As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492019000181 Short Form OMB No. 1545-1150 Form 990EZ 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 ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020 **B** Check if applicable: C Name of organization D Employer identification number Rotary Club of Davenport ☐ Address change 42-0499088 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 2483 ☐ Final return/terminated (563) 370-8158 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Davenport, IA 52809 F Group Exemption ☐ Application pending Number ▶ 0573 Check ▶ ☑ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►N/A **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) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 7,400 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 58,522 4 4 5a Gross amount from sale of assets other than inventory 0 h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 10,700 а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 9,970 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 730 7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold **7**c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c R Other revenue (describe in Schedule O) . . 8 3,985 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 70,637 10 10 36,000 Grants and similar amounts paid (list in Schedule O) . 11 25,316 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 13,442 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 204 16 Other expenses (describe in Schedule O) 16 16,963 17 Total expenses. Add lines 10 through 16 17 91.925 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -21,288 Net Assets 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 45,905 20 Other changes in net assets or fund balances (explain in Schedule O) . 379 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 24,996 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

							rage z
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this P	art II			🗹
	Oneskii tire organization usea senedate	o to respend to any q	acotion in time i		eginning of year	· ·	(B) End of year
22 Cash, sa	vings, and investments		[(7) 5	46,967	22	26,158
	buildings				·	23	· · ·
24 Other as	sets (describe in Schedule O)		[24	1,802
25 Total as	sets		[46 <i>,</i> 967	25	27,960
26 Total liabilities (describe in Schedule O)					26	2,964	
	ets or fund balances (line 27 of column	• •	· -		45,905	27	24,996
Part Ⅲ	Statement of Program Service				•	(1)	Expenses equired for section 501(c)
Mhat is the	Check if the organization used Schedule organization's primary exempt purpose?	O to respond to any o	question in this F	art III) and 501(c)(4)
	. Supporting the non profits in Davenport	, Iowa.					ganizations; optional for hers.)
measured by	organization's program service accompli expenses. In a clear and concise manne nd other relevant information for each pro	r, describe the service	s three largest p s provided, the	rogram number	services, as of persons	"	ners.)
28 See Addition	al Data Table						
Grants \$)	If this amoun	t includes foreign gran	its check here		▶ □	28a	
29	II this amoun	t includes foreign gran	its, check here	•	<u>. , </u>	29a	
Grants \$)	If this amoun	t includes foreign gran	its check here		. ▶ □		
30	II tills amoun	- Includes foreign gran	its, check here	• •	. <i>-</i> -	200	
50						30a	
· C · · · · · · · · · · · · · · · · ·	75 blain - man ann		ka alaaala kana		. □		
Grants \$)		t includes foreign gran		• •	. ▶ ⊔		
	ogram services (describe in Schedule O)						
Grants \$)		t includes foreign gran				31a	
Part IV	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,		(list each one over				
Part IV	Check if the organization used Schedule	O to respond to any q	juestion in this P	art IV.	inpensated — see the	•	
		1	1				1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reporta compensat (Forms W-2/1 MISC) (if not enter -0-	ion 1099- paid,	(d) Health bene contributions to en benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
lacqueline H	olm	5.00	enter -o-	0			
'							
President Sean Eckhar	d+	2.00		0			
Seall LCKIIai	ut	2.00		U			
Past Presder				_			
William K Be	ck	2.00		0			
Sgt at Arms							
David Chane	Z	2.00		0			
Freasurer							

Pai	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 Part V			
	The second secon	· ·	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	res	No
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.			No
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)?			No No
L		35a 35b		
	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			N -
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	35c 36		No No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	30		
b	Did the organization file Form 1120-POL for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		No
С	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 sections4912, 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 41	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		No
	List the states with which a copy of this return is filed. ▶ The organization's books are in care of ▶ Carrie Dearborn Telephone no	o. ▶ (56	3) 508-5	 5886
42a		<u> </u>	•	
	Located at ► 1425 N Brady St 5 Davenport , IA ZIP + 4 ►	52803		
		Г		
_			Yes	No
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)?			No ——
	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).	42-		N
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country:			
	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	-		
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44.1		
4-	explanation in Schedule O	44d		N1 -
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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		No

