2021

Income Tax Return

FOR

COLLEYVILLE ROTARY FOUNDATION INC P O BOX 34 COLLEYVILLE, TX 76034

PREPARED BY

PINEIDER FORD & ASSOCIATES, P.L.L.C. 2241 E. CONTINENTAL BLVD., STE. 140 SOUTHLAKE, TX 76092 Phone 817-410-3700 Fax 817-410-3705 E-mail: info@pfacpa.com 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

2021

Open to Public Inspection

-5	Do not enter social security numbers on this form, as it may be made public.
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.

ns and the latest information. For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22 Check if applicable: C Name of organization D Employer identification number Address change Name change COLLEYVILLE ROTARY FOUNDATION INC 45-4516389 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/terminated P O BOX 34 817-980-3826 Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending COLLEYVILLE Number > Accounting Method: X Cash Accrual Other (specify) ▶ Check ▶ X if the organization is not Website: ▶ N/A required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or (Form 990). X Corporation Form of organization: Trust Association Other 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 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 Contributions, gifts, grants, and similar amounts received 1 3,697 Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 3 Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 112,032 c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 112,032 Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 115,729 9 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 345 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 Other expenses (describe in Schedule O) 16 104,200 16 Total expenses. Add lines 10 through 16 104,545 17 Excess or (deficit) for the year (subtract line 17 from line 9) 18 11,184 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) 23,666 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 34,850 or Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2021)

Part II	Balance Sheets (see the instructions for F	Part II)	2010	310303		. ago .
	Check if the organization used Schedule O t	to respond to any				X
22 Cash, savi	ngs, and investments		(A) Be	eginning of year 23,666	00	(B) End of year
23 Land and b	ouildings			23,000	22	34,835
24 Other asse	ets (describe in Schedule O)			0	24	15
25 Total asse	ts			23,666		34,850
26 Total liabi	lities (describe in Cabadala C)			0	26	34,030
27 Net assets	or fund balances (line 27 of column (B) must agr	ree with line 21)		23,666		34,850
Part III	Statement of Program Service Accom	plishments (se	ee the instructions for	Part III)		
	Check if the organization used Schedule O t	o respond to any	question in this Part	X		Expenses
	anization's primary exempt purpose?				(Re	quired for section
SEE SCHED		*			501	(c)(3) and 501(c)(4)
as measured b	ganization's program service accomplishments for y expenses. In a clear and concise manner, descrik	each of its three la	rgest program services,		orga	anizations; optional for
persons benefi	ted, and other relevant information for each program	ne the services pro	vided, the number of		othe	ers.)
Decode State of the last of th	FOUNDATION CONDUCTS A "DANCING WITH T					
* * * * * * * * * * * * * * * * * * * *	MONEY FOR LOCAL AND INTERNATIONAL CHAR		T EACH YEAR TO			
	TOTAL COME THE INTERNATIONAL CHAR	11165.				
(Grants \$) If this amount includes	foreign grants, che	eck here		28a	
29		roroigi: granto, one	JOK HOTO		20a	

(Grants \$) If this amount includes	foreign grants, che	eck here		29a	
30						
				· · · · · · · · · · · · · · · · · · ·		
(Grants \$) If this amount includes	foreign grants, che	eck here		30a	
Other progr	ram services (describe in Schedule O)					1 11 11
(Grants \$) If this amount includes	foreign grants, che	ck here		31a	49,747
Part IV	ram service expenses (add lines 28a through 31a List of Officers, Directors, Trustees, and Key E	mnlovees (list eac	h one even if not compo	nested see the	32	49,747
	Check if the organization used Schedule O to resp	ond to any question	on in this Part IV	ensated — see the	instruc	clions for Part IV)
b AS or ter	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health ben contributions to e benefit plans, deferred comper	mployee and	(e) Estimated amount of other compensation
DDIIGH GE	13. COV		(if not paid, enter -0-)		900000000000000000000000000000000000000	
BRUCE ST						
JON BULI		0.00	0		0	0
TREASURE		0.00				T Inter
KAY ALLE		0.00	0		0	0
SECRETAR		0.00				
	-	0.00	0		0	0

