

Return of Organization Exempt From Income Tax

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning 07-01 , 2021, and ending 06-30 , 2022																		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization: ROTARY CLUB-STATESVILLE/4TH CREEK</td> <td>D Employer identification number 56-2148321</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number (704) 872-6851</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">G Gross receipts \$ 71,678</td> </tr> <tr> <td>318 NORTH CENTER STREET</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code STATESVILLE, NC 28677</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: CARRIE NITZU SAME AS C ABOVE</td> <td></td> </tr> </table>	C Name of organization: ROTARY CLUB-STATESVILLE/4TH CREEK		D Employer identification number 56-2148321	Doing business as		E Telephone number (704) 872-6851	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 71,678	318 NORTH CENTER STREET		City or town, state or province, country, and ZIP or foreign postal code STATESVILLE, NC 28677		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	F Name and address of principal officer: CARRIE NITZU SAME AS C ABOVE		
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																		
J Website: ▶ N/A																		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1999 M State of legal domicile: NC																	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AZHEIMERS, HIGH SCHOOLS, COMMUNITY SERVICES, INTERACT, ROTARY FOUNDATION, POLIO, COMMUNITY CHARITIES, SCHOOLS, SCHOLARSHIPS, YOUTH, COLLEGES, INTERNATIONAL GOODWILL, SFTL, AND MIDDLE SCHOOLS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	48
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	31,399
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,526	Current Year 11,074
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,942	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,267	31,399
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,735	42,473
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,243	47,482
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,243	47,482
19 Revenue less expenses. Subtract line 18 from line 12	49,492	(5,009)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 356,405	End of Year 342,705
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	356,405	342,705

Part II Signature Block

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	RICK MORRISON Signature of officer	10-05-2022 Date
	RICK MORRISON, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOY REEP SHUFORD	Preparer's signature JOY REEP SHUFORD	Date 10-06-2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P02436040
	Firm's name ▶ REEP ACCOUNTANT LLC	Firm's EIN ▶			
	Firm's address ▶ 318 NORTH CENTER STREET STATESVILLE NC 28677-4064	Phone no. 704-872-6851			

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