## **SCHEDULE G** (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	OTARY CLUB OF DECATUR TEXA						6036742			
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" on l	Form 990, Part IV,	line 17.			
1	Indicate whether the organizati	on raised funds t	through any	of the follo	owing activities. C	heck all that apply.				
а	☐ Mail solicitations e ☐ Solicitation of non-government grants									
b	☐ Internet and email solicitations									
C	☐ Phone solicitations									
_	☐ In-person solicitations									
d	·									
2a	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 compensated at least \$5,000 b			draisers) pu	ursuant to agreem	nents under which th	e fundraiser is to be			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
otal										
3	List all states in which the organistration or licensing.				solicit contribution	s or has been notifi	ed it is exempt from			

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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

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 **FUND RAISER** (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . . . 1 38,183 38,183 Less: Contributions . . 2 3 Gross income (line 1 minus 4 Cash prizes . . . . . 5 Noncash prizes 3,290 3,290 Direct Expenses Rent/facility costs . . . 3,204 3,204 7 Food and beverages . . 8 Entertainment . . . . Other direct expenses . 2,011 2,011 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . . . . . . . . . . 10 8,505 Net income summary. Subtract line 10 from line 3, column (d) . . . . . 11 29,678 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c) 1 Gross revenue . . Direct Expenses 2 Cash prizes . . . . . 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . . 6 No Direct expense summary. Add lines 2 through 5 in column (d) 7 . . . . . . Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: а If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . If "Yes," explain:

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11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ 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		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address -		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	daming manager compensation • • • •		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	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 ▶ \$		, ,
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iai inior	mation
	Gee Instructions.		
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