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COLLEYVILLE ROTARY FOUNDATION INC 45-4516389

Part	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
	id the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		x
d	etailed description of each activity in Schedule O	33		45
M A	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	opy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		X
C	hange on Schedule O. See instructions	04		
	old the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		X
3	ctivities (such as those reported on lines 2, 6a, and 7a, among others)? "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
0 1	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
C I	eporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	turing the year? If "Yes," complete applicable parts of Schedule N	36		X
17- 0	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b	888.00	X
192 1	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
100	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b 1	f "Yes," complete Schedule L, Part II, and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	_		
	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 ▶; 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	40b	8 0000000	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			
ď	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		X
41	List the states with which a copy of this return is filed NONE	7 5	77-	4714
42a	The organization's books are in care of ▶ JON BULLOCK Telephone no. ▶ 81	1-3	!!. :	± / ± 4
	P O BOX 34	034		
	Located at COLLEYVILLE	1032	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	_	X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	421		
-	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?	420		X
С	If "Yes," enter the name of the foreign country			1000
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			. •
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt moreocrassives of section 5	F	Ye	s No
_44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
770	completed instead of Form 990-EZ	44	а	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	The Assessment		X
C	Did the organization receive any payments for indoor tanning services during the year?	44	С	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	000000		
	explanation in Schedule O	. 44		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	а	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	4.5		v
	Form 990-EZ. See instructions	45	_	X
		Form &	プリーL	Z (2021

