2106

990-EZ

Short Form

Return of Organization Exempt From Income Tax

2020

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

▶ 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.

Open to Public Inspection

	For the	2020 celend	ar year, or tax year beginning JULY 1 , 2020, and ending	JUNE 3	30 , 20 21
	Check if ap				lentification number ?
_	-	-	RIO RANCHO ROTARY CLUB	- •	510225332
一	Address change Name change			lephone r	
二	Initial retur	•	P. O. BOX 15842	•	05-897-0015
靣	Final retur	n/terminated			
Amended return				roup Exe	•
_	Application		<u></u>	umber	
		ing Method:			if the organization is not
	Vebsite		· · · · · · · · · · · · · · · · · · ·		tach Schedule B
			, , <u> </u>		0-EZ, or 990-PF).
		-	☐ Corporation ☐ Trust ☐ Association ☑ Other SERVICE ORGANI		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ts	
(Pa	rt II, col	,	5500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr		s for Part I) 🔞
		Check if	the organization used Schedule O to respond to any question in this Part I	• •	<u> 🛚</u>
?	1	Contribution	ons, gifts, grants, and similar amounts received.	1	1000
?	2	Program s	ervice revenue including government fees and contracts VED	2	
?	3	Membersh		3	8990
?	4	Investment	tincome	4	
	5a	Gross amo	ount from sale of assets other than inventery 5a		
	Ь	Less: cost	or other basis and sales expenses	7	
	C		or other basis and sales expenses	5c	
	6	•	d fundraising events:		· · · · · · · · · · · · · · · · · · ·
	a	_	ome from gaming (attach Schedule G if greater than		
9		\$15,000)			
Revenue	Ь	· =	me from fundraising events (not including \$ 1000 of contributions	_	
<u>§</u>	-		ausing events reported on line 1) (attach Schedule G if the	į	
			th gross income and contributions exceeds \$15,000) 6b 23	48	
	6		t expenses from gaming and fundraising events 6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	Ħ	
	1 -	line 6c)		6d	2348
	7a	•	s of inventory, less returns and allowances	~	2340
	Ь		of goods sold		
	1		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8 C		4	8	
	9		·	9	12338
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	3850
	1				3030
	11	•	aid to or for members	11	<u> </u>
99	12		ther compensation, and employee benefits 2	12	0700
Expenses	13		al fees and other payments to independent contractors 2	13	2738
Ř	14		y, rent, utilities, and maintenance	14	6956
ш	۱.٠		ublications, postage, and shipping	15	118
	16		enses (describe in Schedule O) 2	16	
	17	Total expe	nses. Add lines 10 through 16	17	13362
2	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	18	(1024)
9	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	-	
\$		-	r figure reported on prior year's return)	19	22998
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)	20	· · · · · · · · · · · · · · · · · · ·
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 ▶	21	21974

Form	990-EZ (2020)					Page 2
Pa	rt II	Balance Sheets (see the instructions	•				
		Check if the organization used Schedu	le O to respond to a	ny question in this		-	
				ļ	(A) Beginning of year		(B) End of year
22		n, savings, and investments			22998		2197
23		and buildings			7	23	
24		er assets (describe in Schedule O)			· 	24	
25		Il assets				25	
26 27		assets or fund balances (line 27 of colun			22998	26 27	2197
	1 111	Statement of Program Service Accor				21	2177
		Check if the organization used Schedu					Expenses
Wha	t is the	organization's primary exempt purpose?		,	<u> </u>		equired for section
		e organization's program service accomp	Nishments for each o	of its three largest n	rooram services		l (c)(3) and 501(c)(4) janizations; optional fo
		d by expenses. In a clear and concise				-	ers.)
oers	ons be	nefited, and other relevant information for	each program title.				
28		l - 11 0 - 1 1					
	*********	List attacked					
?	(Grant	s \$ 3	nt includes foreign gra	ants, check here .	. , , ▶ 🔲	28	а
29		·					
		*					
	(Grant	s \$) If this amou	nt includes foreign gra	ants, check here .	▶⊔	29:	<u>a</u>
30							1
	·						ı
	<u> </u>	ф \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A:				_ }
94	(Grant	program services (describe in Schedule O	nt includes foreign gra			30:	4
31	(Grant	• •				31:	_
32		program service expenses (add lines 28	through 31a)	ans, check here .	· · · · · · · ·	32	
	t IV	List of Officers, Directors, Trustees, and K					<u>' </u>
		Check if the organization used Schedu				•	
			(b) Average	(c) Reportable ?		1.	\$ F-6'
		(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employe benefit plans, and) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation	<u> </u>	·
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	Part	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				
				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		~	_
?	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	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 c	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,	35b		V	
	36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		•	_
	6-		36		V	?
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a	~	7	?
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	-		Ť	_
	39	Section 501(c)(7) organizations. Enter:	1,1		غ د د	
	a	Initiation fees and capital contributions included on line 9	, '		, '	
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4955 ►	-		41 <u>-</u>	
	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		**************************************	
	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	408	4 ep.	,	?
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	, 1	·		
	6	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	20 - <u>6</u> 1		
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ▶ Telephone no. ▶				
		Located at ► ZIP + 4 ►				
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes		
		a financial account in a foreign country (such as a bank account, securities account, or other financial 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	u	\$ 1 sc/24	٠. إ	
		Financial Accounts (FBAR).	-	, 4	2424.0	
	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	• •	. I	No No	
	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 of Form 990-EZ	44b		-	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c	· \$4 vgW	√ op [©] de B	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a			
	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	- ,	-	

