Short Form EXTENDED TO MAY 16, 2022

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

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.

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Open to Public

A For the 2020 calendar year, or tax year beginning Some March So	Inter	nal Reve	enue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.	100	Inspection		
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Column (6)) are \$500,000 or more, the Form 990 instead of Form 990-B2 S 4 , 295	K	orm o	of organization					
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18 Excess or (deficit) for the year (subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 467. 19 39,174.		ı		·				
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) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 39,641.		 						
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21 Net assets or fund balances at end of year Combine lines 18 through 20		20	-			_		
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LHA For Paperwork Reduction Act Notice, see the separate instructions





ROTARY INTERNATIONAL - GREATER Form 990-EZ (2020) MANKATO ROTARY 41-6022823 Page 2 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, X (A) Beginning of year (B) End of year 39,174. 37,631. 22 Cash, savings, and investments 22 Land and buildings 23 23 0 SEE SCHEDULE O 2,010. Other assets (describe in Schedule 0) 24 24 25 39,174 25 39,641. Total assets 26 Total liabilities (describe in Schedule 0) 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 39,174. 39,641. 27 Part III | Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional for others) 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 FORENSICS BANQUET TO HONOR STUDENTS FROM THREE LOCAL HIGH SCHOOLS WHO HAVE EXCELLED IN SPEECH & DEBATE PROGRAMS 2,100.) If this amount includes foreign grants, check here 2,100. (Grants \$ 28a VARIOUS LOCAL AND INTERNATIONAL CHARITIES TO BENEFIT MANKIND 31, 194.) If this amount includes foreign grants, check here 31,194. (Grants \$ 29a 30 (Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here (Grants \$ 31: 32 Total program service expenses (add lines 28a through 31a) 32 33

| Part IV | List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) 294 Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours (C) Reportable (d) Health benefits, (e) Estimated contributions to per week devoted to amount of other employee benefit plans, and deferred (a) Name and title W-2/1099-MISC) position compensation (if not paid, enter -0-) compensation LISA CROWNIE BOARD MEMBER 0. 2.00 0. 0. JO GUCK BAILEY BOARD MEMBER 2.00 0. 0. 0. PAMELA DEMARCE BOARD MEMBER 2.00 0. 0. 0. PAUL OSDOBA BOARD MEMBER 2.00 0 0 . 0. TAMERA SAAR BOARD MEMBER 2.00 0. 0. 0. ELIZABETH STOLTMAN BOARD MEMBER 2.00 0. 0. 0. MANDY GAULT VICE PRESIDENT 0. 2.00 0. 0. TOM SAGER BOARD MEMBER 2.00 0. 0. 0. DENISE ZERNECHEL EXECUTIVE SEC/TREASURER 3.00 0. 0. 0.

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CUONG HUYNH PAST PRESIDENT

STEVE JAMESON PRESIDENT

ROTARY INTERNATIONAL - GREATER MANKATO ROTARY 41-6022823 Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{x} Yes No 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 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 -Х 34 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 If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A 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 35c 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 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a N/A **b** Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 🕨 N/A_ ; 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 Х 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 0. 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 0. 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 40e 41 List the states with which a copy of this return is filed \> MN Telephone no. $\triangleright 507 - 625 - 4451$ 42 a The organization's books are in care of ▶ DENISE ZERNECHEL Located at ▶ 802 BELWOOD DRIVE, MANKATO, MN ZIP+4 ▶ 56001 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 42b 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). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X 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 N/A - 43 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 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b c Did the organization receive any payments for indoor tanning services during the year? 44c

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 0
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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 appearance in any transaction with a controlled the organization receives any payment from or appearance in any transaction with a controlled the organization receives any payment from or appearance in any transaction with a controlled the organization of the or

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

45a X 45b

44d

ROTARY INTERNATIONAL - GREATER

Form 990-EZ (2020) MANKATO ROTARY 41-6022823 Page 4 Yes No 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 46 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 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C. Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b 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 (d) Health benefits (e) Estimated (C) Reportable contributions to employee benefit plans, and deferred per week devoted to nsation (Forms amount of other W-2/1099-MISC) position compensation N/A compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the N/A 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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a 52 completed Schedule A Under penalties of perjugy, I declare that I have examined this return, including accompanying cohodules and statements, and to the best of my knowledge and belief, it is true, correct, on of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type preparer's name Preparer's signature Date Check PTIN self- employed Paid **Preparer** Firm's name Firm's EIN Use Only Firm's address Phone no.

