

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

**2020**

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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

**C** Name of organization  
**THE ROTARY CLUB OF MCLEAN**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 561**  
 City or town, state or province, country, and ZIP or foreign postal code  
**MCLEAN, VA 22101-0561**

**D** Employer identification number  
**54-6065018**

**E** Telephone number  
**703-237-6396**

**F** Group Exemption Number ▶ **0573**

**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: ▶ **WWW.MCLEANROTARY.ORG**

**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 \_\_\_\_\_

**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 ▶ \$ **47,749.**

**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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														6,250.													
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments														8,899.													
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	b	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)																											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	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)														31,208.													
c	Less: direct expenses from gaming and fundraising events														16,274.														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														14,934.														
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)																												
8	Other revenue (describe in Schedule O) SEE SCHEDULE O														1,392.														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														31,475.														
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O														14,175.													
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping														250.													
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O														9,364.													
	17	Total expenses. Add lines 10 through 16														23,789.													
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)														7,686.													
	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)														32,645.													
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O														-3,625.													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														36,706.													

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

Form **990-EZ** (2020)

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	20,426.	22	36,612.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	12,219.	24	94.
25 Total assets	32,645.	25	36,706.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,645.	27	36,706.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 COMMUNITY SERVICE - COVERS THE PROJECTS AND ACTIVITIES THE CLUB UNDERTAKES TO IMPROVE LIFE IN ITS COMMUNITY.			
(Grants \$ 14,175. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		23,430.
29			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		23,430.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

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

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN P MCEVILLY PRESIDENT	2.00	0.	0.	0.
COURTNEY NUZZO IMMEDIATE PAST PRESIDENT	2.00	0.	0.	0.
WILLIAM GLENN YARBOROUGH VICE PRESIDENT	2.00	0.	0.	0.
DEBORAH RENEE JACKSON DIRECTOR	2.00	0.	0.	0.
CARMEN M WU SECRETARY	2.00	0.	0.	0.
RICHARD A GOLDEN TREASURER	2.00	0.	0.	0.
MICHAEL R ARIETTI DIRECTOR	2.00	0.	0.	0.
ROBERT JANSEN DIRECTOR	2.00	0.	0.	0.
CAROL KING DIRECTOR	2.00	0.	0.	0.
EVA SEREGHY DIRECTOR	2.00	0.	0.	0.
RAYMOND V PETNIUNAS DIRECTOR	2.00	0.	0.	0.
LOIS WILSON DIRECTOR	2.00	0.	0.	0.

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 V

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
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
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)?
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
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a 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?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a 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
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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of
Located at
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
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
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
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
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
c Did the organization receive any payments for indoor tanning services during the year?
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
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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

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

Table with Yes/No columns and value 46, X

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

Table with Yes/No columns for questions 47, 48, 49a, 49b

Table for line 50 with columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (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."

Table for line 51 with columns: (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

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: Signature of officer (Richard A. Golden), Date (2/4/2022), Type or print name and title (RICHARD A. GOLDEN, TREASURER)

Table for line 53: Paid Preparer Use Only. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2020)



**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 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 (add col. (a) through col. (c))		
		GIFT CARDS (event type)	FLAGS FOR HEROES (event type)	NONE (total number)			
Revenue	1	Gross receipts	19,700.	10,690.		30,390.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	19,700.	10,690.		30,390.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	15,804.	470.		16,274.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				▶	16,274.
	11	Net income summary. Subtract line 10 from line 3, column (d)				▶	14,116.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				▶
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				▶

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**  
Open to Public  
Inspection

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:
CASH COLLECTED IN MEETING	4.
MISCELLANEOUS	1,388.
TOTAL TO FORM 990-EZ, LINE 8	1,392.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: TYSONS CORNER ROTARY CLUB FOUNDATION

GRANTEE ADDRESS: 1364 BEVERLY RD., SUITE 101 MCLEAN, VA 22101

AMOUNT GIVEN: 1,250.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: THE ROTARY FOUNDATION

