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Short Form

OMB No. 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 20

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization

Rotary International-- Abilene

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

P.O. Box 7108

City or town, state or province, country, and ZIP or foreign postal code

Abilene, Texas 79608

D Employer identification number

75-0101565

E Telephone number

325-437-3142

F Group Exemption Number

0573

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: abilenerotaryclub.com

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other Civic Organization

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. \$ 31,680

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

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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	89,036	75,080
23 Land and buildings		
24 Other assets (describe in Schedule O)	2,100	2,100
25 Total assets	91,136	77,180
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,136	77,180

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? community & world service

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 SEE ATTACHED		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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
Shaun Martin President P.O. Box 7108, Abilene, TX 79608	5			
Erik Johnson President Elect P.O. Box 7108, Abilene, TX 79608	1			
Kate Alvarez Past President P.O. Box 7108, Abilene, TX 79608	1			
Mary Beth Kilgore Secretary P.O. Box 7108, Abilene, TX 79608	20			
Peter Agnell Treasurer P.O. Box 7108, Abilene, TX 79608	10			
Jared Bailey Director P.O. Box 7108, Abilene, TX 79608	1			
J. T. Box Director P.O. Box 7108, Abilene, TX 79608	1			
Renee Gaskin Director P.O. Box 7108, Abilene, TX 79608	1			
Pierce LoPachin Director P.O. Box 7108, Abilene, TX 79608	1			
Chris Meeks Director P.O. Box 7108, Abilene, TX 79608	1			
Becky Spargo Director P.O. Box 7108, Abilene, TX 79608	1			
Marty Pothier Sergeant-at-arms P.O. Box 7108, Abilene, TX 79608	1			

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		✓
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		✓
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)?		✓
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		
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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
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?		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
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		✓
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		✓
41	List the states with which a copy of this return is filed ▶ none		
42a	The organization's books are in care of ▶ Peter Agnell Telephone no. ▶ (325) 437-3142 Located at ▶ 473 Cypress #105 Abilene, TX ZIP + 4 ▶ 79601-5125		
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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			✓
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			
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		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
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)?		✓
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		✓

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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)	(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."

(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

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
	Peter Agnell Treasurer Type or print name and title	11/12/20

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no. ▶

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

*mmkco 5:10 pm 11/12/20
North P.O. Box 280
Dillon, S.D. 57012*

ROTARY INTERNATIONAL

Rotary Club of Abilene - Supplemental Schedule

Taxpayer ID # 75-0101565 Form 990EZ FYE 06-30-2019

Part 1 - Revenue - Line 1 - Contributions, gifts, grants:

1 Member donations	\$605.00
TOTAL	<u>\$605.00</u>

Part I - Revenue - Line 6b Special Events - Schedule G:

	Gross Revenue	Direct Expenses	Net Income
1 Flag Project	\$ 808.11		\$ 808.11
2 Taste of Abilene	10,600.00	81.95	10,518.05
3 Dealing for Dollars	665.00		665.00
4 Mayor Disc Golf Tour	350.00	271.20	78.80
TOTAL	<u>\$ 12,423.00</u>	<u>\$ 353.00</u>	<u>\$ 12,070.00</u>

Part 1 - Revenue - Line 8 Meals - Schedule O:

<u>21,238.23</u>	<u>20,571.50</u>	<u>667.00</u>
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Part I - Expenses - Line 10 Grants - Schedule O:

1 12th Armored Memorial Museum	\$ 1,050.00
2 Abilene Cultural Affairs	\$ 500.00
3 Abilene Community Theater	2,500.00
4 Abilene Hope Haven	2,000.00
5 Abilene Recovery Council	500.00
6 Abilene Rotary Foundation	400.00
7 Abilene Writers Guild	300.00
8 Alzheimer Association	1,000.00
9 Betty Hardwick ECI	300.00
10 Big Brothers/Big Sisters	600.00
11 Breakfast on Beach Street	500.00
12 Boy Scout Troop 219	500.00
13 Boy Scout Pack 260	340.00
14 Cancer Services	1,000.00
15 Canine Companions for Independence	500.00
16 Celebration Singers	500.00
17 Day Nursery of Abilene	1,000.00
18 Food Bank of West Texas	1,000.00
19 Girl Scouts of TX/OK	1,000.00
20 Global Samaritan Resources	1,000.00
21 Goodwill of West Texas	600.00
22 Harmony Family Services	500.00
23 Keep Abilene Beautiful	1,000.00
24 Meals on Wheels	1,000.00
25 Paramount Theater	150.00
26 Abilene State Park Disc Golf Project	1,350.00
27 Noah Project	1,250.00
28 Regional Crime Victims Crisis Center	750.00
29 Rotary 4 way Test	100.00
30 Rotary Reads	124.58

ROTARY INTERNATIONAL

Rotary Club of Abilene - Supplemental Schedule

Taxpayer ID # 75-0101565 Form 990EZ FYE 06-30-2019

31 Rotary Rose Bowl Float	105.00
32 Rotary Youth Student Exchange	1,806.98
33 Special Olympics of Texas	1,500.00
34 St Johns Episcopal School	450.00
35 Taylor Ct Adult Literacy Council	2,000.00
36 Texas Ramp Project	1,400.00
37 Young Audience of Abilene	150.00
TOTAL	<u><u>\$ 30,727.00</u></u>

Part I - Other Expenses - Line 16

1 Registration for District Assembly	\$ 25.00
2 Rotary International Dues	6,136.59
3 Rotary District Dues	2,130.00
4 Gifts, Flowers, and Awards	409.90
5 Supplies (Member)	226.13
6 Supplies (Office)	427.73
7 Credit Card Expense	256.64
8 Electronic Software License	551.40
9 President Elect Training	800.00
10 Internet & Web Domain	318.17
TOTAL	<u><u>\$ 11,282.00</u></u>

Part II - Balance Sheet - Line 22 - Cash, Savings - June 30, 2019:

1 Cash Box	\$ 100.00
2 Operating Account	19,509.00
3 Community Service Account	50,276.00
4 Misc. Acct	5,195.00
TOTAL	<u><u>75,080.00</u></u>

Part II - Balance Sheet - Line 24 - Other Assets

1 Printer	\$ 500.00
2 Copier	500.00
3 Laptop Computer	500.00
4 PowerPoint Projector	500.00
5 Desk, Table and Filing Cabinet	100.00
TOTAL	<u><u>\$ 2,100.00</u></u>

Part III, Organization's Primary Exempt Purpose:

To encourage and foster the ideal of community and international service of worthy enterprises.

Additional Detail - Line 28: (This includes no foreign grants)

In addition to monetary grants, members volunteer for the Abilene State Supported Living Center

COI

Short Form

OMB No. 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Department of the Treasury Internal Revenue Service

Form header section including: A For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 20; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Group Exemption Number; G Accounting Method; H Check if the organization is not required to attach Schedule B; I Website; J Tax-exempt status; K Form of organization; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

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

Table with 21 rows and 3 columns. Rows 1-9 are Revenue, 10-17 are Expenses, and 18-21 are Net Assets. Includes sub-rows for gaming and fundraising events.

	Yes	No
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		<input checked="" type="checkbox"/>

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

	Yes	No
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		
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)	(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."

(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

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 *Peter Agnell* Date *11/12/2020*
 ▶ Peter Agnell 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 EIN ▶
 Firm's address ▶ Phone no.

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

*Mailed 11/12/20 5:10pm
Downtown PD North Bex*

FOUNDATION

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-07-01 and ending 2020-06-30

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: ABILENE ROTARY CLUB

FOUNDATION

PO Box 7108, Abilene, TX,

US, 79608

D Employee Identification

Number 61-1506512

E Website:

F Name of Principal Officer: Peter Agnell

PO Box 7108, Abilene, TX,

US, 79608

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.