#### Step 1

## Important Information

- Form Function Note: In order to go back from a page in the form to a previous page, all required fields on the page must be populated.
- Please read the McKinney Community Development Corporation <u>Grant</u> <u>Guidelines</u> before completing this application.
- The Grant Guidelines are available on this website. They can also be obtained by calling 972-547-7653 or emailing Cindy Schneible.
- Please call to discuss your plans for submitting an application in advance of completing this form.
- A completed application and all supporting documents are required to be submitted via email or on a thumb drive for consideration by the MCDC board. Please submit the application to:

McKinney Community Development Corporation 7300 SH 121, SB, Suite 200 McKinney, TX 75070

- If you are interested in a preliminary Board of Directors review of your project proposal or idea, please complete and submit the <u>Letter of Inquiry</u> form which is available on this website, by calling 972-547-7653 or by emailing Cindy Schneible.
- Applications must be completed in full, using this form electronically (or physically with the requested thumb drive by mail), and received by MCDC by 5 p.m. on the application deadline indicated on the <u>Grants page</u> of this website.

#### **Eligible Projects**

Project Grants support projects eligible for consideration under Sections 501 and 505 of the Texas Local Government Code. These include the following:

- Projects Related to the creation or retention of primary jobs.
- Infrastructure improvement projects necessary to develop new or expanded business enterprises.
- Public parks and open space improvements.
- Projects related to recreational or community (city / public access) facilities.
- Professional and amateur sports and athletic facilities, including children's sports.
- Entertainment, tourist and convention facilities
- Projects related to low income housing.

- Mass transit-related facilities.
- Airport facilities.

## **Organization Information**

Name McKinney Rotary Foundation

Federal Tax ID Number 34-2051592

Incorporation Date 9/10/2007

Mailing Address P.O. Box 552

City McKinney

State TX

Zip Code 75070

Phone Number 8049805013

Fax Number N/A

Email Address <u>mckinneyparadeoflights@gmail.com</u>

Website <u>www.mckinneyrotary.org</u>

Organization Type Nonprofit - 501(c) (Attach a copy of IRS Determination Letter)

IRS Determination Letter IRS NFP Status Letter McKinney Rotary Foundation

092007.pdf

Professional Affiliations and Organizations to Which

Your Organization Belongs

Rotary International, The McKinney Rotary Club

## Representative & Contact Information

Representative Completing Application:

Name Harold M McLeod III

Title Rotarian/Christmas Parade Co-Chair

Mailing Address P.O. Box 552

City	McKinney
State	TX 45
Zip Code	75070
Phone Number	8049805013
Fax Number	N/A
Email Address	mckinneyparadeoflights@gmail.com
	(Section Break)
Contact for Communication	ns Between MCDC and Organization:
Name	Harold M McLeod III
Title	Rotarian/Christmas Parade Co-Chair
Mailing Address	P.O. Box 552
City	McKinney
State	TX
Zip Code	75070
Phone Number	8049805013
Fax Number	N/A
Email Address	mckinneyparadeoflights@gmail.com
Project Information	
Funding - Total Amount Requested	\$7,500.00
Are matching funds available?	No
Will funding be requested from any other City of McKinney entity (e.g. McKinney Convention and Visitors Bureau, Arts	No

Commission, City of McKinney Community Support Grant)?

Project Start and Completion Dates

12/9/2023 - 12/10/2023

**Board of Directors** 

McKinney Rotary Foundation Board of Directors 2022-2023

Celeste Cox, President/Committee Chair

Matt Duncan, Treasurer

James Bresnahan, Vice President

Harold McLeod, member Tammy Mahan, Secretary Randy Routon, member Carol Ownby, member

Leadership Staff

The McKinney Rotary Club Board of Directors 2022-2023

James Bresnahan, President Robert Thomas III, President Elect

Stephanie Talley, President Nominee & Youth Leadership

Chair

Cathie Walner, Treasurer

Harold McLeod, Secretary & Co-Parade Chair Mark Potter, Past President & Flag Chair

Carol Ownby, Public Relations

Rob Wythe, Community Service Chair CC Chamakala, International Service Chair

Dean Cimini, Board Member Ron Johnson, Board Member Bob Thomas, Sergeant at Arms

Board of Directors Attachment

Field not completed.

Leadership Staff Attachment Field not completed.

#### **Narrative**

Using the outline below, provide a written narrative no longer than seven pages in length:

1: Applying Organization

- Describe the mission, strategic goals and objectives, scope of services, dayto-day operations and number of paid staff and volunteers.
- Disclose and summarize any significant, planned organizational changes and describe their potential impact on the Project for which funds are requested.

#### 2: Project

- Outline details of the Project for which funds are requested. Include information regarding scope, goals, objectives and target audience.
- Describe how the proposed Project fulfills strategic goals and objectives for your organization and benefits the McKinney community.
- Please also include planned support activities, time frame / schedule and estimated use and admission fees if applicable.
- Include the location for the proposed Project.
- Provide a timeline for the Project from design to completion.
- Will the Project be competitively bid?
- Are there plans for growth / expansion in future years?