anization engage, directly or indirect for public office? If "Yes," complete tion 501(c)(3) Organization ection 501(c)(3) organizations k if the organization used Schedule anization engage in lobbying activities mplete Schedule C, Part II inization a school as described in secondarization make any transfers to an as the related organization a section his table for the organization's five eceived more than \$100,000 of cone and title of each employee	s Only must answer questic O to respond to any question of the respondent	ons 47- 49b and uestion in this Part \(^1\) 01(h) election in eff \(^1\) If "Yes," complete Second related organization with the second related organization and the second related organization replayees (other the second related organization replayees (other the second related organization replayees (other the second related relat	52, and comp VI	tax year?	stees ar	47 48 49a 49b	Yes	No
for public office? If "Yes," complete tion 501(c)(3) Organization ection 501(c)(3) organizations k if the organization used Schedule anization engage in lobbying activity mplete Schedule C, Part II nization a school as described in semization make any transfers to an as the related organization a section his table for the organization's five eceived more than \$100,000 of con	s Only must answer questic O to respond to any question of the respondent of the respondent of the responsibility of the respon	ons 47- 49b and uestion in this Part volumestion in this Part volumestion in this Part volumestion in eff volumestion. If "Yes," complete some related organization. If there compensation (Forms W-2/109	52, and comp VI	tax year?	stees ar	47 48 49a 49b	Yes	and 5:
ection 501(c)(3) organizations k if the organization used Schedule anization engage in lobbying activity mplete Schedule C, Part II inization a school as described in second as the related organization a section his table for the organization's five eceived more than \$100,000 of con	must answer questic O to respond to any questic or have a section 50 ction 170(b)(1)(A)(ii)? exempt non-charitable in 527 organization? highest compensated expensation from the organization from the organization of the organization of the organization from the o	01(h) election in eff If "Yes," complete S related organizatio Imployees (other the ganization. If there compensation (Forms W-2/109	ect during the formal sectors of the formal	tax year? ctors, trus 'None."	stees ar	47 48 49a 49b	Yes	No
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nization a school as described in se anization make any transfers to an as the related organization a section his table for the organization's five eceived more than \$100,000 of con	exempt non-charitable n 527 organization? highest compensated enpensation from the org (b) Average hours per week	mployees (other the ganization. If there compensation (Forms W-2/109	an officers, dire is none, enter ' (d) Hecontribution	'None." alth benef	its,	48 49a 49b	employ	ees)
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		MISC		t plans, ar compensa	nd	. ,		
	<u> </u>	actor	(b) Type o	f service	(c)	Compe	nsation	_
								_
								_
								
ber of other independent contracto	rs each receiving over	\$100,000		•	•			_
rganization complete Schodule A2 I	NOTE All section 501(c)(2) organizations	must attach a					
d Schedule A		· · · · · · · ·			•	☐ Ye	s 🗆 N	lo

Signature of officer Date								_
id Chanez Treasurer e or print name and title								
Print/Type preparer's name David R Chanez	Preparer's signature	D	Chec		PTIN P01886	720		
Firm's name ► STANLEY LANDE & H					2-117362	27		
					324-100	00		
DAVENPORT, 1A 52801								
	is table for the organization's five on from the organization. If there is a) Name and business address of a large process of the second process of the se	a) Name and business address of each independent contractors each receiving over rganization complete Schedule A? NOTE. All section 501(d Schedule A	nis table for the organization's five highest compensated independent contract on from the organization. If there is none, enter "None." a) Name and business address of each independent contractor a) Name and business address of each independent contractor ber of other independent contractors each receiving over \$100,000. rganization complete Schedule A? NOTE. All section 501(c)(3) organizations d Schedule A f perjury, I declare that I have examined this return, including accompanying elief, it is true, correct, and complete. Declaration of preparer (other than office) id Chanez Treasurer or print name and title Print/Type preparer's name David R Chanez Firm's name STANLEY LANDE & HUNTER PC Firm's address 201 W 2ND ST STE 1000 DAVENPORT, IA 52801	is table for the organization's five highest compensated independent contractors who each in from the organization. If there is none, enter "None." a) Name and business address of each independent contractor (b) Type of the independent contractors each receiving over \$100,000. rganization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a d Schedule A	is table for the organization's five highest compensated independent contractors who each received mon from the organization. If there is none, enter "None." a) Name and business address of each independent contractor (b) Type of service ber of other independent contractors each receiving over \$100,000. paraization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a dischedule A. f perjury, I declare that I have examined this return, including accompanying schedules and statement lief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform e. *** 2021-01-19 Date	is table for the organization's five highest compensated independent contractors who each received more the on from the organization. If there is none, enter "None." a) Name and business address of each independent contractor (b) Type of service (c) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	is table for the organization's five highest compensated independent contractors who each received more than \$100 on from the organization. If there is none, enter "None." a) Name and business address of each independent contractor (b) Type of service (c) Compensation and business address of each independent contractor (b) Type of service (c) Compensation and business address of each independent contractor (c) Type of service (c) Compensation and business address of each independent contractor (b) Type of service (c) Compensation and business address of each independent contractor (c) Compensation and business address of each independent contractor (b) Type of service (c) Compensation and business address of service and business address addre	is table for the organization's five highest compensated independent contractors who each received more than \$100,000 of on from the organization. If there is none, enter "None." a) Name and business address of each independent contractor (b) Type of service (c) Compensation ber of other independent contractors each receiving over \$100,000. rganization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a deschedule A deschedule A? fi perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of filefi, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare. *** 2021-01-19 Date di Chanez Treasurer sor print name and title Print/Type preparer's name David R Chanez Firm's alores > 201 W 2ND ST STE 1000 DAVENPORT, IA 52801

