Form 990-EZ

# 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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 th	ne 2023 calend	dar year, or tax year beginning $07/01/23$ , and ending	06/30	/24				
В	Check if	fapplicable:	C Name of organization		Lingto ES 45		D Employer identification number		
$\vdash$		change	DOMARY THERRINA COLUMN			ten i i			
$\vdash$	Name ci		ROTARY INTERNATIONAL GRANBURY				75-1633480		480
H	Initial re		Number and street (or P.O. box if mail is not delivered to street address)		Room/suit	E	and successful think	one numbe	
Н		turn/terminated	PO BOX 2433				817-296-2450		
		ed return	City or town, state or province, country, and ZIP or foreign postal code			F	F Group Exemption		
	Yes	ion pending	GRANBURY TX 76048	turnic restra			Numbe		<b>F</b> 1-1-1
G		inting Method:		U. 54 E EU	Н	Check			nization is not
!	Webs	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	TAL.CLUBRUNNER.CA/4202	18.		100		h Schedu	ıle B
				47(a)(1) or	527	(Form 9	990).		
		of organization		X Other _	SUBORDI	NATE			
L (Do	Add III	nes 5b, 6c, and	d 7b to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or mo	re, or if total	assets			
								5019000	112,002
	art I		ue, Expenses, and Changes in Net Assets or Fun if the organization used Schedule O to respond to any que			nstructio	ons for F	Part I)	V
	1		gifts, grants, and similar amounts received	50011 111 11115	raili	APPENDANCE.	TaT		1 (20
	2		vice revenue including government fees and contracts				1		1,639
	3		dues and assessments			******	2		EC (22
	4	Investment i					3		56,633
	20	2017/00/20/20/20/20/20/20/20/20/20/20/20/20/	nt from sale of assets other than inventory	1 - 1			4		
	5a			5a					
	b		r other basis and sales expenses	5b		188			
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)					5c	-	CHE DI	
	1	6 Gaming and fundraising events:							
ø)	а		ne from gaming (attach Schedule G if greater than	770					
Ž		\$15,000)		6a		3,730			
Revenue	b		ne from fundraising events (not including \$	of contrib	outions				
œ			sing events reported on line 1) (attach Schedule G if the	Laul					
	_		gross income and contributions exceeds \$15,000)	6b	1	- 050			
	C		expenses from gaming and fundraising events	6c		5,050	4		
	d	line 6c)	or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract					20 600
	7a	Bro arration	of inventory, less returns and allowances	··· [ ]			6d		38,680
	b	Less: cost of	· 图表表表示 数据表示 医皮肤皮肤 电电影 医电影 电影 电影 ·	7a					
	c		THE STATE OF A PROPERTY OF A P	7b					
	8		or (loss) from sales of inventory (subtract line 7b from line 7a)				7c		- i
	9		revenue (describe in Schedule O) revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						06 050
_	10		similar amounts paid (list in Schedule O)	A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			9		96,952
	11					*******	10	-	u itali
	12		d to or for members er compensation, and employee benefits			* * * * * * * * *	11		SEAS CONTRACTOR
Expenses	13			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			12		0 100
en	14	Occupancy	fees and other payments to independent contractors rent, utilities, and maintenance				13		2,106
Exp	15		Proceedings of the contract of				14		201
	16						15		304
	17		Add Barried Add State Control				16		68,846
-	18		ses. Add lines 10 through 16	A	*********	E 1 . 1 . 1 . 1 . 1 . 1	17		71,256
ts	19		eficit) for the year (subtract line 17 from line 9)			*****	18		25,696
SSE	19		r fund balances at beginning of year (from line 27, column (A)) (m	ust agree wit	n				106 540
Net Assets	20	The second secon	igure reported on prior year's return)				19		186,540
Ne	20		es in net assets or fund balances (explain in Schedule O)				20		9,530
For		work Reducti	r fund balances at end of year. Combine lines 18 through 20 on Act Notice, see the separate instructions.				21		221,766
. 01	· ahel	TOIR REGUCTI	on Act modes, see the separate instructions.					Form Q	90-F7 (2023)

