

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. **2100**

A For the 2020 calendar year, or tax year beginning July 1, 2020, 2020, and ending June 30, 2021, 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization ☒ Rotary Club of Baileys Crossroads
 Number and street (or P.O. box if mail is not delivered to street address) ☒ PO Box 1510 Room/suite
 City or town, state or province, country, and ZIP or foreign postal code Baileys Crossroads, VA 22041 **04**

D Employer identification number ☒ 541184665
E Telephone number

F Group Exemption Number ▶ ☒ 04

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

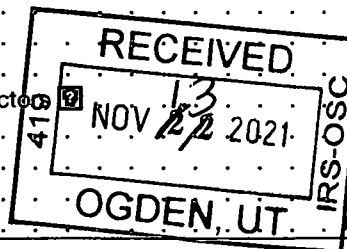
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other Charitable Service organization

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ☒Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue		Expenses		Net Assets	
<input checked="" type="checkbox"/>	1 Contributions, gifts, grants, and similar amounts received	<input checked="" type="checkbox"/>	10 Grants and similar amounts paid (list in Schedule O)	<input checked="" type="checkbox"/>	18 Excess or (deficit) for the year (subtract line 17 from line 9)
<input checked="" type="checkbox"/>	2 Program service revenue including government fees and contracts	<input checked="" type="checkbox"/>	11 Benefits paid to or for members	<input checked="" type="checkbox"/>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
<input checked="" type="checkbox"/>	3 Membership dues and assessments	<input checked="" type="checkbox"/>	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20 Other changes in net assets or fund balances (explain in Schedule O)
<input checked="" type="checkbox"/>	4 Investment income	<input checked="" type="checkbox"/>	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21 Net assets or fund balances at end of year. Combine lines 18 through 20
	5a Gross amount from sale of assets other than inventory		14 Occupancy, rent, utilities, and maintenance		
	5b Less: cost or other basis and sales expenses		15 Printing, publications, postage, and shipping		
	5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>		
	6 Gaming and fundraising events:		17 Total expenses. Add lines 10 through 16		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)				
	6a				
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
	6b				
	c Less: direct expenses from gaming and fundraising events				
	6c				
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
	6d				
	7a Gross sales of inventory, less returns and allowances				
	7a				
	b Less: cost of goods sold				
	7b				
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				
	7c				
	8 Other revenue (describe in Schedule O)				
	8				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				
	9				



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2020)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Christian Hyland</u> Telephone no. ▶ <u>703-509-6028</u>		
Located at ▶ <u>7124 Dryburgh Ct, Springfield VA</u> ZIP + 4 ▶ <u>22152</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☒

47 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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

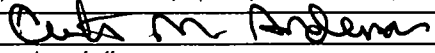
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here <input checked="" type="checkbox"/>		Date <u>11/12/2021</u>
	Curtis Anderson Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Bailey's Crossroads Rotary Club

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.

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

OMB No 1545-0047

1020

Open to Public Inspection

Employer identification number
54-1184665

Page 1, Part 1, Line 10 Grants and Similar amounts paid

Service-Community

Community service		International Service	
Community food drive, stuff the cruiser	\$500 00	Mich Lo project	\$1500 00
Gift cards for Seniors	\$1150 00	Fistula foundation	\$500 00
Toys for kids	\$2706 47	Kabultec, Inc	\$1500 00
Gift cards, Thanksgiving meals, pajama drive	\$3485 16	Rotary Intl Polio Plus	\$1000 00
Meals Packaging	\$4100 00	Rozana's wheels of Hope	\$500 00
Police Officer of the year award	\$210 36	Total International Service	\$5000 00
Innandale Chrstian Community for Action	\$500 00		
Special Olympics run	\$1000 00	Mustang Raffle Expense	
Safety Cadets Troupe	\$1000 00	Mustang restoration & repairs	\$14169 20
Food for Others	\$500 00	Mustang licenses, taxes, insurance & fees	\$171 31
Jason District Community Action Council	\$500 00	Raffle expense, permits & postage for mail campaign	\$791 00
Stuff the Cruiser	\$1500 00	Raffle expense, advertising & publicity	\$3351 35
Northern Virginia Literacy Council	\$500 00	Venue fees for car-side sales events	\$995 00
Total Community Service	\$17692 23	Total raffle expense	\$19477.86

Vocational and Youth Service

Teacher Appreciation, Justice HS	\$1200 00
Glasgow Teacher Awards	\$200 00
Justice HS Rotary speech contest prizes	\$300 00
Total Vocational and Youth Service	\$1700.00

Page 1 Part 1 Line 16 Other Expenses and Page 2 Program Services

International dues	\$2914 75
District 7610 dues	\$2745 00
Officer training	\$ 325.00
Room services	\$289.09
Gifts & Awards	\$852 56
P O Box 206 00	\$216.00
Postage	\$296 75
Office supplies & checks	\$230 49
Officer Badges	\$16 79
Social event	\$155 00
District 7610, Club database	\$443 95
Annual listing domain/club website	\$228 00
Total	\$ 8713 38