Additional Data

28 Gifts to Davenport Non Profits

(Grants \$)

Software ID: 19009920

Software Version: 2019v5.0

If this amount includes foreign grants, check here . . .

EIN: 42-0499088

Name: Rotary Club of Davenport

Form 990EZ, Part III - Statement of Program Service Accomplishments

n's program service accomplishments for each of its three largest program expenses. In a clear and concise manner, describe the services provided, the ited, and other relevant information for each program title.

Expenses (Required for section 501 (c)(3) and 501(c)(4)

organizations; optional

28a

for others.)

36,000

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLI	N: 93492019000181
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		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.qov/Form990 for the latest information.		ions on on.	OMB No. 1545-0047 2019 Open to Public Inspection	
Name Betherolgamization Rotary Club of Davenport					Employer ide 42-0499088	ntification number
Return Reference	e O, Suppl	emental Informatio	on	Explanation		
Other Revenue.1	Miscellane	ous Income \$3985				

Return
Reference

Crants and I Denoc's Name: Family Resources | Relationship of Denoc's NONE | Cash Amount Given: \$20000

990 Schedule O, Supplemental Information

Grants and Similar
Amounts
Paid In
Excess of
\$5,000.2

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Grants and Similar Amounts Paid In Excess of \$5,000.3	Donee's Name: Hilltop Campus Village Relationship of Donee: NONE Cash Amount Given: \$8000

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Office Expenses \$1419
Expenses.1002

990 Schedule O, Supplemental Information Return Explanation Reference

Other Rotary Int Dues \$6960
Expenses.1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses.2 Youth Harvest \$3605

990 Schedule O, Supplemental Information Return Explanation Reference

Other District Dues \$3030
Expenses.3

990 Schedule O, Supplemental Information Return Explanation Reference

Other S1130
Expenses.4

Other \$1130

990 Schedule O, Supplemental Information Return Explanation Reference Other Website \$794

Expenses.5

990 Schedule O, Supplemental Information Return Explanation Reference

Other Insurance \$450 Expenses.6

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses.7 Telephone \$441

990 Schedule O, Supplemental Information Return Explanation Reference Other Bad Debt \$390

Expenses.8

990 Schedule O, Supplemental Information Return Explanation Reference

Other Youth Services Fund \$250
Expenses.9

990 Schedule O, Supplemental Information Return Explanation Reference

Other PETS \$245

Expenses.10

990 Schedule O, Supplemental Information Return **Explanation** Reference

Other Rotary Int Assessment \$101 Expenses.12

990 Schedule O, Supplemental Information Return Explanation Reference

Other Bank Fees \$8
Expenses.13

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses.14 Miscellaneous \$-227

990 Schedule O, Supplemental Information Return Explanation Reference

Other District Events \$-615
Expenses.15

990 Schedule O, Supplemental Information Return **Explanation** Reference

Other Rotary Convention \$-1018
Expenses.16

990 Schedule O, Supplemental Information Return **Explanation**

Reference Other Computer - Beginning \$0 Computer - Ending \$1205

Assets.1

Return Explanation

990 Schedule O, Supplemental Information

Reference
Other Undeposited Funds - Beginning \$0 Undeposited Funds - Ending \$597
Assets 2

990 Schedule O, Supplemental Information Return **Explanation** Reference

Total Liabilities.1 - Beginning \$1062 - Ending \$2964