PRAGER METIS CPAS, LLC 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101

THE ROTARY CLUB OF MCLEAN P.O. BOX 561 MCLEAN, VA 22101-0561

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CLIENT'S COPY



October 25, 2022

THE ROTARY CLUB OF MCLEAN P.O. BOX 561 MCLEAN, VA 22101-0561

THE ROTARY CLUB OF MCLEAN:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990-EZ

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Robert H Frank



Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	JUL	1	, 2021, and ending	JUN	30	, 20 2
For calendar year 2021, or liscal year beginning	ООП		, 202 i, and ending	0014	<u> </u>	, 20 2

2

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN THE ROTARY CLUB OF MCLEAN 54-6065018 RICHARD A. GOLDEN Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b Form 990 check here 1a Form 990-EZ check here ... ► X **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize PRAGER METIS CPAS, LLC 65018 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 13359210122 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature PRAGER METIS CPAS, LLC Date ► 10/25/22

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Filing Instructions

	ti uctions
Prepared for:	Prepared by:
•	·
MUE DOMARY CITIE OF MCITEAN	Proger Metia CDNs IIC
THE ROTARY CLUB OF MCLEAN P.O. BOX 561	Prager Metis CPAs, LLC 1360 Beverly Road, Suite 300
MCLEAN, VA 22101-0561	McLean, VA 22101
2021 FORM 990-EZ	
Electronic Filing:	
Electionic Filling.	
the return for completeness and acc Form 8879-TE to our office. We wil	ronic filing. After you have reviewed curacy, please sign, date and return l transmit the return electronically required. Return Form 8879-TE to us

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

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.

Α	For the	e 2021 cal	endar year, or tax year beginning JUL 1, 2021 and endin	g JUI	N 30	, 2	022	
В	Check if applicab	f ole:	C Name of organization		D Emplo	yer id	entification number	
		ess change						
	Name	e change	THE ROTARY CLUB OF MCLEAN		54-6065018			
	Initia	I return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
	Final termi	return/ inated	P.O. BOX 561	70	3-2	37-6396		
	Amer	nded return	City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exem	ption	
	Applic	cation pending	MCLEAN, VA 22101-0561		Numl	ber ►	0573	
G	Accour	nting Meth	od: Cash X Accrual Other (specify) ▶		H Chec	k ▶ [X if the organization is	
I	Websit	te: ▶ <u>₩</u>	WW.MCLEANROTARY.ORG		not re	equired	I to attach Schedule B	
<u>J</u>	Tax-ex	empt stati	us (check only one) $-$ 501(c)(3) $\overline{\mathbf{X}}$ 501(c) (4) \blacktriangleleft (insert no.) $\overline{}$ 4947(a)(1) or	r 527	(Forn	n 990).		
K	Form o	of organiza	tion; X Corporation Trust Association Other					
L	Add lin	nes 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets (Part II	,			
_		n (B <u>))</u> are S	5500,000 or more, file Form 990 instead of Form 990-EZ)	\$	119,725.	
P	art I		enue, Expenses, and Changes in Net Assets or Fund Balances (s				,	
_			if the organization used Schedule O to respond to any question in this Part I				X	
	1		ions, gifts, grants, and similar amounts received			1	11,384.	
	2		service revenue including government fees and contracts			2	04.000	
	3		hip dues and assessments			3	24,208.	
	4		nt income			4		
	5a		nount from sale of assets other than inventory 5a		_			
	b		t or other basis and sales expenses 5b		_			
	C	,	loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c		
	6	_	and fundraising events:					
e	a		come from gaming (attach Schedule G if greater than					
Revenue	١.	\$15,000)			_			
Вè	D		come from fundraising events (not including \$ of contributions					
			draising events reported on line 1) (attach Schedule G if the sum of such	E4 44	12			
		-	ome and contributions exceeds \$15,000) 6b cct expenses from gaming and fundraising events 6c	54,44 39,91	17			
	C					64	14,525.	
	0		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	14,343.	
	7a		les of inventory, less returns and allowances 7a 7b					
	b c	Gross pr	of tof goods sold		_	7c		
	8	Other rev	enue (describe in Schedule 0) SEE SCHEDU	LE O		8	29,691.	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	Y		9	79,808.	
_	10	Grants ar	nd similar amounts paid (list in Schedule 0) SEE SCHEDU	LE O		10	9,205.	
	11	Benefits	paid to or for members	=₹		11	2,200	
(0	140		other compensation, and employee benefits			12		
Expenses	13		anal fees and other payments to independent contractors			13		
per	. 14		cy, rent, utilities, and maintenance			14		
ŭ	15		publications, postage, and shipping			15	382.	
	16		nenses (describe in Schedule 0) SEE SCHEDU	LE O		16	67,445.	
_	17		enses. Add lines 10 through 16			17	77,032.	
	18	Excess o	r (deficit) for the year (subtract line 17 from line 9)			18	2,776.	
ets	19		s or fund balances at beginning of year (from line 27, column (A))					
Ass			ree with end-of-year figure reported on prior year's return)			19	36,706.	
Net Assets	20		anges in net assets or fund balances (explain in Schedule 0)			20	0.	
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20		▶	21	39,482.	
	. Fa-	. D	k Deduction Act Nation, and the congrete instructions		· <u></u>	_	Form 990-F7 (2021)	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