Part II	Balance Sheets (see the instructions for F	875	avention in this Dort I	ĭ		X.
	Check if the organization used Schedule O	to respond to any		inning of year		(B) End of year
22 Cash sav	ings and investments			192,572	22	222,218
23 Land and	ings, and investments			0	23	222/210
	buildings ets (describe in Schedule O)			4,903	24	478
25 Total ass	ets			197,475	25	222,696
	ilities (describe in Schedule O)			10,935	26	930
27 Net asset	s or fund balances (line 27 of column (B) must ag	ree with line 21)		186,540	27	221,766
Part III	Statement of Program Service Accom	THE RESIDENCE OF THE PARTY OF T		The state of the s		
	Check if the organization used Schedule O	to respond to any	question in this Part I	IIX		Expenses
	ganization's primary exempt purpose?				- A	uired for section
	DULE G SUPPLEMENTAL INFORMATION.  organization's program service accomplishments for	r anch of its three las	ranet program consisce			c)(3) and 501(c)(4) nizations; optional for
	by expenses. In a clear and concise manner, descri				othe	- m
	fited, and other relevant information for each progra		rided, the number of	-	Othe	13.)
	FOR SCHOLARSHIPS FOR STUDENTS FROM GRAN		OI. SCHOLARSHIPS			
	IVEN TO THE COLLEGE FOR THE USE BY SPEC		×4			
(Grants \$	) If this amount includes	s foreign grants, che	ck here	A STATE OF THE STA	28a	17,500
29 CASH	TO VARIOUS PUBLIC CHARITIES TO ASSIST T					
CASH	TO THOSE CHARITIES PROGRAMS.					
	* ******** ******* ******* ****** ******					
(Grants \$	) If this amount includes	s foreign grants, che	ck here		29a	6,446
30						
* *******						
/C ¢	) If this amount includes	o forcian granta aba	oly horo		30a	
(Grants \$	gram services (describe in Schedule O)				30a	
(Grants \$			ock here		31a	35,578
200 C	gram service expenses (add lines 28a through 31				32	59,524
Part IV	List of Officers, Directors, Trustees, and Key	Employees (list eac	th one even if not compe	nsated — see th		
	Check if the organization used Schedule O to res			(d) Health ber	ofite	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC/	contributions to e	mployee	(e) Estimated amount of other compensation
		acrosses to position	1099-NEC) (if not paid, enter -0-)	deferred compe	nsation	5.
JEREMY	GLENN	-				
PRESIDI		0.00			0	0
	SORELLE					
PRESID	ENT ELECT	0.00	0		0	0
WAYNE I	BAKER					
VICE-PH	RESIDENT	0.00	C		0	0
SKIP O	VERDIER					
SECRETA		0.00	C		0	0
RON KI	* * * * * * * * * * * * * * * * * * * *					
TREASU	RER	0.00	C		0	0
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	TORRE PREVIOUS FROM THE CONTROL FOR THE STREET A STREET AS THE STREET AS					
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*********		0.0				1 = 1

