	mcom	E '	1.10		
	If "Yes," complete Form 4720, Schedule O			Eor	m 990	(2019)
				. 511		(/

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₽ŧ	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee inst	ructio	ns
	Check if Schedule O contains a response or note to any line in this Part VI			[X]
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	If there are material differences in voting rights among members of the governing body, or	7		
	if the governing body delegated broad authority to an executive committee or similar	•		
	committee, explain on Schedule O	1		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
_	any other officer, director, trustee, or key employee?	2	i	х
3	Did the organization delegate control over management duties customarily performed by or under the direct	1	-	
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	}	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5		5	-	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	х	<u> </u>
	Did the organization have members or stockholders?	6		<u> </u>
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	X	
b	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 by the following	1	:	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ode) </u>		
			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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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 conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	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		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?			
	The organization's CEO, Executive Director, or top management official	150		x
a	Other officers or key employees of the organization	15a		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		
40-				
16a		1 . 1		v
	with a taxable entity during the year?	16a		<u>X</u>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
FI	RANCENE VAN SAMBEEK 266 CO RD 699			
CI	JLLMAN AL 35055 250	5-33	8-0	432

Form 990 (2019)	CIIT.T.MAN	ROTARY	CLITE
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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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. See instructions for the order in which to list the persons above

- 1	Check this box if neither the o	rganization nor an	v related organization com	pensated any current office	er, director, or trustee
-----	---------------------------------	--------------------	----------------------------	-----------------------------	--------------------------

(A) Name and title	(B) Average hours per week (list any hours for	(de bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and			
,	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(***21833-#1866)	(10271030141100)	related organizations
(1) FRANCENE VAN SAN						П				
	3.00								_	
EXECUTIVE SECRETARY	0.00	X		X		\sqcup		1,200	0	0
(2) TODD ADKISON		İ								
	4.00			 					•	
SECRETARY	0.00	X		X				0	0	0
(3) WADE BENTLEY	2 00									
CURTODEDCON	2.00 0.00	$ \mathbf{x} $						o	0	0
CHAIRPERSON (4) GUY CAFFEY	0.00	^		\vdash				<u> </u>	U	0
(4) GOT CAPTET	2.00									
VICE PRESIDENT	0.00	x						0	0	0
(5) ALEX CHANEY		 								
(0,7-12-12-12-12-12-12-12-12-12-12-12-12-12-	1.00									
CHAIRPERSON	0.00	X						o l	0	0
(6) FRANCES COOPER										
	1.00									
CHAIRPERSON	0.00	X			L.,			0	0	0
(7) MICHAEL FULLER										
	1.00								_	_
CHAIRPERSON	0.00	X				\sqcup		0	0	0
(8) SCOTT GRAHAM										
	4.00	.,		,,				ا	0	0
PRESIDENT	0.00	X		X		\vdash		0	0	0
(9) WILL HARDING	1.00								•	
DACE DDECIDENE	0.00	x		x				o	0	0
PAST PRESIDENT (10) ELI HOWARD	0.00	^		^		\vdash		0		
(10)ELL HOMAN	1.00									
TREASURER	0.00	x		x				o	0	0
(11) DOYLE JONES				<u></u> -						
(,	1.00									
CHAIRPERSON	0.00	x						o	0	0
										Form 990 (2019)

