

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

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. **1906**Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY INTERNATIONAL GRANBURY
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 2433
 City or town, state or province, country, and ZIP or foreign postal code
GRANBURY, TX 76048 **04**

D Employer identification number
75-1633480

E Telephone number
8175733228

F Group Exemption Number ▶ **0573**

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶ _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **PORTAL.CLUBRUNNER.CA/4202**

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 **SUBORDINATE OF A GROUP**

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **165,023.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1 Contributions, gifts, grants, and similar amounts received				57,000.																		
	2 Program service revenue including government fees and contracts																						
	3 Membership dues and assessments				52,687.																		
	4 Investment income				909.																		
	5a Gross amount from sale of assets other than inventory	5a																					
	b Less: cost or other basis and sales expenses	5b																					
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c																	
	6 Gaming and fundraising events:																						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a																					
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b				54,102.																	
c Less: direct expenses from gaming and fundraising events	6c				12,637.																		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d																		
7a Gross sales of inventory, less returns and allowances	7a																						
b Less: cost of goods sold	7b																						
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c																		
8 Other revenue (describe in Schedule O)					8																		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9																		
10 Grants and similar amounts paid (list in Schedule O)					10																		
11 Benefits paid to or for members					11																		
12 Salaries, other compensation, and employee benefits					12																		
13 Professional fees and other payments to independent contractors					13																		
14 Occupancy, rent, utilities, and maintenance					14																		
15 Printing, publications, postage, and shipping					15																		
16 Other expenses (describe in Schedule O)					16																		
17 Total expenses. Add lines 10 through 16					17																		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)					18																		
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																		
20 Other changes in net assets or fund balances (explain in Schedule O)					20																		
21 Net assets or fund balances at end of year. Combine lines 18 through 20					21																		

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2018)

X

☐

BGO

Part V 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 ☐

	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		X
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)		X
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)?		X
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	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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
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	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</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		X
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		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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		X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	J M CHARBONNET CPA	
Located at	1313 W PEARL ST, GRANBURY, TX	
Telephone no.	8175733228	
ZIP + 4	76048	
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)?		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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country:		
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	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		

46 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

	Yes	No
46		X

Part VI 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 ☐

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 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 per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

JAMES M CHARBONNET JR, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ROTARY INTERNATIONAL GRANBURY

Employer identification number
75-1633480

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations

- b ☐ Internet and email solicitations

- c ☐ Phone solicitations

- d ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- ☐ Solicitation of government grants

- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 HOOD COUNTY HAS TALENT (event type)	(b) Event #2 HELLO DOLLY FUNDRAISER (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	23,450.	20,915.	9,737.	54,102.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	23,450.	20,915.	9,737.	54,102.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,000.	4,860.		6,860.
	7 Food and beverages	3,040.	2,279.		5,319.
	8 Entertainment				
	9 Other direct expenses	458.			458.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				12,637.
	11 Net income summary. Subtract line 10 from line 3, column (d)				41,465.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 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? ☐ Yes ☐ No**b** If "No," explain: _____

_____**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions.

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** 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 ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

FORM 990-EZ, PART III**STATEMENT OF EXEMPT PURPOSE**

ROTARY IS A CIVIC ORGANIZATION THE PURPOSE OF WHICH IS TO UTILIZE OUR
MOTTO OF SERVICE ABOVE SELF BY FUNDRAISING FOR SCHOLARSHIPS AND AREA
CHARITABLE ORGANIZATIONS. GIVING OF OUR TIME TO ASSIST CHARITABLE
ORGANIZATIONS IN THEIR FUNDRAISING ACTIVITIES.

Part IV	Supplemental Information <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL GRANBURY

Employer identification number

75-1633480

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INVESTMENT INCOME

909.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MEMBER REIMBURSEMENT FOR PINS AND BADGES

325.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY DISTRICT 5790

AFFILIATE ADDRESS: PO BOX 13612 ARLINGTON, TX 76048

PURPOSE OF PAYMENT: DISTRICT ANNUAL DUES

AMOUNT OF PAYMENT:

1,680.

AFFILIATE NAME: ROTARY INTERNATIONAL

AFFILIATE ADDRESS: ONE ROTARY CENTER 1560 SHERMAN AVE EVANSTON, IL 60201

PURPOSE OF PAYMENT: ROTARY INTERNATIONAL DUES

AMOUNT OF PAYMENT:

4,966.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

6,646.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: JUVENILE DIABETES PROJECT

GRANTEE NAME: KAY MACKENSON CLINIC

GRANTEE ADDRESS: 11400 BAKERS CROSSING ROAD BLUFF DALE, TX 76433

GRANTEE RELATIONSHIP: NONE

Name of the organization

ROTARY INTERNATIONAL GRANBURY

Employer identification number
75-1633480

PROPERTY DESCRIPTION: CASH FOR 15 PASSENGER VAN

DATE OF GIFT: 03/15/19

AMOUNT GIVEN: 21,952.

ACTIVITY CLASSIFICATION: JUVENILE DIABETES PROJECT

GRANTEE NAME: KAY MACKENSON CLINIC

GRANTEE ADDRESS: 11400 BAKERS CROSSING ROAD BLUFF DALE, TX 76433

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 07/15/18

AMOUNT GIVEN: 7,500.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS-NONE GREATER THAN \$5,000

GRANTEE NAME: VARIOUS COLLEGES

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 17,800.

ACTIVITY CLASSIFICATION: PUBLIC SUPPORT-NONE GREATER THAN \$5,000

GRANTEE NAME: VARIOUS CHARITIES

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 18,032.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 65,284.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

Name of the organization

ROTARY INTERNATIONAL GRANBURY

Employer identification number
75-1633480

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BAD DEBTS	1,169.
MEMBERSHIP DINNERS AND PARTIES	4,018.
MEMBER MEAL EXPENSE	26,052.
ADVERTISING	75.
PO BOX RENT	70.
MEMBER BADGES AND PINS	313.
SUPPLIES	812.
WEBSITE EXPENSE	551.
BANK SERVICE CHARGE	5.
CONFERENCES AND TRAVEL	1,482.
DUES - LOCAL CHAMBER OF COMMERCE	200.
TOTAL TO FORM 990-EZ, LINE 16	34,747.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS	2,480.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	3,242.	4,785.
PREPAIDS	2,430.	0.
TOTAL TO FORM 990-EZ, LINE 24	5,672.	4,785.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	1,242.	148.
OTHER PAYABLES	442.	10,350.

Name of the organization

ROTARY INTERNATIONAL GRANBURY

Employer identification number

75-1633480

TOTAL TO FORM 990-EZ, LINE 26

1,684.

10,498.