= 990-EZ (2021)	COLLEYVILLE	ROTARY	FOU

Part VI	he organization engage, directly or indirectly, in political andidates for public office? If "Yes," complete Schedule (C, Part I			46	X
Pant VI	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must anso 50 and 51. Check if the organization used Schedule O to				ines	
47 Did ti	he organization engage in lobbying activities or have a s				,	Yes No
year?	? If "Yes," complete Schedule C, Part II				47	х
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co	omplete Schedule E		48	X
49a Did th	he organization make any transfers to an exempt non-cles," was the related organization a section 527 organization	naritable related or	ganization?		49a 49b	X
50 Com	plete this table for the organization's five highest compe loyees) who each received more than \$100,000 of comp	nsated employees				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	
NONE		nd a				
			a tick .			
					14.	
	I number of other employees paid over \$100,000	neated independe	nt contractors who cook	rossiused many than		
51 Com	I number of other employees paid over \$100,000 plete this table for the organization's five highest compete 0,000 of compensation from the organization. If there is recommended to the confidence of the confide	none, enter "None.	33	received more than	(c) Comper	nsation
51 Com	plete this table for the organization's five highest compe ,000 of compensation from the organization. If there is r	none, enter "None.	33		(c) Comper	nsation
51 Comp \$100	plete this table for the organization's five highest compe ,000 of compensation from the organization. If there is r	none, enter "None.	33		(c) Comper	nsation
51 Comp \$100	plete this table for the organization's five highest compe ,000 of compensation from the organization. If there is r	none, enter "None.	33		(c) Comper	nsation
51 Comp \$100	plete this table for the organization's five highest compe ,000 of compensation from the organization. If there is r	none, enter "None.	33		(c) Comper	nsation
\$1 Comp \$100	plete this table for the organization's five highest compe ,000 of compensation from the organization. If there is r (a) Name and business address of each independent conf	none, enter "None.	33		(c) Comper	nsation
S1 Comp S100 NONE	plete this table for the organization's five highest competed,000 of compensation from the organization. If there is received (a) Name and business address of each independent contractors are number of other independent contractors each receiving the organization complete Schedule A? Note: All section	g over \$100,000	(b) Typ			
s1 Comp \$100 NONE d Total 52 Did th comp	plete this table for the organization's five highest compercion of compensation from the organization. If there is really (a) Name and business address of each independent contractors are not independent contractors each receiving the organization complete Schedule A? Note: All section pleted Schedule A	g over \$100,000 is 501(c)(3) organizating accompanying s	(b) Typ	e of service	▼ X Yes	No
d Total 52 Did th comp Under penalt true, correct, Sign	plete this table for the organization's five highest compete 0,000 of compensation from the organization. If there is read to the compensation from the organization. If there is read to the compensation of the contractors of each independent contractors each receiving the organization complete Schedule A? Note: All section pleted Schedule A ties of perjury, I declare that I have examined this return, including, and complete. Declaration of preparer (other than officer) is because it is a signature of officer.	g over \$100,000 is 501(c)(3) organizating accompanying s	ations must attach a chedules and statements, a on of which preparer has ar	e of service and to the best of my knowledge.	▼ X Yes	No
d Total 52 Did th comp Under penalt true, correct,	plete this table for the organization's five highest competed,000 of compensation from the organization. If there is really the compensation from the organization. If there is really the contractors are considered in the contractors and the organization complete Schedule A? Note: All section pleted Schedule A ties of perjury, I declare that I have examined this return, including, and complete. Declaration of preparer (other than officer) is because it is a section of the complete.	g over \$100,000 is 501(c)(3) organizating accompanying s	ations must attach a chedules and statements, a on of which preparer has ar	e of service and to the best of my knowledge.	▼ X Yes	No
d Total 52 Did th comp Under penalt true, correct, Sign	plete this table for the organization's five highest compete 0,000 of compensation from the organization. If there is received a line of the contractors of each independent contractors are contractors of each independent c	g over \$100,000 is 501(c)(3) organizating accompanying s	ations must attach a chedules and statements, a on of which preparer has ar	and to the best of my knowledge. Date	X Yes edge and belie	No
d Total 52 Did th comp Under penalt true, correct, Sign Here	plete this table for the organization's five highest compercion of compensation from the organization. If there is read to the compensation from the organization. If there is read to the compensation of the property of the organization complete Schedule A? Note: All section pleted Schedule A. The organization complete Schedule A? Note: All section pleted Schedule A. The organization of preparer (other than officer) is been property of the section of preparer (other than officer) is been property of the print/Type preparer's name. Print/Type preparer's name.	g over \$100,000 is 501(c)(3) organizating accompanying sased on all information	ations must attach a chedules and statements, a on of which preparer has ar	e of service and to the best of my knowledge. Date Check	X Yes edge and belie	No
d Total 52 Did th comp Under penalt true, correct, Sign Here Paid Preparer	plete this table for the organization's five highest competed,000 of compensation from the organization. If there is received the organization is an analysis of each independent confidence of the organization complete Schedule A? Note: All section pleted Schedule A ties of perjury, I declare that I have examined this return, include, and complete. Declaration of preparer (other than officer) is because of the organization of preparer (other than officer) is because of the organization of preparer (other than officer) is because of the organization of preparer (other than officer) is because of the organization of preparer (other than officer) is because of the organization of preparer (other than officer) is because of the organization of preparer (other than officer) is because of the organization.	g over \$100,000 is 501(c)(3) organizating accompanying sased on all information. ASSOCIATE	ations must attach a chedules and statements, a on of which preparer has ar TREASURE	and to the best of my knowledge. Date Check	X Yes edge and belie	No f, it is
d Total 52 Did th comp Under penalit true, correct, Sign Here	I number of other independent contractors each receiving the organization complete. Schedule A? Note: All sections between the organization complete Schedule A? Note: All sections between the organization complete Schedule A? Note: All sections between the organization complete Schedule A? Note: All sections between the organization complete Schedule A? Note: All sections between the organization complete Schedule A? Note: All sections between the organization complete Schedule A? Note: All sections between the organization of preparer (other than officer) is between the orga	g over \$100,000 is 501(c)(3) organizating accompanying sased on all information. ASSOCIATE	ations must attach a chedules and statements, a on of which preparer has ar TREASURE	e of service and to the best of my knowledge. Date 10/24/22 Firm's EIN	Yes Yes edge and belie	No f, it is 25933 76450

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Schedule A (Form 990) 2021

Open to Public Inspection

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.