Part VII Section A. Officers	s, Directors, Irt	ISTEE	es, K	ey E	mpı	oyee	s, a	nd Highest Compensated	Employees (continuea)	г			
(A) Name and title	(B) Average hours per week (list any	bo	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee				an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		organizatio ated organ	n and	5
			8			ated							
(12) PAUL KNETTER													
	1.00												_
CHAIRPERSON	0.00	X	├-	-	<u> </u>	ļ		0	0	 			0
(13) MIKE KRASSICE	0.00												
CHAIRPERSON	0.00	x	ĺ	ĺ	ĺ			o	o				0
(14) RICKEY KREPS	0.00	 ••	┢		_								<u>`</u>
	1.00		(i		1							
SERGEANT-AT-ARMS	0.00	X						0	0				0
(15) MARIA STANFOR				l		l							
Ov. 7 TD D#D GOV	1.00				ļ				•				^
CHAIRPERSON (16) TACK TACKETT	0.00	X	├	┢	-	Н		0	0				0
(10) IACK IACIDIT	1.00												
CHAIRPERSON	0.00	X			l			O	0				0
(17) MILTON WILDER												·	
	2.00			ļ						I			
CHAIRPERSON	0.00	X	<u> </u>		<u> </u>			0	0				0
(18) JEB WILLIAMS	1.00		ļ							1			
CHAIRPERSON	0.00	$ \mathbf{x} $						o	o	ì			0
(19) JIM WRIGHT	0.00		-		 								
(10)	1.00									1			
CHAIRPERSON	0.00	X	<u> </u>					0	0				0
1b Subtotal								1,200					
c Total from continuation shee	ets to Part VII, S	Secti	on A	١.				1,200					
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not l	mite	d to	thos	e list	ed a	boy		\$100,000 of				
reportable compensation from	the organization	1 >	0		0 1101								
	<i>.</i>							l beet end			<u> </u>	Yes	No
3 Did the organization list any fo employee on line 1a? If "Yes,"								ee, or nignest compensated			3	İ	X
4 For any individual listed on line	a 1a, is the sum	of re	porta	able	com	pens	atio						
organization and related organ individual	iizations greater	than	\$15	0,00	0? //	"Yes	s, " c	omplete Schedule J for suc	ch		4	1	x
5 Did any person listed on line 1	a receive or acc	rue c	omp	ensa	ation	fron	n an	y unrelated organization or	ındıvıdual				
for services rendered to the or		'es,"	com	plete	Sch	<u>redul</u>	θJ	for such person			5		X
Section B. Independent Contracto									h 0400 000 -6				
Complete this table for your five compensation from the organization.										ar			
	(A) business address							Descript	(B) ion of services		Com	(C) ipensati	on
													
						\neg							
													
2 Total number of independent of received more than \$100,000 or								se listed above) who	0		ļ		

Pa	irt V			of Revenue redule O con	tains a	response or note	to any line in this	s Part VIII		П
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated camp			1a					
irar oun	b	Membership du	-		1b	44,465			•	
A B	с	Fundraising eve					•			Ī
git ar	d	Related organiz	ations	,	1d		1			
ž, i	е	Government grants (co	ontributio	ons)	1e					
rijo S	f	All other contributions,								
듗퐞		and similar amounts n	ot includ	ed above	1f	10,821				
Contributions, Gifts, Grants and Other Similar Amounts	g				1g					
<u>ة ن</u>	h	Total. Add lines	1a-1	f		•	55,286		·····	
						Business Code				
Program Service Revenue	2a									
Sen	b c									
am	d						-			
P. S.	e								-	
<u>~</u>	f	All other prograi	m serv	vice revenue			<u> </u>			,
	g					•		······································		<u> </u>
	3	Investment inco			ds, intei	est, and				
		other similar am	ounts)		> _			_	
	4	Income from inv	estme	ent of tax-exemp	ot bond	proceeds >				
	5	Royalties		•		•				
				(ı) Real		(II) Personal				
	6a	Gross rents	6a							
	b	Less rental expenses	6b							
	С		6c	<u> </u>						
	d 7a	Net rental incom Gross amount from	ne or (1		P [
		sales of assets	_ _	(ı) Securitie	S	(ii) Other				
d)	.	other than inventory	7a	 				1		
ň	U	Less cost or other basis and sales exps	7b							
eve		Gain or (loss)	7c					1		
E E		Net gain or (loss								
Other Revenue		Gross income from		aising events						
٠		(not including \$		J				1		
		of contributions rep	orted o	on line 1c)						
		See Part IV, line 18	3		8a	34,626		I		
	b	Less direct exp	enses		8b	1,806				
	С	Net income or (I	oss) f	rom fundraising	events	•	32,820			
	9a	Gross income from		ng activities			1			
		See Part IV, line 19			9a	9,066				
		Less direct exp			9b	500	0 - 66			
		Net income or (I			vities	<u> </u>	8,566	8,566		
	10a	Gross sales of II			, ,					
		returns and allov			10a					
		Less cost of go			10b					
		Net income or (I	USS) [OILI SAIES OF INV	entory	Business Code .				
sno	11a					Dualiteas Code	<u>-</u>			
nue	i ia b						-			
Miscellaneous Revenue	C					 				
als:	d	All other revenue	е							
_		Total. Add lines		11d		•				
	12			_		>	96,672	8,566	0	0