Page 2

	Check if the organization used Schedule O to re					
			(A) Beginning of year	4	(B) E	end of year
22	, , , , , , , , , , , , , , , , , , , ,		36,612.	$\overline{}$		39,887.
23	B Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE		0.4	23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE	0	94.			0.
25	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE		36,706.	$\overline{}$		39,887.
26	, , , , , , , , , , , , , , , , , , , ,		0.	26		405.
27		1)	36,706	27		39,482.
Pa	art III Statement of Program Service Accomplishme	•	,			rpenses for section
_	Check if the organization used Schedule O to re		n in this Part III	X		and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	0				ons; optional for
	cribe the organization's program service accomplishments for each of its three largest prograr iner, describe the services provided, the number of persons benefited, and other relevant infor		s. In a clear and concise		others.)	
			TITMING MILE			
28						
	CLUB UNDERTAKES TO IMPROVE LIFE IN	TTS COMMUNITY	•	—		
	(Grants \$ 9, 205.) If this amount includes foreign			$\overline{}$	00-	76 122
	(Grants \$ 9,205.) If this amount includes foreign	grants, cneck nere	·····		28a	76,133.
29				—		
				_		
	(County the County to a local	a susanta ala sala bassa		$\overline{}$	000	
	(Grants \$) If this amount includes foreign	grants, cneck nere	·····		29a	
30						
	(Grants \$) If this amount includes foreign	a granta shook hara		$\overline{}$	30a	
					304	
	(Grants \$) If this amount includes foreign	a granta abaak hara			31a	
						76,133.
Pá	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	Employees (list each one	even if not compensated - c	oo the ir	netructions fo	r Dord IV
				ee uie ii	nstructions to	r Part IV)
	Check if the organization used Schedule O to re	spond to any questior	n in this Part IV			
	Check if the organization used Schedule O to re		(c) Reportable compensation (Forms	(d) Hea	alth benefits,	(e) Estimated amount of other
		spond to any question (b) Average hours	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to byee benefit and deferred	(e) Estimated
<u>JO</u>	Check if the organization used Schedule O to re	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contri emplo plans, a	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
PR	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
PR CO	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO	(b) Average hours per week devoted to position 2.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
PR CO PA	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
PR CO PA WI	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT ILLIAM GLENN YARBOROUGH	spond to any question (b) Average hours per week devoted to position 2.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to	(e) Estimated amount of other compensation
PR CO PA WI VI	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT ILLIAM GLENN YARBOROUGH ICE PRESIDENT	(b) Average hours per week devoted to position 2.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
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PR CO PA WI VI DE CA SE RI TR DI CA DI CA DI	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT ILLIAM GLENN YARBOROUGH ICE PRESIDENT EBORAH RENEE JACKSON IRECTOR ARMEN M WU ECRETARY ICHARD A GOLDEN REASURER ICHAEL R ARIETTI IRECTOR OBERT JANSEN IRECTOR AROL KING	spond to any question (b) Average hours per week devoted to position 2.00 2.00 2.00 2.00 2.00 2.00 2.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to to to be penefit of the	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
PR CO PA WI VI DE CA SE RI TR DI CA DI CA DI EV	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT ILLIAM GLENN YARBOROUGH ICE PRESIDENT EBORAH RENEE JACKSON IRECTOR ARMEN M WU ECRETARY ICHARD A GOLDEN REASURER ICHAEL R ARIETTI IRECTOR OBERT JANSEN IRECTOR AROL KING IRECTOR	Spond to any question	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to to to be penefit of the	(e) Estimated amount of other compensation O. O. O. O. O. O. O.
PR CO PA WI VI DE CA SE RI TR MI DI CA DI CA DI CA DI CA	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT LLIAM GLENN YARBOROUGH ICE PRESIDENT EBORAH RENEE JACKSON IRECTOR ARMEN M WU ECRETARY ICHARD A GOLDEN REASURER ICHAEL R ARIETTI IRECTOR DBERT JANSEN IRECTOR AROL KING IRECTOR VA SEREGHY	Spond to any question	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Hea contri emplo plans, a	lath benefits, ibutions to to to be perfect to the control of the	(e) Estimated amount of other compensation O. O. O. O. O. O.
PR CO PA WI VI DE DI CA SE MI DI CA DI CA DI CA DI RA	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT ILLIAM GLENN YARBOROUGH ICE PRESIDENT EBORAH RENEE JACKSON IRECTOR ARMEN M WU ECRETARY ICHARD A GOLDEN REASURER ICHAEL R ARIETTI IRECTOR OBERT JANSEN IRECTOR AROL KING IRECTOR VA SEREGHY IRECTOR AYMOND V PETNIUNAS	Spond to any question	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Hea contri emplo plans, a	O. O. O. O. O.	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O.
PR CO PA WI DE DI CA SE RI DI CA DI CA DI CA DI RO DI RA DI	Check if the organization used Schedule O to re (a) Name and title OHN P MCEVILLY RESIDENT OURTNEY NUZZO AST PRESIDENT ILLIAM GLENN YARBOROUGH ICE PRESIDENT EBORAH RENEE JACKSON IRECTOR ARMEN M WU ECRETARY ICHARD A GOLDEN REASURER ICHAEL R ARIETTI IRECTOR DBERT JANSEN IRECTOR AROL KING IRECTOR VA SEREGHY IRECTOR	Spond to any question	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Hea contri emplo plans, a	lath benefits, ibutions to to to be perfect to the control of the	(e) Estimated amount of other compensation O. O. O. O. O. O. O.

