Short Form

2949214821706 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

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

Open to Public Inspection

		nue Service Go to www.irs.gov/rormssozz for instructions and the latest information.					
A F	or the	2020 calendar year, or tax year beginning July 1 , 2020, and ending	June 30 , 20 21				
Bo	heck if a	oplicable C Name of organization D Em	ployer Identification number				
_	Address o		63-0334851				
$\overline{}$	Name cha		lephone number				
=	nitial retu	I P.O. Box 1294	(256) 225-8072				
=	Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exemption				
=			umber 🕨				
G A	ccoun	ting Method: ☐ Cash	⟨ ► □ if the organization is no				
	/ebsite		ed to attach Schedule B				
J Ta	ах-өхег	npt status (check only one) — ☐ 501(c)(3)	990, 990-EZ, or 990-PF).				
		organization					
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	is .				
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$ 60,899				
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr					
		Check if the organization used Schedule O to respond to any question in this Part I					
	1	Contributions, gifts, grants, and similar amounts received	T '. I				
i	2	Program service revenue including government fees and contracts					
	3	Membership dues and assessments					
		·					
	4	Investment income	4				
	5a	Gross amount from sale of assets other than inventory	 				
	þ	Less: cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events:	1				
4	а	Gross income from gaming (attach Schedule G if greater than					
Œ.		\$15,000)					
Revenue	b	Gross income from fundraising events (not including \$ of contributions					
Re		from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such gross income and contributions exceeds \$15,000) .	_]				
	С	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					
	b	Less: cost of goods sold					
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c				
כ (8	Other revenue (describe in Schedule O)	8				
)	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 60,899				
<u></u>	10	Grants and similar amounts paid (list in Schedule O)	10 20,471				
	11	Benefits paid to or for members	11				
10	12	October of the control of the contro	12 7,988				
nses	13	Professional fees and other payments to independent contractors	<u> </u>				
			13 2,077				
SOT Expe	14	Occupancy, rent, utilities, and maintenance	4 111				
	15	Printing, publications, postage, and shipping					
•	16	Other expenses (describe in Schedule O)					
•	17	Total expenses. Add lines 10 through 16	17 59,836				
\$	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 1,063				
CCUC	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	<u> </u>				
		end-of-year figure reported on prior year's return)	19 64,210				
<u>e</u>	20	Other changes in net assets or fund balances (explain in Schedule O)	20				
~	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 65,273				

Pa	Balance Sheets (see the instructions		· · · · · · · · · · · · · · · · · · ·			_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	·	
	<u> </u>		• 1	(A) Reginning of year		(B) End of year
22	Cash, savings, and investments			60,754		68,297
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			5,293		-139
25	Total assets			66,047 1,837		68,158
26 27	Net assets or fund balances (line 27 of column			1,83 <i>7</i> 64,210		2,885
Par					15.	65,273
/ ell	Check if the organization used Schedule	•		•		Expenses
What	is the organization's primary exempt purpose?	, o to 100poa to a	ny quodatent and			equired for section
	ribe the organization's program service accompli	ichmente for each o	f ita throa largaet r	rogram conject		I(c)(3) and 501(c)(4) janizations, optional for
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the				ers)
28	Anniston Rotary Club, Inc. is a local group of busine	ss leaders who supp	ort several area char	ities and various		
	individuals.					
					}	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ □</u>	28	a 42,448
29						ł
		,-,				:
	/O 6				-	_
00	(Grants \$) If this amount	includes foreign gra	ints, check here .	· · · P 📙	29	a
30		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount	includes foreign gra	ents check here	▶ □	30	a
31	Other program services (describe in Schedule O)				-	
٠.		includes foreign gra			31	17,388
32	Total program service expenses (add lines 28a				32	
Pari	IV List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not com	pensated-see the in	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and) Estimated amount of other compensation
Brian	McVeigh		· · · · · · · · · · · · · · · · · · ·		十	
Presi		0	l c		o	0
	chell Rogers			Ī	Т	
	dent Elect	0			0	0
Carol	Kirk					
Imme	diate Past President	00)	0	<u>0</u> ,
Edith	Couch					•
Vice (President	0		<u> </u>	0	0
Tomn	nie Goggans, III	.[1	
<u>Treas</u>	urer	00	C)	0	0
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Pa	rt II	Balance Sheets (see the instructions		· · · · · · · · · · · · · · · · · · ·		-	
		Check if the organization used Schedule	e O to respond to a	ny question in this			🗹
			-		(A) Beginning of year		(B) End of year
22		n, savings, and investments					68,297
23		I and buildings			5,293	23	
24 25		r assets (describe in Schedule O)			5,293 66,047		-139
26		I l assets			1,837		68,158
27		assets or fund balances (line 27 of column)-	64,210		2,885 65,273
	t III	Statement of Program Service Accom					05,270
		Check if the organization used Schedule	•		•		Expenses
Wha	t is the	organization's primary exempt purpose?	•				quired for section (c)(3) and 501(c)(4)
as n pers	neasure ons ber	e organization's program service accompl d by expenses. In a clear and concise n nefited, and other relevant information for e	nanner, describe the ach program title.	e services provided	d, the number of	org	anizations, optional for
28		on Rotary Club, Inc. is a local group of busine uals.					
	(Grants	s \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	28 a	42,448
29	(Grants	s \$) If this amount	t includes foreign gra			29a	1
30	(Grants	s \$) If this amount	includes foreign gra			30a	
31	Other	orogram services (describe in Schedule O)					
	(Grants) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	17,388
32	Total p	program service expenses (add lines 28a				32	1
Par	t IV	List of Officers, Directors, Trustees, and Ke				nstru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> U</u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	6	Estimated amount of other compensation
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Γ	163	140
	detailed description of each activity in Schedule O	33		1
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		1
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		1
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		1
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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a]	ļ		
b	Did the organization file Form 1120-POL for this year?	37Ь	<u> </u>	/
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		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved [38b]	1000		-
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	1		
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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1.55		
_	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			
е	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		7
41	List the states with which a copy of this return is filed ▶			
42a	The organization o books are in said of	256 22 362	5-1806	6
ь	Located at ► 407 Laurel Springs Road, Anniston, AL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	304	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>	.63	1,40
	completed instead of Form 990-EZ	44a		1
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		→
С	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			لبِا
	explanation in Schedule O	44d		1
	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		√