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must d			mplete column (A)	
	Check if Schedule O contains a resp	,			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	29,290	29,290		
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				1111 1111 1111
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	_			
11	Fees for services (nonemployees)			_	
а	Management				
þ	Legal				
C	Accounting	1,825		1,825	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	96		96	
13	Office expenses	232		232	
14	Information technology				
15	Royalties				·
16	Occupancy				
17	Travel	<u> </u>		·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	300		300	
19	Conferences, conventions, and meetings	300		300	
20 21	Interest Payments to affiliates	6,572		6,572	
22	Depreciation, depletion, and amortization	0,512		0,512	·
23	Insurance	204		204	
24				203	
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column		1		
	(A) amount, list line 24e expenses on Schedule O)		1		
а	MEALS AND ENTERTAINMENT	28,322	,	28,322	
b	SPEAKERS	1,785		1,785	
c	PROGRAM EXPENSE	1,738	-	1,738	
d	CHAMBER MEMBERSHIP	200		200	
	All other expenses	68		68	
	Total functional expenses. Add lines 1 through 24e	70,632	29,290	41,342	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part					_
_	Check if Schedule O contains a response or i	note to any line in this Part X	(A)	Τ-	(B)
			Beginning of year		End of year
1	Cash—non-interest-bearing	······································	106,423	1	130,302
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from any current or for	mer officer, director,			·
	trustee, key employee, creator or founder, substant	al contributor, or 35%			
	controlled entity or family member of any of these p	ersons		5	
6	Loans and other receivables from other disqualified	persons (as defined			
ន	under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
Assets	Notes and loans receivable, net			7	
₹ 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10	Land, buildings, and equipment cost or other	1 1			
	basis Complete Part VI of Schedule D	10a			
t	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		13,961	15	16,122
16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)	120,384	16	146,42
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to any current or former of	officer, director,			
	trustee, key employee, creator or founder, substanti	al contributor, or 35%			
	controlled entity or family member of any of these pe	ersons		22	
- 23	Secured mortgages and notes payable to unrelated	third parties		23	
24	Unsecured notes and loans payable to unrelated thi	rd parties		24	
25	Other liabilities (including federal income tax, payab				
	parties, and other liabilities not included on lines 17-	24) Complete Part X			
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		0	26	
ام	Organizations that follow FASB ASC 958, check	here ► X			
<u>. ב</u>	and complete lines 27, 28, 32, and 33.		120 204		146 404
8 27	Net assets without donor restrictions		120,384	27	146,424
28	Net assets with donor restrictions			28	
Ĭ	Organizations that do not follow FASB ASC 958,	check here			
	and complete lines 29 through 33.		1		
29	Capital stock or trust principal, or current funds		 	29	
30	Paid-in or capital surplus, or land, building, or equip			30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated incom	e, or other funds	120,384	31	146 424
32	Total net assets or fund balances		120,384	32	146,424 146,424
33	Total liabilities and net assets/fund balances		120,364	33	Form 990 (2019

orm	990 (2019) CULLMAN ROTARY CLUB	63-6066306			Page	12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any	line in this Part XI			[٦
1	Total revenue (must equal Part VIII, column (A), line 12)		1		96,6	72
2	Total expenses (must equal Part IX, column (A), line 25)		2	_	70,6	32
3	Revenue less expenses Subtract line 2 from line 1		3		26,0	40
4	Net assets or fund balances at beginning of year (must equal Part X, line	32, column (A))	4	12	20,3	84
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7		_	
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (m	ust equal Part X, line				
	32, column (B))		10	14	16,42	24
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any	line in this Part XII				
					Yes N	No
1	Accounting method used to prepare the Form 990 X Cash	AccrualOther		```		•
	If the organization changed its method of accounting from a prior year or	checked "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an $% \left\{ 1,2,\ldots ,n\right\}$	•		2a		X_
	If "Yes," check a box below to indicate whether the financial statements for	or the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidate	d and separate basis				
b	Were the organization's financial statements audited by an independent a	ccountant?		2b	:	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for	r the year were audited on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidate	d and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assi	imes responsibility for oversight of			1	
	the audit, review, or compilation of its financial statements and selection of	f an independent accountant?		2c		
	If the organization changed either its oversight process or selection proce	ss during the tax year, explain on				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo a	n audit or audits as set forth in the	•		ļ	
	Single Audit Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the o	rganization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any ste	os taken to undergo such audits		3b		
				Form	990 (2	(019