Form **990-EZ** (2021) 132172 12-08-21

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 Sch. O to respond to any question in this	Part		X
			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 0	33		X
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		Х
35 a	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		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
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		X
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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	8a 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		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities <u>39b</u> N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright N/A			
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		X
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 $lacktriangle$			
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		X
41	List the states with which a copy of this return is filed VA			
42 a	The organization's books are in care of \blacktriangleright THE ORGANIZATION Telephone no. \blacktriangleright 703-23	7-6	<u> 396</u>	
	Located at \triangleright P.O. BOX 561, MCLEAN, VA	210	<u>1-0</u>	<u>561</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		Yes	No
	account)?	42b		X
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
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		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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 9	90-F7	(2021)

46 Did the or	ganization engage, directly or indirectly	in political campaign activit	ies on hehalf of or i	n onnositio	n to candida	ates for nu	hlic offi	re?		Yes	No
If "Yes," co	omplete Schedule C, Part I					-			46		Х
	Section 501(c)(3) Organizat										
	All section 501(c)(3) organizations n Check if the organization used Sch	•									
	Check if the organization used Sch	edule O to respond to an	y question in this	ran vi .						Yes	No
47 Did the or	ganization engage in lobbying activities	or have a section 501(h) ele	ection in effect durin	g the tax ye	ear?			Γ			
	omplete Sch. C, Part II	` '		-				L	47		
48 Is the orga	anization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule	E					48		
	ganization make any transfers to an exe								49a		
	ras the related organization a section 52								49b		
=	this table for the organization's five high		•	rs, director	s, trustees, a	and key en	nployees	s) wno eac	n rec	eived n	nore
than \$ 100	0,000 of compensation from the organiz (a) Name and title of each emp		(b) Average	hours	(C) Rep	ortable	(d) Heal	Ith benefits,	(e) Estim	ated
	(a) Name and the or each emp	loyco	per week dev		compensati W-2/1099	ion (Forms	` ćontrik	outions to ree benefit		ount of	
		N/A	positio	n	1099-			nd deferred ensation	COI	mpens	ation
			-								
					+						
			\dashv								
			7								
organizati	this table for the organization's five hig on. If there is none, enter "None." ame and business address of each inde	N/A	ent contractors who		ived more th Type of sei		00 of co			m the nsation	
(4) 11	and and business address of such mas	portuone contractor		(5	7 1 9 0 0 1 001			(6) 0	отпро	- TOULIO	
							-				
	nber of other independent contractors ea				► _						
	ganization complete Schedule A? Note:	All section 501(c)(3) organ	izations must attach	ı a				. –	_		_
	d Schedule A							<u> </u>	<u> Ye</u>		<u>No</u>
•	of perjury, I declare that I have examin nd complete. Declaration of preparer (ot	,			-			knowleage	e and	bellet,	IT IS
irue, correct, an		iei iliali ollicei) is baseu oli	all lillorillation of w	nnon prepa	irei iias aiiy i	Kilowieuge	j. 				
Sign	Signature of officer						Date				
