Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

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)

2020

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.

A	For the	2020 calend	ar year, or tax year beginning J	uly 1, , 202	20, and ending		lune	, 20 21
	Check if ap		C Name of organization ?	,	,	D Employ	yer identificat	
Address change			The Decatur Rotary Club				75-50367	142
Name change			Number and street (or P.O. box if mail is not delivered	d to street address)	Room/suite	E Teleph	one number	- <del>-</del>
Н	Initial retu		P. O. Box 774				925-588-153	2 (cell)
H	Amended	rn/terminated	City or town, state or province, country, and ZIP or for	oreign postal code	<u> </u>		Exemption	,
=		n pending	Decatur, Texas, USA, 76234				oer 🕨 🔞	0573
G	Account	ting Method:	✓ Cash		Н	Check ►	if the ord	ganization is <b>not</b>
	Website	•	decaturrrotary.com				to attach Sch	
JI	Гах-exen	npt status (che	eck only one) - 🔽 501(c)(3) 🔲 501(c) ( ) 🖣	(insert no.) 4947(a)(1	) or 527	(Form 990	0, 990-EZ, or	990-PF).
				Association				
		-	7b to line 9 to determine gross receipts. If gross	s receipts are \$200,000	or more, or if tota	assets		
(Pa	ırt II, col	umn (B)) are S	500,000 or more, file Form 990 instead of Form	1990-EZ		•	\$	12,991
P	art I	Revenu	e, Expenses, and Changes in Net As	sets or Fund Bala	nces (see the	instruct	ions for Pa	art I) 🔽
		Check if	the organization used Schedule O to res	spond to any questic	on in this Part I			🗆
?	1 1	Contribution	ons, gifts, grants, and similar amounts rece	eived			1	3,411
?	2	Program s	ervice revenue including government fees	and contracts		[	2	
?	3	Membersh	ip dues and assessments			[	3	9,580
?	] 4	Investmen	income			[	4	
	5a	Gross amo	unt from sale of assets other than inventor	ry   <b>5</b>	ia			
	b	Less: cost	or other basis and sales expenses	5	ib			
	С	Gain or (lo	ss) from sale of assets other than inventory	$\gamma$ (subtract line 5b fror	n line 5a)		5c	
	6	Gaming ar	d fundraising events:					
	а	Gross inc	ome from gaming (attach Schedule G	if greater than				
Revenue		\$15,000)	15,000)					
Ver	b	Gross inco	me from fundraising events (not including	\$	of contribution	ns		
Be			aising events reported on line 1) (attach S		_			
_		sum of suc	h gross income and contributions exceeds	s \$15,000) <b>6</b>	ib di			
	С	Less: direc	t expenses from gaming and fundraising e	events 6	ic			
	d	Net incom	e or (loss) from gaming and fundraising e	events (add lines 6a	and 6b and su	otract		
		line 6c)					6d	
	7a	Gross sale	s of inventory, less returns and allowances	3	'a			
	b		of goods sold		'b			
	С	Gross prof	it or (loss) from sales of inventory (subtract	line 7b from line 7a)			7c	
	8		,				8	
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶	9	12,991
Expenses	10	Grants and	I similar amounts paid (list in Schedule O)				10	8,624
	11		aid to or for members				11	8,918
	12		ther compensation, and employee benefits				12	
	13		al fees and other payments to independen				13	
	. 14	Occupanc	, rent, utilities, and maintenance				14	
	15	Printing, p	ublications, postage, and shipping				15	641
	16		enses (describe in Schedule O) 🔞				16	
	17	Total expe	nses. Add lines 10 through 16			. ▶	17	18,183
Net Assets	18	Excess or	deficit) for the year (subtract line 17 from I	ine 9)			18	-5,192
	19		or fund balances at beginning of year (f					
		end-of-yea	r figure reported on prior year's return) .				19	5,720
	20		iges in net assets or fund balances (explain				20	
	21	Net assets	or fund balances at end of year. Combine	lines 18 through 20		. ▶ □	21	528

Form 990-EZ (2020) Page 2 Balance Sheets (see the instructions for Part II) 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 5,720 22 22 Cash, savings, and investments 5,420 23 23 Land and buildings . . . . . . . 24 Other assets (describe in Schedule O) 24 25 Total assets . . . . . . . . 5,720 25 5,420 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 5,720 27 27 5,420 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) 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. Scholarships Six Students Dectionary Project Local Thrid Graders 1396 Rotary Youth Leadership Assembly 5 Students 1700 ) If this amount includes foreign grants, check here 28a (Grants \$ 6,096 Donation to Rotary Foundation - Polio Fund 871 Donation to Rotary Foundation - Annual Fund (Grants \$ ) If this amount includes foreign grants, check here . . . . 29a 2,398 Donation to ShelterBox 100 Donation to Wise county Crises Center ) If this amount includes foreign grants, check here . . . . 30a 130 ) If this amount includes foreign grants, check here . . . . 31a 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 . . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation **Lannie Noble** President 8 Eileen Cross **In-coming President** Gene Wilson **Treasurer** 16 Dickie Greenwood 8 Secretary

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	motivations for fact v., official into organization accarded to to respond to any question in the	71 011	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	103	<i>V</i>	
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		/	2
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		~	
b 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 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	35b 35c		<b>/</b>	
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		/	•
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   Did the organization file Form 1120-POL for this year?	37b 38a		\( \times \)	2
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
b 40a	Gross receipts, included on line 9, for public use of club facilities				
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		~	
d	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				
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		V	I
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶  Telephone no. ▶				
	Located at D				
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	Yes	No ✓	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes		
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	res	No 🗸	
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		V	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓	
45a	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		_	

OIIII 33	10-LZ (Z	020)							age ¬	
46	Did th	ne organization engage, directly or in	idirectly in political c	amnaign activities	on behalf o	of or in appositic	n l	Yes	No	
40	to car	ndidates for public office? If "Yes," c	omplete Schedule C,				46		/	
Part		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que		·	·	tables fo	or line	es $\Box$	
		Check if the organization used Sci	ledule O to respond	to any question i	II IIIIS Fait	<u>vi</u>	· · · ·	Yes	No	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		_	47		>	
48 49a	Did th	organization a school as described in ne organization make any transfers to	o an exempt non-cha	ritable related orga			48 49a		> >	
b 50	If "Yes," was the related organization a section 527 organization?									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributi	ealth benefits, ions to employee ans, and deferred mpensation	e) Estimated other com			
f 51	Comp	number of other employees paid over olete this table for the organization? 000 of compensation from the organ	s five highest compe	ensated independe	ent contract	tors who each i	received	more	than	
	(a) Name and business address of each independent contractor			<b>(b)</b> Type of	(c) Compensation					
				<b>.</b>						
52	Did t	number of other independent contra the organization complete Schedu eleted Schedule A	•		_		a Yes		No	
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					wledge and	belief,	it is	
Sian		Signature of officer		Data						
Sign Here					August 23, 2021					
Paid		Print/Type preparer's name	Preparer's signature	Preparer's signature Date			PTIN			
Prep Use (						self-employe Firm's EIN ▶	<u>~ </u>			
		Firm's address ▶ Phone no.								
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions	<u> </u>	🕨	Yes		٥V	