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

501(c) and section 527 **2019**

Department of the Treasury Internal Revenue Service

DAA

Open to Public

OMB No 1545-0047

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

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

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

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

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

• {	Section 501(c)(4), (5), or (6) organizations. Complete Part II				
Nam	e of organization	<u> </u>			tification number
	CULLMAN ROTARY CLUB		<u> </u>	63-60663	
Pa	rt I-A Complete if the organization is exen	npt under section 501(c) or is a section	on 527 organizatio	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV (see in:	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instru				
Pa	rt [-路 Complete if the organization is exen	npt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organiz			> \$	
2	Enter the amount of any excise tax incurred by organization	•	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV	ant under coetion E01/o	\ overet	ion 501/o\/2\	·
	rt I-C Complete if the organization is exen	-		1011 50 1(0)(3).	
1	Enter the amount directly expended by the filing organization	ion for section 527 exempt fund	tion	▶ \$	
2	activities	ited to other erganizations for a	ootion	•	
2	Enter the amount of the filing organization's funds contribution activities	nted to other organizations for s	ection	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-PO	ı	Ψ	
•	line 17b	ner here and on rount 11201 o	- ,	▶ \$	
4	Did the filing organization file Form 1120-POL for this yea	ır?		•	☐ Yes ☐ No
5	Enter the names, addresses and employer identification n		olitical organization	ons to which the filing	
•	organization made payments. For each organization listed	, .	<u> </u>		
	the amount of political contributions received that were pro	·			
	as a separate segregated fund or a political action commit		•	•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
1)					
2)					
3)					
4)					
5)				•	
<u> </u>					
6)					
or P	aperwork Reduction Act Notice, see the Instructions for Form	1 990 or 990-EZ		Schedule C (Fo	rm 990 or 990-EZ) 2019
~ , ,	mbatta and an anti-	· 		Julieuule C (FU	:::: JJU UI JJU-LL] ZU IJ

4-Year Averaging Period Under Section 501(h)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	obbying Expendit	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					-
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))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Yes

Sche	edule C (Form 990 or 990-EZ) 2019 CULLMAN ROTARY CLUB	63-606	630	6		F	age
Pa	Tt II-B Complete if the organization is exempt under section 501(c)(3) and h (election under section 501(h)).	as NOT filed	For	n 5768			
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed		a)		(b		
des	cription of the lobbying activity	Yes	No	1	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					-	
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
-	Volunteers?						
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	: Media advertisements?			ĺ			
	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
	f Grants to other organizations for lobbying purposes?						
q	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	i Other activities?						
j	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)?			" " "		7111	
b	o If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	et III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5),	or s	ection			
	501(c)(6).						
				_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			L	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	_			2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p			4	3		X
ra	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne S	B, is	
	answered "Yes."			1			
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).		20				
	Correct year		2a 2b				
Q 2	o Carryover from last year : Total		20 2c				
ن ع	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
•	riggingute unitain reported in addition added of the financial addition restor added		•				

Supplemental Information

and political expenditure next year?