om 990-EZ (20	020)						P	age 4
		4. 44 . 4.4.					Yes	No
	ne organization engage, directly or in ndidates for public office? If "Yes," o						J. 1572	
	Section 501(c)(3) Organizations		, raili		· · · ·	46		/
	Section 501(c)(3) Organization All section 501(c)(3) organization		etions 47_49h and	52 and com	unlata tha	tablee f	or line	se.
	50 and 51.	s must answer que	Stions 47 - 400 and	oz, and con	ipiete tire	tables i	OI III IC	33
	Check if the organization used Sci	hedule () to respond	I to any question in t	his Part VI				
	Oncox ii the organization doca co.	ricadic o to respond	to any question in t	1110 1 (4) (1)	<u>· · · · · · · · · · · · · · · · · · · </u>	• • • •	Yes	No
47 Did th	ne organization engage in lobbying	activities or have a	section 501(h) electio	n in effect di	uring the t	ax		
	If "Yes," complete Schedule C, Par					47		
48 is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes." complete :	Schedule E		48		
	ne organization make any transfers to		•			49a		
	s," was the related organization a se	•	_			49b		
	elete this table for the organization's			er than office	rs, directo	rs, trustee	es, and	d key
emplo	oyees) who each received more than	1 \$100,000 of comper	nsation from the organ	nization. If the	ere is none	, enter "N	lone."	•
		(b) Average	(c) Reportable	(d) Health b				
(a)	Name and title of each employee	hours per week	compensation	contributions to benefit plans, as		(e) Estimate other corr		
		devoted to position	(Forms W-2/1099-MISC)	compens			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						-		
				l	<u>_</u>			
	number of other employees paid ov		· · ——————	contractors	who each	received	more	than
51 Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest compo nization. If there is no	ensated independent	<u> </u>		received		than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100,	olete this table for the organization 000 of compensation from the organ	's five highest compo nization. If there is no	ensated independent ne, enter "None."	<u> </u>				than
51 Comp \$100, (a)	olete this table for the organization 000 of compensation from the organ	's five highest componization. If there is no dent contractor	ensated independent ne, enter "None." (b) Type of serv	<u> </u>				than
51 Comp \$100, (a) d Total 52 Did t	olete this table for the organization 000 of compensation from the organization and business address of each independent	's five highest componization. If there is no dent contractor	ensated independent ne, enter "None." (b) Type of serv over \$100,000	ice	(c) (Compensation	on	
st Comp \$100, (a) d Total 52 Did t comp	olete this table for the organization 000 of compensation from the organ Name and business address of each independent contraction organization complete Scheduler	's five highest compenization. If there is no dent contractor actors each receiving ale A? Note: All se	over \$100,000	nızations mu	st attach	a Yes	on	do
d Total 52 Did t comp	number of other independent contra the organization complete Schedule A	's five highest compenization. If there is no dent contractor actors each receiving ale A? Note: All se	over \$100,000	nızations mu	st attach	a Yes	on	do
d Total 52 Did t comp correct, and	number of other independent contrathe organization complete Schedule A	's five highest compenization. If there is no dent contractor actors each receiving ale A? Note: All se	over \$100,000	nızations mu	st attach	a Yes	on	do
d Total 52 Did t comp Inder penalties ue, correct, and	number of other independent contra the organization complete Scheduleted Schedule A	's five highest compenization. If there is no dent contractor actors each receiving ale A? Note: All se	over \$100,000	nizations mu	st attach	a Yes	on	do
d Total 52 Did t comp linder penalties rue, correct, and	number of other independent contration completed Schedule A	's five highest compenization. If there is no dent contractor actors each receiving ale A? Note: All se	over \$100,000	nizations mu	st attach	a Yes	on	do
d Total 52 Did t comp Inder penalties ue, correct, and	number of other independent contration complete Schedule A	's five highest compenization. If there is no dent contractor actors each receiving ale A? Note: All se	over \$100,000	nizations mu	st attach •	a Yes	on	do
d Total 52 Did t comp linder penalties rue, correct, and	number of other independent contrathe organization complete Schedule A	ectors each receiving ale A? Note: All seretum, including accompan n officer) is pased on all info	over \$100,000	nizations mu	st attach	a Yes	on	do
d Total 52 Did t comp linder penalties rue, correct, and Paid Preparer	number of other independent contrathe organization complete Schedule A	ectors each receiving ale A? Note: All seretum, including accompan n officer) is pased on all info	over \$100,000	nizations mu	st attach • est of my kno	a Yes	on	do
d Total 52 Did t comp Under penalties rue, correct, and	number of other independent contra the organization complete Scheduleted Schedule A	ectors each receiving ale A? Note: All seretum, including accompan n officer) is pased on all info	over \$100,000	nizations mu	st attach	a Yes	on	do