Here	MICHAEL ARIETTI,	TREASURER									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature)	Date		heck		PTIN			
Paid	DODEDE 11	DOD===		10,00	l l	elf- emplo	yed	D000	42	200	
Preparei	ROBERT H FRANK	ROBERT H		10/25		Fi 1 Fi	<u> </u>	P009			
Use Only	Firm's name ► PRAGER ME' Firm's address ► 1360 BEV							5-166 03)82			
	MCLEAN,		711 300		L	Phone no.	(/ (00/02	<u> </u>	0 / 0 .	<u> </u>
May the IRS dis	scuss this return with the preparer show							▶ X	Ye	s	No
, die	Proparor ofform									90-EZ	

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

54-6065018 THE ROTARY CLUB OF MCLEAN Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a 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? Yes No 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 fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

132081 10-21-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

54-606<u>5018</u> Page 2 Schedule G (Form 990) 2021 THE ROTARY CLUB OF MCLEAN Part II 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 gro			vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				CHOCOLATE		(add col. (a) through
			GIFT CARDS	FESTIVAL	1	·
			(event type)	(event type)	(total number)	col. (c))
Revenue						
š.	1	Gross receipts	11,320.	41,360.	1,762.	54,442.
æ	-	с. осо госо,рто	,	,	, · ·	- ,
	2	Less: Contributions				
	_	2555. 5511115415115				
	3	Gross income (line 1 minus line 2)	11,320.	41,360.	1,762.	54,442.
		arece meetine (into 1 minute into 2)				<u> </u>
	4	Cash prizes				
	•	Cuch phizos				
	5	Noncash prizes				
S		Tronodon prizos				
nse	6	Rent/facility costs		1,350.		1,350.
ě	U	Tienth acinty costs		1,330.		1,330.
Direct Expenses	7	Food and hoverages				
irec	′	Food and beverages				
	_	Catalitainmant				
	8	Entertainment	10,993.	24,636.	2,938.	38,567.
	9	Other direct expenses				39,917.
	10	- · · · · · · · · · · · · · · · · · · ·			_	14,525.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a				14,323.
		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, Or I	eported more trian	
		\$15,000 0111 01111 990-EZ, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				billigo, progressive billige		(b)
Вè	_	0				
	1	Gross revenue				
	_	Cook prizes				
es		Cash prizes				
Direct Expenses	_	Nanagah prizas				
ΑX	3	Noncash prizes				
듗	_	Pont/facility costs				
Ë	4	Rent/facility costs				
	_	Other direct evenesses				
	5	Other direct expenses	V • • • • • • • • • • • • • • • • • • •	V 0/		
		Wali wata ay lah ay	Yes %	Yes%	Yes %	
	ь	Volunteer labor	L No	No No	No	
	_	Disease of the second of the s	F in a share (al)		_	
	7	Direct expense summary. Add lines 2 through	i 5 in column (a)		P	
		Not assist in a second control of the set line 7	form Programme and transport (all)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_						
	-					
		ter the state(s) in which the organization condu				
	ls t	the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
	ls t		tivities in each of these	states?		Yes No
	ls t	the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	Is t	the organization licensed to conduct gaming action," explain:	tivities in each of these s	states?		
10a	Is t	the organization licensed to conduct gaming action," explain: ere any of the organization's gaming licenses re	etivities in each of these straining in each of these strains	erminated during the tax y		
10a	Is t	the organization licensed to conduct gaming action," explain:	etivities in each of these straining in each of these strains	erminated during the tax y		
10a	Is t	the organization licensed to conduct gaming action," explain: ere any of the organization's gaming licenses re	etivities in each of these straining in each of these strains	erminated during the tax y		