Yes

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE 0

Internal Revenue Service

(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.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL - GREATER MANKATO ROTARY

Employer identification number 41-6022823

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: : TRUOMA BANK INTEREST 11. FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES: AFFILIATE NAME: ROTARY INTERNATIONAL AFFILIATE ADDRESS: 1 ROTARY CENTER, 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT: DUES AMOUNT OF PAYMENT: 4,665. AFFILIATE NAME: ROTARY INTERNATIONAL- DISTRICT AFFILIATE ADDRESS: 2233 HAMLINE AVENUE N, SUITE 511 ROSEVILLE, MN 55113 PURPOSE OF PAYMENT: DUES AMOUNT OF PAYMENT: 3,731. AFFILIATE NAME: ROTARY FOUNDATION AFFILIATE ADDRESS: 1 ROTARY CENTER, 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT: CONTRIBUTION AMOUNT OF PAYMENT: 1,085. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,481. FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: CHILDRENS EDUCATION GRANTEE NAME: ISD 77- FORENSICS STUDENTS GRANTEE ADDRESS: PO BOX 8741 MANKATO, MN 56002

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR

Schedule O (Form 990 or 99		Page 2
Name of the organization	ROTARY INTERNATIONAL - GREATER MANKATO ROTARY	Employer identification number 41-6022823
ACCOUNTS RECEIV	VABLE	0. 2,010.
FORM 990-EZ, PA	ART III, PRIMARY EXEMPT PURPOSE - TO	FOSTER THE IDEALS OF
FORM 990-EZ, PA	ART V, INFORMATION REGARDING PERSONA	L BENEFIT CONTRACTS:
THE ORGANIZATION	ON DID NOT, DURING THE YEAR, RECEIVE	ANY FUNDS, DIRECTLY,
OR INDIRECTLY,	TO PAY PREMIUMS ON A PERSONAL BENEF	'IT CONTRACT.
THE ORGANIZATION	ON, DID NOT, DURING THE YEAR, PAY AN	Y PREMIUMS, DIRECTLY,
OR INDIRECTLY,	ON A PERSONAL BENEFIT CONTRACT.	
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SCHEDULE 0

Internal Revenue Service

(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.gov/Form990 for the latest information.

Name of the organization

ROTARY INTERNATIONAL - GREATER

Open to Public Inspection

OMB No 1545-0047

Employer identification number 41-6022823 MANKATO ROTARY FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: BANK INTEREST 11. FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES: AFFILIATE NAME: ROTARY INTERNATIONAL AFFILIATE ADDRESS: 1 ROTARY CENTER, 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT: DUES AMOUNT OF PAYMENT: 4,665. AFFILIATE NAME: ROTARY INTERNATIONAL- DISTRICT AFFILIATE ADDRESS: 2233 HAMLINE AVENUE N, SUITE 511 ROSEVILLE, MN 55113 PURPOSE OF PAYMENT: DUES AMOUNT OF PAYMENT: 3,731. AFFILIATE NAME: ROTARY FOUNDATION AFFILIATE ADDRESS: 1 ROTARY CENTER, 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT: CONTRIBUTION AMOUNT OF PAYMENT: 1,085. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,481. FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: CHILDRENS EDUCATION GRANTEE NAME: ISD 77- FORENSICS STUDENTS GRANTEE ADDRESS: PO BOX 8741 MANKATO, MN 56002