

**2019 Filing Instructions
Rotary Club of Gilbert, Arizona
Tax year ending 06-30-2020**

Form filed:

Form 990-EZ and supplemental forms and schedules

Filing method:

The return will not be e-filed. An officer must sign and date Form 990, and mail before the due date to the address listed below.

Due date:

11-16-2020

The return reflects neither a refund nor a balance due.

Mail-to address:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

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)

2019

Open to Public Inspection

- ▶ 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 2019 calendar year, or tax year beginning 07-01, 2019, and ending 06-30, 2020

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 checked="" type="checkbox"/> Application pending	C Name of organization <u>Rotary Club of Gilbert, Arizona</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 2054</u> City or town, state or province, country, and ZIP or foreign postal code <u>Gilbert, AZ 85299-2054</u>	D Employer identification number <u>86-0550893</u> E Telephone number <u>(480) 926-2333</u> F Group Exemption Number ▶ <u>0573</u>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ gilbertrotary.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 ▶ \$ 25,840

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	6,950
	2 Program service revenue including government fees and contracts.	2	16,546
	3 Membership dues and assessments	3	
	4 Investment income	4	667
	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	
	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	1,677
c Less: direct expenses from gaming and fundraising events	6c	547	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,130	
	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	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	25,293	
Expenses	10 Grants and similar amounts paid (list in Schedule O).	10	14,197
	11 Benefits paid to or for members	11	8,970
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O).	16	6,775
	17 Total expenses. Add lines 10 through 16 ▶	17	29,942
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,649)
	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	44,612
	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	39,963

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	44,612	39,963
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	44,612	39,963
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,612	39,963

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

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

What is the organization's primary exempt purpose? Support and Perform Service Projects

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.

28 <u>Purchase and distribute a dictionary book to every third grade student in the Gilbert Public School plus select Mesa District and area charter schools.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,062
29 <u>Boy Scouts Lost Dutchman Council for their projects and other funding issues</u> (Grants \$ 1,500) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,500
30 <u>Rotary International Foundation for their charitable projects</u> (Grants \$ 1,435) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,435
31 Other program services (describe in Schedule O) <u>See SERVICES</u> (Grants \$ 1,200) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1,200
32 Total program service expenses (add lines 28a through 31a)	32	14,197

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
Scott Jones President	15.00	0	0	0
Debe Mahoney President Elect	10.00	0	0	0
Curt Ward Secretary	10.00	0	0	0
George Petit Treasurer	10.00	0	0	0
Donna Backhaus Boardmember	10.00	0	0	0
Mike Flores Boardmember	5.00	0	0	0
Chuck Holland Boardmember	5.00	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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 3 columns: Question, Yes, No. Row 46: Yes (46), No (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

Table with 3 columns: Question, Yes, No. Row 47: Yes (47), No ()

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

Table with 3 columns: Question, Yes, No. Row 48: Yes (48), No ()

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (49a), No ()

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (49b), No ()

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 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (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 with 3 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

Yes No (X)

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 George Petit, Treasurer Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if 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 Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

Rotary Club of Gilbert, Arizona

86-0550893

01. List of grants and similar amounts paid (Part I, line 10)

Activity	Provide Dictionaries to 3rd Grade Students
Grantee	Gilbert Public School District
Street	140 S Gilbert Rd
City, State, Zip	Gilbert, AZ 85296
Relationship	None
Amount	10,062

Activity	Grants to Miscellaneous Organizations
Grantee	Boy Scouts, Navajo Water, Rotary Fdn
Amount	4,135

02. Description of other expenses (Part I, line 16)

Description	Amount
Social & Mixer Events	305
Events & Club Programs	3,185
Chamber of Commerce Dues	863
Supplies & Services	1,949
Web Site Services	473

03. Part III, response or note to any other line in Part III

Other Program Services included a 1,000 grant for the Navajo Water Project and 200 in grants to Rotary International and Rotary District 5495 for other projects