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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public

		of the Treasury enue Service			1,250,000 at the end of the to use a copy of this return t			nents		Insp	ection	
-		Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements return to satisfy state reporting requirements. The 2009 calendar year, or tax year beginning July 1, 2009, and ending						June 30 , 20 10				
_		if applicable	Please	C Name of organization					nployer identification number			
		ss change	change use IRS Granbury Rotary						75-1633480			
		change	tabel of 1							nber		
H	Initial r		type. See	P O Box 2433								
H		ded return	Specific	City or town, state or country,	and ZIP + 4		1	F Group	Evem	ntion		
H		ation pending	Instruc- tions	Granbury, TX 76048				Numb		plion		
=			organiz	rations and 4947(a)(1) none	xempt charitable trust:	s must attach	G Accou			✓ Cash	Accrual	
	-			npleted Schedule A (Form				(specify)				
_					·			< ▶ ☑ if		panizatio	on is not	
1 1	Web:	site: ►								_	(Form 990,	
J.	Tax-e	exempt status (check or	nly one) — 🗹 501(c) ()	◀ (insert no.)	a)(1) or 5	<u> </u>	Z, or 990-			,	
ĸ	Check	< ▶ ☐ if the	e organi	zation is not a section 509(a)(3) supporting organization	n and its gros	s receipts are r	normally ne	ot mor	e than \$	25,000 A	
	Form			turn is not required, but if th							•	
L	Add lir	nes 5b, 6b, and 7	b, to line	e 9 to determine gross receipts	; if \$500,000 or more, file	Form 990 inste	ad of Form 990	-EZ ▶	\$			
F	art I	Revenu	e, Exp	enses, and Changes	in Net Assets or Fu	and Balanc	es (See the	instruct	ions	for Par	t l.)	
	1	Contribution	ns, gift	ts, grants, and similar amo	ounts received				1		19,681	
	2	Program se	ervice r	evenue including governi	nent fees and contrac	ts			2		0	
	3	Membersh	ıp dues	and assessments				[3		40,764	
	4	Investment	incom	e				[4		1,345	
	5	a Gross amo	unt fro	m sale of assets other tha	an inventory	. 5a		0			_	
	1	b Less: cost	or othe	er basis and sales expense	es	. 5b		0				
_		c Gain or (los	ss) from	n sale of assets other than	n inventory (Subtract I	ine 5b from I	ıne 5a)		5c _		0	
Ĭ	6											
Revenue	1	a Gross revenue (not including \$ of contributions							- }			
Re								0	- 1			
	1	b Less direc	t exper	nses other than fundraisin	g expenses	. 6b		0				
	(c Net income	or (los	ss) from special events an	d activities (Subtract	line 6b from	line 6a)	[6c		0	
	72							0				
	t	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)										
	(7c		0	
	8	Other revenue (describe 0						, L	8		0	
	9	Total reve	nue. Ac	dd lines 1, 2, 3, 4, 5c, 6c,	7c, and 8	<u> </u>	<u> </u>	. >	9		61,791	
	10	Grants and	simila	r amounts paid (attach sc	hedule)			· ·	10			
	11	Benefits paid to or for members							11		0	
ses	12	Salaries, of	her co	mpensation, and employe	e berlefits	コクトフ・			12		0	
penses	13			and other payments to in-	1 4	s^	႞ၒၟၙ႞ႋႋႋ		13		0	
Exp	14			utilities, and maintenance	1001 1111 6	& . 5U1U	181· · ·		14		0	
ш	15	Printing, pu	ublicatio	ons, postage, and shippin	19 · J. C. J.	6 2010	0-8	<u> </u>	15		0	
	16			describe meals, dues,			<u> </u>	· _	16		52,700	
_	17	Total expe	nses. /	Add lines 10 through 16 for the year (Subtract line d balances at beginning	 OGDE	N. U I	- 		17		52,700	
ţ	18	Excess or (deticit)	for the year (Subtract line	of year (from line 07				18		9,090	
SS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w end-of-year figure reported on prior year's return)							40		60.763	
Net Assets	00	- '	_					<u> </u>	19		68,763	
Ž	20			net assets or fund balanc					20		77.052	
	21 art			balances at end of year.			more file For		21 stead	of Ear-	77,853	
كحر	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 9 (See the instructions for Part II.) (A) Beginning									nd of year		
22	,	\(\begin{array}{cccccccccccccccccccccccccccccccccccc						200 2		81,883		
23		ash, savings, and investments					14,	0 2		01,003		
24			ther assets (describe ►)						0 2			
25		Cotal assets (C					—' 	7.4	200 2		81,883	
26				ribe ► Scholarships and			·,		437 2		4,030	
27			•	alances (line 27 of colum			-' 		763 2		77 853	