Form 990-EZ (2023) ROTARY INTERNATIONAL GRANBURY Page 3 -1633480Part 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 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 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 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 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? b 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 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 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 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 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed 42a The organization's books are in care of RON KILE Telephone no. 817-296-2450 2005 TURNBURY COURT Located at GRANBURY 76048 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No Yes a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42h X 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). 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 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 No Yes Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 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 Did the organization receive any payments for indoor tanning services during the year? 44c 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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 D	id the o	rganization engage, directly or indirectly, in politica	al campaign activitie	s on behal	f of or in oppo	sition				Yes	No
Part	candid	ates for public office? If "Yes," complete Schedule Section 501(c)(3) Organizations Only	C, Part I			*********		***	46		Χ
NOTE SERVICE		All section 501(c)(3) organizations must ans 50 and 51.	swer questions 47								
		Check if the organization used Schedule O	to respond to any	question	in this Part	VI					
<b>47</b> D	id the o	rganization engage in lobbying activities or have a	section 501(h) elec	ction in effe	ct during the t	ax		FF.	11211111	Yes	No
48 Is	ear? If "	Yes," complete Schedule C, Part II							47		
49a D	id the o	anization a school as described in section 170(b)(	1)(A)(ii)? If "Yes," c	omplete So	chedule E				48	-	
D II	res, v	vas the related organization a section 527 organiz	ation?					4	49a 49b		
50 C	omplete	this table for the organization's five highest comp	ensated employees	s (other tha	n officers, dire	ctors, trust	ees, and key				
er	mployee	es) who each received more than \$100,000 of com									
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(Forms W	eportable bensation -2/1099-MISC) 9-NEC)	contribution benefit	th benefits, as to employee plans, and compensation	(e) Estir other	mated comp		
TENTONE FOR											
		AASTEELEEN TEENELET MINTELEN EEN MET KOMMUNIKUUS KANNEN K									100
f To	otal nun	nber of other employees paid over \$100,000		L							
51 C	omplete	this table for the organization's five highest comp	ensated independe	nt contract	ors who each	received m	ore than				
<b>—</b>		of compensation from the organization. If there is		"							
	(	Name and business address of each independent cor	ntractor		(b) Typ	e of service		(c) Co	mpens	sation	
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		***************************************	* * * * 1 * * * * * * * * * * * * * * *								
						Allie Cartin					
d To	otal num	nber of other independent contractors each receivi									
		ganization complete Schedule A? Note: All section		ations mus	t attach a					-	-
co	mpleted	d Schedule A							Yes		No
Under pe true, corr	enalties o ect, and	f perjury, I declare that I have examined this return, inclu complete. Declaration of preparer (other than officer) is	iding accompanying s	chedules an	d statements, a	nd to the be	st of my knowle	dge and	belief,	it is	
	1	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		on or willon	oroparer rias arr	y knowledge					
Sign		Signature of officer			Da					TES STATE	
Here		RON KILE Type or print name and title		T	REASURE	R					
	Prir	nt/Type preparer's name Pr	eparer's signature			Date			PTIN		
Paid	MOI	LLY WILLSHER, CPA MO	LLY WILLSHER,	CPA			Check self-em	if		1000	
Prepare	er Firm	n's name WILLSHER & ASSOCI			78.900 00 NIII 10 00 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10 00 10	111/.	Firm's EIN	26-	310		
Use Or	se Only Firm's address 2305 E US HIGHWAY 377										
May the	IRS dis	scuss this return with the preparer shown above?				· · · · · · · · · · · · · · · · · · ·	Phone no. 8	17-5	73- Yes	_	
			7.4.4					Form	990-		No (2023)
										(	LUZU)

#### SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	me of the organization  ROTARY INTERNATIONAL GRANBURY						Employer identification number 75-1633480			
Pari	Fundraising Activities. Complete i	f the organizat	ion a	nswer	ed "Yes" on Form 9					
4 1	Form 990-EZ filers are not required									
	ndicate whether the organization raised funds through				20.00					
a	Mail solicitations	e Solicitatio	n of n	on-gove	ernment grants					
b	Internet and email solicitations	f Solicitation	n of g	vernm	ent grants					
С	Phone solicitations	g Special fu	ındrais	ing eve	ents					
d	In-person solicitations									
0	old the organization have a written or oral agreement or or key employees listed in Form 990, Part VII) or entity	in connection wit	n profe	ssiona	I fundraising services?		Yes N			
D II	f "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.	fundraisers) pursu	ant to	agreem	nents under which the fu	ndraiser is to be				
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	rais	ody or trol of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
- 1			Yes	No		Burg mittered	Tool and the second			
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					AND AND AND ADDRESS OF THE SAME					
					THE STATE OF THE SE	ow Tip				
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Schedule G (Form 990) 2023 ROTARY INTERNATIONAL GRANBURY 75-1633480 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through (event type) col. (c)) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 53,730 1 Gross revenue 53,730 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 15,050 Yes X No X No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 15,050 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 38,680 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