GRANTEE ADDRESS: 1560 SHERMAN AVE. EVANSTON, IL 60201

AMOUNT GIVEN: 4,125.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: MCLEAN ROTARY CLUB FOUNDATION

GRANTEE ADDRESS: P. O. BOX 561 MCLEAN, VA 22101

AMOUNT GIVEN: 4,300.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: TIMBER LANE SCHOOL

GRANTEE ADDRESS: 2737 WEST STREET FALLS CHURCH, VA 22046

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE ROTARY CLUB OF MCLEAN	Employer identification number 54-6065018
---	--

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ZAMBIA WATER

GRANTEE ADDRESS: 931 LINKSIDE WAY PUNTA GORDA, FL 33955

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL

GRANTEE ADDRESS: 1560 SHERMAN AVE. EVANSTON, IL 60201

AMOUNT GIVEN: 1,500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 14,175.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	30.
OFFICE EXPENSE	824.
DUES PAYABLE	6,826.
WEBSITE FEES	540.
FAMILY OF ROTARY	144.
CONTRIBUTIONS	1,000.
TOTAL TO FORM 990-EZ, LINE 16	9,364.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
WRITE-OFFS OF UNCOLLECTIBLE PLEDGES	-3,625.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

Name of the organization THE ROTARY CLUB OF MCLEAN	Employer identification number 54-6065018
---	--

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	12,219.	94.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE SERVICE TO THE LOCAL, NATIONAL, AND INTERNATIONAL COMMUNITY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
 THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
 THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**Nonstock Corporation - Annual Report**

**Entity Information**

Entity Name: ROTARY CLUB OF MCLEAN, INC. Entity Type: Nonstock Corporation  
 Entity ID: 01138577 Formation Date: 10/16/1967  
 Jurisdiction: VA  
 Status: Active

**Registered Agent Information**

RA Type: Individual RA Qualification: Member of the Virginia State Bar  
 Name: MICHAEL J HOLLERAN Registered Office Address: WALTON & ADAMS, 1925 ISAAC NEWTON SQ #250, RESTON, VA, 20190 - 0000, USA  
 Locality: FAIRFAX COUNTY

**Principal Office Address**

Address: PO BOX 561, MCLEAN, VA, 22101 - 0000, USA

**Principal Information**

**No Officers:** If the corporation does not have officers because an organizational meeting has not been held.  
 **No Directors:** If the corporation does not have directors because (i) initial directors were not named in the articles of incorporation and an organizational meeting of the corporation has not been held or (ii) the board of directors has been eliminated by a written agreement signed by all of the shareholders, or by the adoption of provision in the articles of incorporation or bylaws that was approved by all of the shareholders.

Title	Director	Name	Address
President	Yes	Courtney Nuzzo	PO BOX 561, Mclean, VA, 22101 - 0000, USA
President-Elect	Yes	John McEvelly	PO BOX 561, Mclean, VA, 22101 - 0000, USA
Secretary	Yes	Anton Dmitrov	PO BOX 561, Mclean, VA, 22101 - 0000, USA
Treasurer	Yes	Jason Gheissari	PO BOX 561, Mclean, VA, 22101 - 0000, USA
	Yes	Barry Byer	PO BOX 561, Mclean, VA, 22101 - 0000, USA
	Yes	Robert Jansen	PO BOX 561, Mclean, VA, 22101 - 0000, USA
	Yes	Carol King	PO BOX 561, Mclean, VA, 22101 - 0000, USA
	Yes	Eva Sereghy	PO BOX 561, Mclean, VA, 22101 - 0000, USA
	Yes	Michael Arietti	PO BOX 561, Mclean, VA, 22101 - 0000, USA

**Signature Information**

Date Signed: 09/10/2020

Printed Name	Signature	Title
Courtney Nuzzo	Courtney Nuzzo	President