What kind of project is proposed?	Expansion / improvement
Has a feasibility study or market analysis been completed for this proposed project?	No

#### Goal Alignment

Provide specific information to illustrate how this Project aligns with one or more of the goals and strategies adopted by McKinney City Council and McKinney Community Development.

- Eligible for MCDC consideration under Sections 501 to 505 of the Texas Local Government Code (refer to MCDC Grant Guidelines and/or page 1 of this application).
- Support cultural, sports, fitness, entertainment, community projects and events that attract resident and visitor participation and contribute to quality of life, business development and growth of McKinney sales tax revenue.
- Highlight and promote McKinney as a unique destination for residents and visitors alike.
- Meet citizen needs for quality of life improvements, business development and sustainable economic growth for residents in the City of McKinney.

 Demonstrate informed financial planning – addressing long-term costs, budget consequences and sustainability of projects for which funding is requested.

Which goal(s) listed above will be supported by the Project?

Support cultural and entertainment events that attract resident and visitor participation and contribute to the quality of life, business development and growth of McKinney sales tax revenue.

Has a request for funding for this Project been submitted to MCDC in the past?

Yes

Date

5/31/2022

Date

5/31/2021

#### 3: Financial

- Provide an overview of the organization's financial status including the impact of this grant request on organization mission, goals and business model.
- Please attach your organization's budget for the current year and audited financial statements for the preceding two years. If audited financials are not available, please indicate why.

Budget	Christmas Parade Narative.docx
Financial Statements	McKinney Rotary Foundation 990 2020 2021.pdf
If audited financials are not available, please indicate why.	McKinney Rotary Foundation is a small foundation generating less than \$100,000 annually in donations. Most of our revenue is generated from the membership of the McKinney Rotary Club.

Overview of Project Financial Goal

What is the total cost for this Project?

\$11,000.00

Budget

Christmas Parade Narative 1.docx

What percentage of Project funding will be provided by the applicant?

32%

Are matching funds available?

No

Other Funding Sources

THE TOTAL COST OF THE PARADE IS APPROXIMATELY \$11,000.00. THE REQUESTED GRANT AMOUNT OF \$7,500.00 REPRESENTS 68% OF THE TOTAL COST. THE REMAINING FUNDS WILL BE GENERATED THROUGH SPONSORSHIPS AND DONATIONS FROM LOCAL BUSINESSES.

#### 4: Marketing and Outreach

 Describe marketing plans and outreach strategies for your organization and for the Project for which you are requesting funding - and how they are designed to help you achieve current and future goals.

## 5: Metrics to Evaluate Success

 Outline the metrics that will be used to evaluate success of the Project. If funding is awarded, a final report will be required summarizing success in achieving objectives outlined for the event.

**Attach Narrative** 

Christmas Parade Narative 2.docx

#### Acknowledgements

If funding is approved by the MCDC board of directors, applicant will assure:

- The Project for which financial assistance is sought will be administered by or under the supervision of the applying organization.
- All funds awarded will be used exclusively for the purpose described in this application.
- Applicant owns the land, building or facility where the proposed project will be located. If the Applicant does not own the land, written acknowledgement / approval from the property owner must be included with the application. The letter must document that the property owner is aware of the proposed use of the property or facility, and that the property owner has reviewed the project plan and application, approves and supports the efforts of the applicant.

- MCDC will be recognized in all marketing, advertising, outreach and public relations as a funder of the Project. Specifics to be agreed upon by applicant and MCDC and included in an executed performance agreement.
- The organization's officials who have signed the application are authorized by the organization to submit the application.
- Applicant will comply with the MCDC Grant Guidelines in executing the Project for which funds were awarded.
- A final report detailing the success of the Project, as measured against identified metrics, will be provided to MCDC no later than 30 days following the completion of the Project.
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses. Up to 20% of the grant awarded may be withheld until the final report on completion of the Project is provided to MCDC.

Applicant Electronic

Selecting this option indicates your agreement with the above

Signature

statement.

**Chief Executive Officer** 

James Bresnahan

Date

5/30/2023

Representative Completing

Harold M. McLeod III

Application

Date 5/30/2023

#### Notes

- Incomplete applications or those received after the deadline will not be considered.
- A final report must be provided to MCDC within 30 days of the completion of the Project.
- Final payment of funding awarded will be made upon receipt of final report.
- Please use the <u>Final Report</u> to report your results. A <u>PDF version</u> is also available.