1 2	Edule G (Form 990) 2023 ROTARY INTERNATIONAL GRANBURY 75-1633480	Page 3
2	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	AND ADDRESS OF THE PARTY OF THE
	formed to administer charitable gaming?	Yes X No
3	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
4	Enter the name and address of the person who prepares the organization's gaming/special events books and	70
	records:	
	Name RON KILE	
	2005 TURNBURY COURT	***********
		1/18
	Address GRANBURY TX 760	740
5a	Does the organization have a contract with a third party from whom the organization receives gaming	
Ju	72 AM	Yes X No
b	revenue?  If "Yes," enter the amount of gaming revenue received by the organization \$ and the	Tes 🔼 No
~		
C	amount of gaming revenue retained by the third party  If "Yes," enter name and address of the third party:	
	in 199, Shor harre and address of the time party.	
	Name	
	Ivalic	CENTROCKE CONTACT
	Address	
	Address	
6	Gaming manager information:	
•	Carring manager information.	
	Name	
	Name	N 2 4 3 1 K V R
	Gaming manager compensation \$	
	The contract of the contract o	
	Description of services provided	
	Description of services provided	
	Director/officer Employee Independent contractor	
7	Mandatory distributions:	
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to	
7 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes X No
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes X No
7 a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or	Yes X No
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	70.70
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	and (v); and
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a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	and (v); and
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a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	and (v); and

#### SCHEDULE O (Form 990)

## 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information. Name of the organization

Inspection Employer identification number

ROTARY INTERNATION	ONAL CRANDIDS	7	Employer identification number
FORM 990-EZ, PART I, LINE 1			75-1633480
DESCRIPTION		AMOUNT	
EXPENSES		***************************************	
WEBSITE	\$	1,391	
PETS EXPENSE	\$	1,395	
BAD DEBTS	\$	1,646	
BANK SERVICE CHARGES	\$	8	***************************************
CONVENTION EXPENSES	\$	1,808	THE THE PERSON OF THE PERSON O
CREDIT CARD CHARGES	\$	3	
DUES & SUBSCRIPTIONS	\$	9,604	
MEALS	\$	24,750	
MEMBER CHRISTMAS PARTY	\$	3,041	
MISC	\$	201	
PO BOX RENT	\$	179	
PUBLIC SUPPORT	\$	6,446	
SCHOLARSHIPS	<b></b> \$	17,500	
SUPPLIES	\$	874	
	TOTAL \$	68,846	
FORM 990-EZ, PART I, LINE 20 DESCRIPTION	***********	NGES IN NET AS	SETS OR FUND BALANCES
UNREALIZED CHANGE IN INVESTM	ENT	\$	14,099
CHANGE IN RECEIVABLES	********************	\$	-4,569
and the second s			

Schedule O (Form 990) 2023			Page 2
Name of the organization  ROTARY INTERNATIONAL GRANBURY	na sociante aria "s	Employer identification 75–1633480	
DESCRIPTION	BEG. (	OF YEAR END	OF YEAR
ACCOUNTS RECEIVABLE	\$	4,903 \$	478
	TOTAL \$	4,903 \$	478
Tam of the state o			
FORM 990-EZ, PART II, LINE 26 - OTHER I	LIABILITIES		ne e time finishing di existe e e
DESCRIPTION	BEG. (	OF YEAR END	OF YEAR
UNSECURED NOTES AND LOANS PAYABLE	\$	10,935 \$	930
FORM 990-EZ, PART III, LINE 31 - ALL OT	THER ACCOMPLISHME	ENT	
NON PROGRAM SERVICE RELATED EXPENSES	_		*************
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		PAGE 1 OF	- 7 1 1