Schedule G (Form 990) 2021 132082 10-21-21

Sch	nedule G (Form 990) 2021 THE ROTARY CLUB OF MCLEAN 54-	6065018	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
			
			-
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) THE ROTARY CLUB OF MCLEAN	54-6065018 Page 4
Schedule G (Form 990) THE ROTARY CLUB OF MCLEAN Part IV Supplemental Information (continued)	

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number** 6065018

Name of the organization THE ROTARY CLUB OF MCLEAN	Employer identification number 54-6065018
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	1,010.
MEAL RECEIPTS	28,681.
TOTAL TO FORM 990-EZ, LINE 8	29,691.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS E	PAID:
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: THE ROTARY FOUNDATION	
GRANTEE ADDRESS: 1560 SHERMAN AVE. EVANSTON, IL 60201	
AMOUNT GIVEN:	3,575.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: MCLEAN ROTARY CLUB FOUNDATION	
GRANTEE ADDRESS: P. O. BOX 561 MCLEAN, VA 22101	
AMOUNT GIVEN:	1,985.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL	AL
GRANTEE ADDRESS: 1560 SHERMAN AVE. EVANSTON, IL 60201	
AMOUNT GIVEN:	2,500.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: MISCELLANEOUS	
AMOUNT GIVEN:	1,145.
11A For Denominal Padration Act Nation and the Instructions for Forms 000 or 000 F7	0 - la - dada 0 (F 000) 0(

Schedule O (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021		Page :
Name of the organization THE ROTARY CLUB OF MCLEAN	Employer identificat	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	<u></u>	9,205.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:	AMOUN	NT:
SUPPLIES		18.
WEEKLY MEETING - MEALS AND SPACE RENTAL	44	1,696.
OFFICE EXPENSE	1	L,336.
CLUB FELLOWSHIPS	3	3,795.
DUES PAYMENTS	(5,529.
WEBSITE FEES		715.
TRAINING		569.
ZOOM SERVICES		157.
CHARITABLE DISBURSEMENTS FOR FLAGS FOR HEROES	<u>9</u>	9,630.
TOTAL TO FORM 990-EZ, LINE 16	6.7	7,445.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG. OF Y	YEAR END OF	YEAR
ACCOUNTS RECEIVABLE	94.	0.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG. OF Y	EAR END OF	YEAR
MEMBER DUES PAYMENT	0.	405.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE LOCAL, NATIONAL, AND INTERNATIONAL COMMUNITY.	SERVICE TO	THE
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:	1
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	NDS , DIRECTLY Schedule O (For	
10	-	

Scriedule O (Form 990) 2021	Page 2
Name of the organization THE ROTARY CLUB OF MCLEAN	Employer identification number 54-6065018
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIT	JMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	