Form 99	90-EZ (2020)				P	age 4		
46	Did the organization engage, directly or i					No		
Part	All section 501(c)(3) organization 50 and 51.	s Only ns must answer que	stions 47–49b and	52, and complete the	e tables for line	es		
	Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI	Yes	No		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during the		NO		
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete s	Schedule E	. 48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?							
b	If "Yes," was the related organization a section 527 organization?							
50	Complete this table for the organization's							
	employees) who each received more than	n \$100,000 of comper	nsation from the organ		e, 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 amou			
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent	's five highest compenization. If there is no	ensated independent ne, enter "None."		received more	than		
						—		
d	Total number of other independent contra	actors each receiving	over \$100,000 I	>				
52	Did the organization complete Scheducompleted Schedule A			nizations must attach	a ► □ Yes ☑ N	10		
Under po	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other that	return, including accompany	ying schedules and stateme	nts, and to the best of my kn as any knowledge	owledge and belief,	ıt ıs		
	MICK			11/0/20	/21			
Sign Here	Signature of officer J. Mitchell Rogers Type or pnnt name and title	President		Date				
Doid	Print/Type preparer's name	Preparer's signature	Dat	e Check	If PTIN			
Paid Prepa	T- 114 F	Hed avre	~ /	0/25/2/ self-employ		17		
Use (Firm's EIN ▶	47-2651223				
	Firm's address ➤ 407 Laurel Springs R			Phone no	256 225-1806 ► ☑ Yes ☐ N	No.		
iviaty th	e IRS discuss this return with the prepare	SHOWIT ADOVE! See I	13440010115	<u> </u>	TO TES LIN	10		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Anniston Rotary Club, Inc 63-0334851 Form 990 EZ, Part 1, Line 16 - Other Expenses \$11,520 International & District Dues 10,458 336 Insurance Conferences/Meetings 1,400 **Bad Debt** 4,225 Miscellaneous 698 Bank & Credit Card Fees 18 Total Other Expenses \$28,655 Form 990 EZ Part II, Line 24 - Other Assets Accounts Receivable Beg. of Year \$5,293 End of Year \$(139) Form 990 EZ, Part II, Line 26 - Other Liabilities Payroll Liabilities Beg. of Year \$ 462 End of Year \$ 473 Beg. of Year \$ 25 Accounts Payable End of Year \$ 1,062 Deferred Dues Beg. of Year \$ 1,350 End of Year \$ 1,350 Form 990 EZ, Part III, Line 31 - All Other Achievements Anniston Rotary Club, Inc. is a local group of business leaders who support local charities and various other individuals.