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

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

Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internat Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Name of the organization Employer identification number CULLMAN ROTARY CLUB 63-6066306 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (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, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	(Form 990) 2019 COLLINAIN						006000		Page ∡
Part III	Organizations Maintain							ts (contin	nued)
3 Using collect	i the organization's acquisition, acception items (check all that apply)	ession, and other record	ds, check	any of the fo	llowing that	make signi	ficant use of its		
a 🗌 P	ublic exhibition	d 🗍	Loan or	exchange pro	ogram				
b 🗌 S	cholarly research	е 🦳	Other		•				
c \square P	reservation for future generations	_							
	de a description of the organization'	s collections and explai	n how th	ey further the	organization	i's exempt	purpose in Part		
XIII	•	•		•		•			
5 Durin	g the year, did the organization solid	cit or receive donations	of art, hi	storical treasu	res, or other	r sımılar			
	s to be sold to raise funds rather tha							Пу	es No
Part IV	Escrow and Custodial			<u> </u>					
	Complete if the organizat	•	" on Fo	rm 990. Pa	art IV. line	9. or ren	orted an amour	nt on Forr	n
	990, Part X, line 21				,	-, -, · · · · ·			••
1a Is the	organization an agent, trustee, cus	todian or other intermed	diary for	contributions	or other asse	ets not			
	led on Form 990, Part X?		,					□ Y	es No
b If "Ye	s," explain the arrangement in Part I	XIII and complete the fo	llowina t	able				· ·	J
	.,							Amoun	<u></u>
c Begin	ning balance						1c		
1	ons during the year						1d		
	outions during the year						1e		
	g balance						1f		
	e organization include an amount o	n Form 990 Part X line	21 for	ectom ot che	todial accou	int liability?			es No
	s," explain the arrangement in Part 2					-			es No
Part V	Endowment Funds.	All Oncok here it the c	Apianatic	in has been p	TOVIGEG OIL F	ait Aiii	-		
, 410 0	Complete if the organizat	ion answered "Yes	" on Fo	rm 990 Pa	art IV line	10			
	Complete if the organization	(a) Current year	1	Prior year	(c) Two ye		(d) Three years back	(0) 50	us waasa baak
1a Bogun	ning of year balance	(a) carrent year	,,,,	Thor year	(0) 140 ye	SAIS DECK	(u) Three years back	(6) 100	ır years back
b Contri					<u> </u>			_	
		*					-		
	vestment earnings, gains, and		i						
losses							·		
	s or scholarships		-		-			-	
	expenditures for facilities and		}						
progra			<u> </u>			-	<u> </u>		
	nistrative expenses								
_	f year balance	L	<u> </u>		<u> </u>	<u> </u>			
	le the estimated percentage of the c		e (line 1	g, column (a))	held as				
	designated or quasi-endowment ▶	%							
		%							
• . •	endowment ▶ %								
-	ercentages on lines 2a, 2b, and 2c s	·							
	ere endowment funds not in the pos	ssession of the organiza	ation that	are held and	administere	d for the		1	
-	ization by								Yes No
	nrelated organizations							3a(ı)	—
	elated organizations							3a(ii)	
	s" on line 3a(ii), are the related orgai							_ <u>3b</u> _	
	be in Part XIII the intended uses of		wment f	unds					
Part VI	Land, Buildings, and Ed								
	Complete if the organization			•				<u>t X, line 1</u>	0
	Description of property	(a) Cost or other b	pasis	(b) Cost or o			Accumulated	(d) Book	value
		(investment)		(othe	er) 	de	preciation		
1a Land									
b Buildir	ngs								
c Lease	hold improvements								
d Equipi	ment								
e Other									
Total. Add li	nes 1a through 1e (Column (d) mus	st equal Form 990, Part	X, colur	nn (B), lıne 10)c)		>		

DAA

Schedule D (Form 990) 2019

Part VII	Investments – Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV. I	ine 11b. See Form 990. Par	t X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year ma	arket value
(1) Financia				
	neld equity interests			
(3) Other				
(A) (B)		-	· · · · · · · · · · · · · · · · · · ·	
(C)		-	-	
(D)				
(E)			-	· · · · · · · · · · · · · · · · · · ·
(F)				···.
(G)				
(H)			-	
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valu	
			Cost or end-of-year ma	arket value
(1)				
(2)				
(3)				
(4)				
(5)	w-,-		· -	
(6) (7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11d See Form 990, Part	X, line 15
	(a) Description	···		(b) Book value
(1)	LIFE INSURANCE CSV			16,122
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	,··			
(8)				
		4		
(9)	(b) much acred Form 2000 Part V and (D) line 45			16 12
(9) Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 15)	,	>	16,122
(9)	Other Liabilities.	on Form 990 Part IV II		•
(9) Total. (Colun	Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, li		•
(9) Total. (Colun Part X	Other Liabilities. Complete if the organization answered "Yes" line 25	on Form 990, Part IV, I		0, Part X,
(9) Total. (Colun Part X	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, II		•
(9) Total. (Colun Part X 1. (1) Federa	Other Liabilities. Complete if the organization answered "Yes" line 25	on Form 990, Part IV, II		0, Part X,
(9) Total. (Colum Part X 1. (1) Federa (2)	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, II		0, Part X,
(9) Total. (Colum Part X 1. (1) Federa (2) (3)	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, I		0, Part X,
(9) Total. (Colum Part X 1. (1) Federa (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, II		0, Part X,
(9) Total. (Colum Part X 1. (1) Federa (2) (3)	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, II		0, Part X,
(9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, II		0, Part X,
(9) Total. (Colum Part X 1. (1) Federa (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, II		0, Part X,
(9) Total. (Colum Part X 1. (1) Federa (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" line 25 (a) Description of liability	on Form 990, Part IV, II		<u> </u>

	dule D (Form 990) 2019 CULLMAN ROTARY CLUB		63-6066306	Page 4
Pŧ	Reconciliation of Revenue per Audited Financial St		•	
	Complete if the organization answered "Yes" on Form S	<u>990, Part IV, line 12</u>	2a	
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		
С	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	at XII Reconciliation of Expenses per Audited Financial S		•	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12	2a	
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		
þ	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	
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		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	त XIII Supplemental Information.			