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A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ii) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 510(a)(a). An organization organization and parated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization organization (s), by having control or mana	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).) (<mark>A)(i).</mark> ii). i 170(b)(1)(A)(iii). Enter the	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church described in section 170(b)(1)(A)(iii). (Attach Schedule E: (From 1901).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Vii). (Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Vi). (Complete Part II.) A referral, state, or local government or governmental unit described in section 170(b)(1)(A)(Vi). (Omplete Part II.) A community trust described in section 170(b)(1)(A)(Vii). (Complete Part II.) An a a community trust described in section 170(b)(1)(A)(Vii). (Complete Part II.) An a granization than formally receives existed in section 170(b)(1)(A)(Vii). (Complete Part II.) An a granization of the part of the section 170(b)(1)(A)(Vii). (Complete Part II.) An organization than the normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment lincome and unrelated business taxable income (less section 501(a)(a). On more than 331/3% of its support from gross investment lincome and unrelated business taxable income (less section 509(a)(4). An organization organizated and operated exclusively for the henefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g. Type I. A supporting organization operated exclusi	A church, convention of churches, or association of churches described in section 170(b)(1) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii))(A)(i). ii). i 170(b)(1)(A)(iii). Enter the	hospital's name,
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A deferal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community or an advantage of the supporting organization operated organization operated organization operated organization operated organization operated organization operated	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii)	ii). ı 170(b)(1)(A)(iii). Enter the	hospital's name,
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(Vi). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(Vi). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from on contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 59(a)(2) for section 59(a)(4). An organization organized and operated exclusively for the penetic of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations describes the type of supporting organization and complete lines 12e, 12f, and 12g. An organization organized and operated exclusively for the nentfol, to perform the functions of, or to carry out the purposes of one or more publicly supporting organization seectives the theorem of the support	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii	170(b)(1)(A)(iii). Enter the	hospital's name,
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II

COLLEYVILLE ROTARY FOUNDATION INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under de A (Form 990) 2021 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) (f) Total (e) 2021 (d) 2020 ection A. Public Support (c) 2019 (b) 2018 (a) 2017 endar year (or fiscal year beginning in) Giffs, grants, contributions, and 15,469 3,697 11,000 membership fees received. (Do not 722 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 15,469 3,697 11,000 organization without charge 722 50 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 15,469 shown on line 11, column (f) Public support. Subtract line 5 from line 4 (f) Total (e) 2021 (d) 2020 Section B. Total Support (c) 2019 (b) 2018 15,469 (a) 2017 3,697 ndar year (or fiscal year beginning in) 11,000 722 50 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from s milar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 15,469 (Explain in Part VI.) 395,721 12 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00% 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 100.00% Public support percentage from 2020 Schedule A, Part II, line 14 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Callen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in magain	aer i	*		5 H
3	Gross receipts from activities that are not an unrelated trade or business under section 513	annage — Ele	tee tool				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 5						
7a.	Amounts included on lines 1, 2, and 3 received from disqualified persons	into 1	11 Jan 1 Jan 1		4-2-19		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			a = - 1			
	Add lines 7a and 7b						A sometiment of the second
8	Public support. (Subtract line 7c from						
inc	tion B. Total Support						
	dar year (or fiscal year beginning in)	(=) 2017	(h) 2019	. (=) 2010	(4) 2020	[(a) 0004 [(6) T-4-1
9		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6					 	The state of the s
Da	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	- y			а		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Security St.					
c	Add lines 10a and 10b						
1	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Fig.	a english	and a se	(1 -55.,		
3	Total support. (Add lines 9, 10c, 11, and 12.)					3-7-	
4	First 5 years. If the Form 990 is for the or organization, check this box and stop her					1 1 1	
Sec	tion C. Computation of Public Su		tane			**********	
5	Public support percentage for 2021 (line 8			mn (fl)	MANUAL MA	15	%
6	Public support percentage for 2021 (line of						%
	tion D. Computation of Investme					1 10]	
7	Investment income percentage for 2021 (I			3 column (f))		17	%
8	Investment income percentage from 2020					18	%
9a	33 1/3% support tests—2021. If the orga			e 14. and line 15 is			
-	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2020. If the orga	nization did not cl	neck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3%, and	
0	line 18 is not more than 33 1/3%, check the				M 12. S		
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, or	19b, check this be	ox and see instruc	tions	ERFERENCE CO

