

Return of Organization Exempt From Income Tax

2024

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 7/1/2024, and ending 6/30/2025	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization ROTARY CLUB OF ANNAPOLIS INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 3175 City or town State ZIP code ANNAPOLIS MD 21403 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 52-6056583	
E Telephone number (781) 775-8765	
F Group Exemption Number	
G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____	
I Website: WWW.ANNAPOLISROTARY.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 \$ 121,530	

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	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	27,020
	3	Membership dues and assessments	3	92,728
	4	Investment income	4	1,782
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events:		
	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	0	
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	0	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	121,530	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,000
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	125,486
17	Total expenses. Add lines 10 through 16	17	126,486	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-4,956
	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)	19	56,991
	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	52,035

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

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	57,966	22 57,521
23 Land and buildings		23
24 Other assets (describe in Schedule O)	100	24 1,835
25 Total assets	58,066	25 59,356
26 Total liabilities (describe in Schedule O)	1,075	26 7,321
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,991	27 52,035

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 FURTHER DEVELOPMENT OF YOUTH, HELP THE LESS FORTUNATE, AND SUPPORT PROGRAMS FOR SICK AND ELDERLY, PROMOTE ROTARY CLUB FOR THE YOUTH, AND SCHOLARSHIPS FOR UNDERPRIVILEGED YOUTH. (Grants \$) If this amount includes foreign grants, check here ☐	28a	118,710
29 (Grants \$) If this amount includes foreign grants, check here ☐	29a	
30 (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	118,710

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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BOB YOUNG PRESIDENT	Hr/WK 10.00	0	0	0
FRANK ANDRACCHI VP FINANCE	Hr/WK 4.00	0	0	0
LISA KNOLL VP CLUB ACTIVITIES	Hr/WK 4.00	0	0	0
ANNE WOLFE TREASURER	Hr/WK 10.00	0	0	0
CAROLYN RICHARDS SECRETARY	Hr/WK 4.00	0	0	0
BOB REEDY PAST PRESIDENT	Hr/WK 4.00	0	0	0
JIM SHERRICK VP COMM OUTREACH	Hr/WK 4.00	0	0	0
DARYL COOKE MEMBER	Hr/WK 1.00	0	0	0
LISA MAM MEMBER	Hr/WK 1.00	0	0	0
LEW MYERS MEMBER	Hr/WK 1.00	0	0	0
JULIE SNYDER MEMBER	Hr/WK 1.00	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 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	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	X
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	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 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	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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b	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	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		
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	X
41 List the states with which a copy of this return is filed: <u>MD</u>		
42a The organization's books are in care of: <u>JEFF NEUFELD</u> Telephone no. <u>(781) 775-8765</u> Located at: <u>PO BOX 3175</u> City <u>ANNAPOLIS</u> ST <u>MD</u> ZIP + 4 <u>21403</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	X
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	X
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 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	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
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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		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 Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

- 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
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

- 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	Signature of officer		Date			
	SUE WEBER		PRESIDENT ELECT			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Jeffrey Griffith		Jeffrey Griffith	8/25/2025		P01081433
	Firm's name Alta CPA Group		Firm's EIN 82-1650312			
	Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401		Phone no. (410) 349-5101			

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

☒ Yes ☐ No

Page 1 of 1 of Part IV

Employer identification number

52-6056583

[illegible]

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ROTARY CLUB OF ANNAPOLIS INC

Employer identification number

52-6056583

Form 990-EZ, Part I, Line 16, Other Expenses: MEETINGS: 83,348

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 2,520

Form 990-EZ, Part I, Line 16, Other Expenses: INFORMATION TECHNOLOGY: 4,256

Form 990-EZ, Part I, Line 16, Other Expenses: SUPPLIES: 3,225

Form 990-EZ, Part I, Line 16, Other Expenses: PROGRAM EXPENSES: 3,570

Form 990-EZ, Part I, Line 16, Other Expenses: DUES: 28,567

Form 990-EZ, Part II, Line 24, Other Assets: PREPAID EXPENSES: Beginning of year: 100, End of
year: 1,835

Form 990-EZ, Part II, Line 26, Liabilities: DEFERRED REVENUE: Beginning of year: 1,075, End of
year: 7,021

Form 990-EZ, Part II, Line 26, Liabilities: OTHER LIABILITIES: Beginning of year: 0, End of
year: 300

Form 990-EZ, Part III, Line 28: THE ROTARY CLUB OF ANNAPOLIS IS A SERVICE CLUB AND IS AN
AFFILIATE CLUB OF ROTARY INTERNATIONAL. AS SUCH, THE CLUBS PRIMARY PURPOSE IS SERVICE TO OUR
LOCAL COMMUNITY AND TO SUPPORT ROTARY INTERNATIONAL EFFORTS. THE CLUB CONSISTS OF
APPROXIMATELY 160 MEMBERS, AND ENGAGES IN MANY ACTIVITIES FOR FUND RAISING THROUGH OUR 501C3
FOUNDATION. OUR MAJOR ACTIVITIES INCLUDE: A CRAB FEAST, A BLACK TIE & DIAMONDS GALA, LITTLE
FREE LIBRARIES, AN ETHICS BOWL, SPEECH CONTEST, AND MOCK INTERVIEWS FOR THE LOCAL HIGH SCHOOL,
FOOD DRIVES, HELPING HANDS PROJECTS, AND DIRECT SUPPORT/SUPPLIES TO LOCAL COMMUNITY CHARITIES.
THE CLUB ALSO SUPPORTS MANY ACTIVITIES FOR ITS MEMBERS INCLUDING REGULAR WEEKLY AND MONTHLY
MEETINGS, ONBOARDING PROGRAMS FOR NEW MEMBERS, EDUCATION FOR MEMBERS ON LEADERSHIP AND ROTARY
INITIATIVES, AND SEVERAL FELLOWSHIP EVENTS DURING THE YEAR.