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

Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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

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

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number CULLMAN ROTARY CLUB 63-6066306 Fundraising Activities. Complete if the organization answered "Yes" on 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 ☐ Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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? b If "Yes," list the 10 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 or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col (i) Yes No

3 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

10

Total

Schedule G (Form 990 or 990-EZ) 2019 CULLMAN ROTARY CLUB 63-6066306 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported 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 (event type) (event type) (total number) col (c)) 34,626 34,626 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 34,626 34,626 4 Cash prizes 5 Noncash prizes 1,035 6 Rent/facility costs 1,035 Direct Expenses 400 7 Food and beverages 400 8 Entertainment 371 371 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 1,806 32,820 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on 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) Enter the state(s) in which the organization conducts gaming activities Yes No Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain | Yes | No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 201	9 CULLMAN	ROTARY	CLUB	63-606630	6	F	age 3
11	Does the organization conduct ga	_					Yes	No
12			ust, or a memi	ber of a partnership or other entity				
	formed to administer charitable g	_					Yes	No
13	Indicate the percentage of gamin	ig activity conducted in			المدا			•
a b	The organization's facility An outside facility				13a 13b			<u>%</u> -
14		he person who prepares	the organization	on's gaming/special events books and				
	records			on a gammigrapoorar oronto accine una				
	Name ►							
	Address ►							
15a	Does the organization have a correvenue?	ntract with a third party f	rom whom the	organization receives gaming			Yes	□No
b	If "Yes," enter the amount of gam	ning revenue received by	the organizati	non ▶ \$	and the			
	amount of gaming revenue retain		\$					
С	If "Yes," enter name and address	of the third party						
	Name ►							
	Address ►							
16	Gaming manager information							
	Name ▶							
	Gaming manager compensation	▶ \$						
	Description of services provided I	•						
	Director/officer	Employee	Independe	ent contractor				
17	Mandatory distributions							
а	- ·	r state law to make char	itable distributi	ions from the gaming proceeds to		_	,	_
	retain the state gaming license?						Yes	No
b				ted to other exempt organizations or				
Pa	spent in the organization's own extinction is some state of the state			tions required by Part I, line 2b,	columns (m) and (v)) and		·····
				s applicable Also provide any a			-	

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

2019 No 1545-0047

Name of the	Name of the organization						- E	Employer identification number
	CULLMAN ROTARY CLUB	8					.	63-6066306
Part i	General Information on Grants and Assistance	Assistance				-		
1 Doe the	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he amount of the g nce?	rants or ass	istance, the grantees' e	eligibility for the grant	s or assistance, an	pu	X Yes No
in the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	mestic Organi received more	zations and han \$5,000	and Domestic Go	I Domestic Governments. Complete if the organization Part II can be duplicated if additional space is needed	plete if the org	janization answ needed	ered "Yes" on Form 990,
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROT						-		1
EVANSTON	1560 SHERMAN AVE, FN110 ANSTON IL 60201	36-3245072		29,290		- -		DONOR ADVISED FUND
(2)						-		
(3)								
(4)						- ~-		
(5)								
(9)								
(2)								
(8)								
(6)								
2 Ent	Enter total number of section 501(c)(3) and government organizations listed.	organizations listed	In the line 1 table	1 table		-		.

Schedule I (Form 990) (2019)

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

Part III

63-6066306

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) (2019) CULLMAN ROTARY CLUB

Part III can be duplicated if additional space is needed

	r alt III call de duplicated II additional space is reeded	ilal space is liceded				
	(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 noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
•						
•						
2						
4						
s.						
9						
7						
Part IV	Supplemental Information. Provide the information r	ide the information rec	quired in Part I, line	2, Part III, column (b)	equired in Part I, line 2, Part III, column (b), and any other additional information	nformation

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

PRIMARY GRANTS MADE WERE TO ROTARY INTERNATIONAL DONOR ADVISED FUND. GRANT

MONIES TO THE ROTARY FOUNDATION

DONOR ADVISED FUND ARE DISTRIBUTED DIRECTLY FROM DONOR ADVISED FUND TO

SPECIFIC ORGANIZATIONS, WHICH MUST BE 501(C)(3) ORGANIZATIONS

GRANT MONIES TO CITY OF CULLMAN PARKS & RECREATION WAS FOR TREES AND SHRUBS

AT HERITAGE PARK.

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

OR TO SCHOOLS.

SCHEDULE 0 (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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.