•				
om)	ggn-	F70	ron.	na

Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
	t is the organization's primary exempt purpose?			·	(Requ	ured for section		
Desc	cribe what was achieved in carrying out the org	ganization's exempt purpo	ses. In a clear ar)(3) and 501(c)(4)		
	ner, describe the services provided, the number of				organizations and section			
	program title					(a)(1) trusts; optional hers)		
28					101 01			
20				•				
				•••••				
	10							
	(Grants \$) If this amount	includes foreign grants, ch	eck here	<u>. ▶ Ц</u>	28a	0		
29								
		includes foreign grants, ch			29a	0		
30								
	(Grants \$) If this amount	includes foreign grants, ch			30a			
31	Other program services (attach schedule)				304			
٠.	(Grants \$) If this amount							
32	Total program comics expenses (add less 29s t	includes foreign grants, ch	eck nere	<u> ▶ ⊔_</u>	31a	0		
32 Date	Total program service expenses (add lines 28a t	Foolers Let seek			32	0		
Par	List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and		
		devoted to position	`enter -0)´	deferred comper		other allowances		
	beth Bezeredi	President						
1306	E. Baja Ct. Granbury, TX 76048	riosident	0		0			
Tony	Mobly	Vice President						
1008	Lady Amber Court, Granbury, TX 76048	vice President	0		0	0		
WAY	NE MCKETHAN	_				-		
9703	Nottaway Court, Granbury TX 76049	Treasurer	0		0	0		
			•					
								
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	10	清影	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		√
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	34.00	TAC	1
ь	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	14 A		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	ان پېرېز دا د د د د د د د		81.51
39	Section 501(c)(7) organizations. Enter:	198	16.2	4
а	Initiation fees and capital contributions included on line 9	温温	100	
b	Gross receipts, included on line 9, for public use of club facilities	1,200 mg 1		347
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	The !		要
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		小程度	1.5
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	建		海梨
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		影響	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	1.6%	
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 a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		が変	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	1000	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	N. J.	Yes	No
45	Form 990-EZ	44	1 20 44	√
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1 1000	√ Year

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt char	xempt charitat table trusts mus	ole trusts only. A st answer question	II sec Ins 46	tion 5–49t	
46	Did the organization engage in direct or indirect					Yes	_
4=	candidates for public office? If "Yes," complete s	•			46		√
47	Did the organization engage in lobbying activities				47 48		-
48		Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?					
							-
	Complete this table for the organization's five his				49b	es an	d kev
	employees) who each received more than \$100,0	300 of compensation from	the organization.	If there is none, en	ter "N	one."	u ,
	(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position decoration than \$100,000 (c) Compensation than \$100,000 (decoration) than \$100,000 (decorat						
						-	
				-			
	Total number of other employees paid over \$100						
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor	·	· · · · · · · · · · · · · · · · · · ·	pe of service	(c) Co	npensa	
	(a) Ivanie and address of each independent contractor		(0) 1)	pe of service	(0) 001	препъ	
						_	
d	Total number of other independent contractors e	each receiving over \$100,0	00 •				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompar of preparer (other than officer) is l	lying schedules and st pased on all informatio	atements, and to the bean of which preparer has	any kno	knowl	edge e
Sign Here	Signature of offiper Signature of offiper Type of print name and title Date						
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	e instruc	tions)
Use On	y yours if self-employed),			N >			
May the	address, and ZIP + 4 e IRS discuss this return with the preparer shown	above? See instructions		hone no	Yes		No (2009)