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

ection A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; m the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

*****	Yes	No
000000000000000000000000000000000000000		
	v-000000000000000000000000000000000000	
1		
		104000000000000000000000000000000000000
2	Arrana Arrana Arrana	

3a		

3b		

3c		CONTRACTOR TOTAL STATE OF
		
4a		

4b		
	1	
0-		1
4c		
	1	
	1	1
	 	1
	1	1
F-	1	1
Da	* *************	
	1	
EL	1	1
5b		-
5c		1
6		
6		
6		
6		
6	S. C.	and the second
6	S. C.	and the second
6	S. C.	and the second
6 7 8		
6 7 8 9a		
6 7 8 9a		
6 7 8 9a		
6 7 8 9a 9b		
6 7 8 9a 9b		
6 7 8 9a 9b 9c		
6 7 8 9a 9b 9c		
6 7 8 9a 9b 9c		
6 7 8 9a 9b 9c 10a		
6 7 8 9a 9b 9c 10a		
6 7 8 9a 9b 9c 10a		
6 7 8 9a 9b 9c 10a		

Schedule A (Form 990) 2021

Par	t IV Supporting Organizations (continued)	
	the Design of the Property of the Property of the Section of the World Co. Each of the Property of the Propert	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	Tes No
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
	11c below, the governing body of a supported organization?	44-
b	A family member of a person described on line 11a above?	11a
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b
	provide detail in Part VI .	
Sect	on B. Type I Supporting Organizations	11c
	on Drive Cupporting Organizations	
	Did the covernies had your body	Yes No
. 1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
1	ESTABLE ENGINEER CONTRACTOR OF THE CONTRACTOR OF	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	165 140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Secti	on D. All Type III Supporting Organizations	1
	The state of the s	
1 1	Did the organization provide to each of its ournested association. In the Leaf Land Co.	Yes No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
194	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	
	a significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
-	supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions).
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructions).
2	Activities Test. Answer lines 2a and 2b below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	103 100
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	0-
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	
,	have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
DAA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

	ule A (Form 990) 2021 COLLEYVILLE ROTARY FOUNDATI			389 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			
-	instructions. All other Type III non-functionally integrated supporting organizations mu	ist comp	olete Sections A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_ 2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_ 4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
. 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3		3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
Lis	emergency temporary reduction (see instructions).	6		
7			I supporting organization	
	(see instructions).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Schedule A (Form 990) 2021

Fai	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	17 c br 47th Pare 1
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposed amounts paid to perform activity that directly furthers exempt purposed in the control of the control		William Street	
2				
	organizations, in excess of income from activity			
_ 3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		
6_	Other distributions (describe in Part VI). See instructions.			
_ 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
-	(provide details in Part VI). See instructions.			
_ 9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			Amount for Edg1
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
-	instructions.			
_ 3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

SCHEDULE G (Form 990)

Department of the Treasury

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

2021

e of the organization Employer identification number COLLEYVILLE ROTARY FOUNDATION INC 45-4516389 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity control of fundraiser listed in organization contributions col. (i) Yes No 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.