Form **990** 

#### **Event Income and Deduction Worksheet**

2023

Description SURF & TURF

Name

ROTARY INTERNATIONAL GRANBURY

Taxpayer Identification Number 75-1633480

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	34,757	Advertising and promotion
		Office
3. Circulation income 3.		Office Printing/publication/postage
4. Other income 4		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	34.757	Travel & Repairs
8. Cost of Goods Sold 8.	8,144	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
0. Fees for services 10.		Interest
1. Indirect Expense 11.		Interest
2. Depreciation Expense 12.		Total Indirect Expense
3. Exempt Activity Expense 13.		Total mandet Expense
4. Fundraising Expense 14.		Expense Details - Depreciation Expense:
5. Total expenses. Add lines 8 through 1415.	8,144	On investment property
6. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
o. Net mooner Loss. Line 7 minus Line 15 10.	20,013	Amortization
		Amortization
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		Total Depreciation Expense
Purchases		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor Section 263A costs		Bad debts
Other costs	8,144	Bad debts Tayas/licanses
Other costs Ending inventory		Taxes/licenses Charitable contributions
Ending inventory  Total Cost of Goods Sold	8,144	Charitable contributions
Total cost of goods gold	0,144	Dividend recd deductions
Expense Details - Employment Expense:		Readership costs
Compensation of officers		Other expenses
Other salaries and wages		Total Exempt Activity Expense
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		
Other employee benefits Payroll taxes		Cash prizes
Payroll taxes  Total Employment Expense		Non-cash prizes
		Rent and facility costs
Expense Details - Fees for Services:		Food & beverages (Part II only)
Managament		Entertainment (Part II only) Other direct expenses
V-221	The state of the s	
		Total Fundraising Expense
Accounting		
Lobbying  Professional fundraising		
Professional fundraising		
Investment management		
Other Total Fees for Services		
Information is indicated for use on Form 990-T, S		Allocation of Expense to Program Service Accomplishments
Schedule A, UBIT Activity Code Seq #		First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form 990

#### **Event Income and Deduction Worksheet**

Description PINTS FOR POLIO

Taxpayer Identification Number

2023

Name

ROTARY INTERNATIONAL GRANBURY

Part VIII, Exploited Activities Part IX, Advertising Income

75-1633480

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1. 13,908	Advertising and promotion
2. Advertising income		Office
3. Circulation income	3.	Printing/publication/postage
4. Other income	4.	Info technology/Maintenance
5. Returns and allowances	5.	Royalties & License Fees
6. Contributions received	6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6	7. 13,908	Travel & Repairs
8. Cost of Goods Sold		Travel/entertainment (officials)
9. Employment Expense	9.	Conferences/meetings
	10.	Interest
11. Indirect Expense	11.	Insurance
	12.	Total Indirect Expense
	13.	OF REAL PROPERTY OF THE PROPER
14. Fundraising Expense	14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14		On investment property
16. Net Income/Loss. Line 7 minus Line 15		On non-investment property
	PRIF STATE OF STATE O	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		La Mit. Clare 15 Mil
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Pad dahta
Other costs	6 771	Tayor/licanose
Ending inventory	1 1 1 1 1	Charitable contributions
Total Cost of Goods Sold	6,114	Dividend recd deductions
Secretary and the second states of the second state	la = 1 municada adai	Dondarship costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits	white place	Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
and the second s	Likeways in the Edward	Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		entre entre la constant de la consta
Lobbying	Ed Salakan	
Drotoccional fundraicina		
Investment management		
T. I.F	0.11	
Information is indicated for use on Forr	m 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
	Seg #	First See See See See See See See See See Se
Part V, Debt Financing	Ber Cox C	Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(1	7)	All other

Form 990

## Event Income and Deduction Worksheet Description GRANBURY FLAG PROJECT

2023

Name

ROTARY INTERNATIONAL GRANBURY

Taxpayer Identification Number 75-1633480

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:	E 00E	Expense Details - Indirect Expense:
Gross receipts or sales     1		Advertising and promotion
2. Advertising income 2		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	5,065	Travel & Repairs
8. Cost of Goods Sold 8.	792	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
		Total manoot Expense
		Evnence Petails - Depresiation Evnence
14. Fundraising Expense 14.	792	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	4,213	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs	192	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	792	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
a estados estados estados		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
		Total Fundraising Expense
Accounting		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T,	Schedule A:	Allocation of Evnance to Program Camiles Assemblishments
A STATE OF THE STA		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq :	*	First
		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

2085 Rotary International Granbury 75-1633480

**Federal Statements** 

11/13/2024 2:03 PM Page 1

FYE: 6/30/2024

### Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description			
MEMBERSHIP	DUES	\$	56,633	
TOTAL		\$	56,633	