P	art II	than \$15,000 or	vents. Complete if the organ f fundraising event contribution greater than \$5,000.	ization answered "Y ons and gross incor	es" on Form 990, Part IV, lir ne on Form 990-EZ, lines 1 a	ne 18, or reported more and 6b. List events with
1	Tor Pro-	lar e e e e e e e e e e e e e e e e e e e	(a) Event #1 DANCING WITH TH (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenu	1 Gi	ross receipts	112,032			112,032
	3 Gr	ess: Contributions ross income (line 1 minus e 2)	112,032			112,032
	1000	ash prizes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			112,032
	1000	oncash prizes				
1999	6 Re	ent/facility costs		allower and a second		
Expo	7 Fc	ood and beverages				
Direct	8 Er	ntertainment				
	9 Ot	ther direct expenses				
	10 Di	rect expense summary	. Add lines 4 through 9 in column (d)		•
P	11 No	Gaming. Com	ubtract line 10 from line 3, column (column) plete if the organization answ	1)		112,032 orted more than
-		\$15,000 on Fo	rm 990-EZ, line 6a.	(b) Pull tabs/instant	T	(d) Total gaming (add
venu	The book		(a) Bingo	bingo/progressive bing	(c) Other gaming	col. (a) through col. (c))
ž	1 Gr	ross revenue				
9091	2 Ca	ash prizes			N N	*86. 130
Exper	3 No	oncash prizes	Charles of all and an arrange			
Direct	4 Re	ent/facility costs				470 - 1
	5 Ot	ther direct expenses				
	6 Vo	olunteer labor	Yes % No	Yes No	% Yes No	%
ı			. Add lines 2 through 5 in column (d			·
9 8 6	Enter t	the state(s) in which the organization licensed to	e organization conducts gaming action conduct gaming activities in each	vities: of these states?		Yes No
10a	Were a	any of the organization' ," explain:	s gaming licenses revoked, suspen	ded, or terminated durin	g the tax year?	Yes No

	dule G (Form 990) 2021 COLLEYVILLE ROTARY FOUNDATION INC 45-4516389				Page
2	Does the organization conduct gaming activities with nonmembers?			Yes	
	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?				
3	Indicate the percentage of gaming activity conducted in:			Yes	
a	The organization's facility As outside facility	13a			9
b	All outside facility	13b			c
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.02			
	Name ▶				
	Address ▶				
Sa	Does the organization have a contract with a third party from whom the organization receives gaming		- N	100	
ъ	F Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			Yes	
c	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:	# # G			
	Name >				
				(*)	
	Address >				
	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶	10 CKCK			
	Director/officer Employee Independent contractor				
,	Mandatory distributions:				
3	is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		П	Yes	
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 ▶ \$				
-3	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)); an ı.	d	
	See instructions.		- Maria		

			• • • • • •		

SCHEDULE O (Form 990)

Department of the Treasury
memal Revenue Service

lame of the organization

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 Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2021

COLLEYVILLE ROTARY FOUNDATION INC

Employer identification number

45-4516389

COLLEYVILLE ROTARY	FOUNDATION	INC	45-4516389	
FORM 990-EZ, PART I, LINE 16	- OTHER EXE	PENSES		
DESCRIPTION		AMOUNT		
DANCING WITH THE STARS				
OTHER EXPENSE	\$	54,798		
COMMUNITY SERVICE PROGRAM	*******************************			
CEC COMMUNITY ENRICHMENT	\$	5,000		
GRACE MISSION	\$	5,000		
ME SQUARED FOUNDATION	\$	3,000		
TARRANT AREA FOOD BANK	\$	5,000		
MID CITIES CARE CORP	\$	2,000		
VOCATIONAL SERVICE PROGRAM				7.52
GCISD EDUCATION FOUNDATIO	\$	15,000	***************************************	
INTERNATIONAL SERVICE PROG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*******************************	
RISE AGAINST HUNGER	\$	3,858	*************************************	
SHELTER BOX USA	\$	5,000	**************************	
TRF ANNUAL FUND	\$	1,750	************************************	
PARRAS MEXICO GRANT	\$	3,794	***************************************	
	TOTAL \$	104,200	***************************************	

FORM 990-EZ, PART II, LINE 24	- OTHER AS	SETS		
DESCRIPTION		BEG.	OF YEAR END	OF YEAR
OTHER		\$	0 \$	1
	*****************	TOTAL \$	0 \$	1