# Acknowledgements

# If funding is approved by the MCDC board of directors, Applicant will assure:

- The Promotional/Community Event for which financial assistance is sought will be administered by or under the supervision of the applying organization.
- · All funds awarded will be used exclusively for advertising, marketing and promotion of the Promotional/Community event described in this application.
- MCDC will be recognized in all marketing, advertising, outreach and public relations as a funder of the Promotional/Community Event. A logo will be provided by MCDC for inclusion on all advertising, marketing and promotional materials. Specifics for audio messaging will be agreed upon by applicant and MCDC and included in an executed performance agreement.
- The Organization officials who have signed the application are authorized by the organization to submit the application:
- Applicant will comply with the MCDC Grant Guidelines in executing the Promotional/Community Event for which funds were received.
- · A final report detailing the success of the Promotional/Community Event, as measured against identified metrics, will be provided to MCDC no later than 30 days following the completion of the Promotional/ Community Event.
- Grant funding is provided on a reimbursement basis subsequent to submission of a reimbursement request, with copies of invoices and paid receipts for qualified expenses. Up to 20% of the grant awarded may be withheld until the final report on the Promotional/Community Event is provided to MCDC.
- Funds granted must be used within one year of the date the grant is approved by the MCDC board.

We certify that all figures, facts and representations made in this application, including attachments, are true and correct to the best of our knowledge.

**Chief Executive Officer** 

Printed Name

6/2/23

Printed Name

6 2 23

INCOMPLETE APPLICATIONS, OR THOSE RECEIVED AFTER THE DEADLINE, WILL NOT BE CONSIDERED.

#### 1. APPLYING ORGANIZATION

THE MCKINNEY ROTARY CLUB HAS BEEN ACTIVELY SERVING THE COMMUNITY FOR OVER 100 YEARS. THE ORGANIZATION SPONSORS NUMEROUS SCHOLARSHIPS AND CHARITIES IN THE MCKINNEY COMMUNITY, AS WELL AS ORGANIZING COMMUNITY EVENTS SUCH AS THE CHRISTMAS PARADE. THE CLUB MEETS AT NOON ON FRIDAY IN THE BALLROOM OF THE GRAND HOTEL ABOVE RICK'S CHOPHOUSE IN DOWNTOWN MCKINNEY.

2023 PARADE ADVISOR: Harold McLeod Cell: 804-980-5013 Office: 972-569-2333 Email: mckinneyparadeoflights@gmail.com

#### 2. PROJECT, PROMOTION OF COMMUNITY EVENT

THE 24th ANNUAL MCKINNEY ROTARY CHRISTMAS PARADE OF LIGHTS HAS BECOME THE FOCAL EVENT OF THE CHRISTMAS SEASON IN MCKINNEY. THE PARADE ANNUALLY HAS OVER 1200 PARTICIPANTS AND MANY THOUSANDS MORE IN SPECTATORS. THE PARADE BRINGS A SENSE OF COMMUNITY TO THE ENTIRE CITY, BRINGING CHILDREN AND PARENTS FROM ALL OF MCKINNEY TOGETHER IN THE HISTORIC DOWNTOWN SQUARE. THE PARADE IS EXPECTED TO CONTINUE GROWING IN SIZE WITH THE PARTICIPATION OF THREE HIGH SCHOOL BANDS AND DRILL TEAMS. IT ALSO PROMOTES MCKINNEY'S DOWNTOWN AREA AND PACKS THE LOCAL RESTAURANTS AND BARS WITH PATRONS BEFORE AND AFTER THE PARADE. PRIZES FOR WINNING FLOATS PROVIDE VALUABLE FUNDS TO LOCAL YOUTH ORGANIZATIONS AND SCHOOLS.

THIS EVENT HELPS FULFILL THE OBJECTIVES AND PURPOSE OF THE MCDC BY DEVELOPING AND STRENGTHENING THE CITY'S PHYSICAL AMENITIES FOR RECREATIONAL AND LEISURE OPPORTUNITIES BY PROVIDING A FREE EVENT WHERE MCKINNEY CITIZENS CAN BRING THEIR CHILDREN TO USHER IN THE HOLIDAY SEASON. THE PARADE IS NOT ONLY A COMMUNITY-WIDE FOCAL POINT THAT BRINGS THOUSANDS OF PEOPLE TO DOWNTOWN MCKINNEY, BUT ALSO ATTRACTS MULTITUDES OF OTHERS FROM SURROUNDING CITIES AND BEYOND TO EXPERIENCE THE DOWNTOWN SQUARE FOR A SAFE, FAMILY FRIENDLY EVENT.

THE PARADE WILL BEGIN AT 6:30 PM ON SATURDAY, DECEMBER 9, 2023. IT LASTS APPROXIMATELY ONE HOUR. FLOAT STAGING BEGINS AROUND 5:00 PM IN THE PUBLIC PARKING LOTS ADJACENT TO CITY HALL. THE PARADE WILL PROCEED NORTH ON TENNESSEE THROUGH DOWNTOWN, AROUND THE PUBLIC LIBRARY, THEN SOUTH ON KENTUCKY, ENDING IN THE PUBLIC PARKING LOT WHERE IT BEGAN.

THE PARADE IS A FREE EVENT AND UNDERWRITTEN THROUGH DONATIONS AND SPONSORSHIPS OF LOCAL BUSINESSES AND ORGANIZATIONS. THE TOTAL COST OF THE PARADE IS APPROXIMATELY \$11,000.00. PLEASE SEE THE BUDGET IN THE FINANCIAL SECTION OF THE APPLICATION.

#### 3. FINANCIAL

THE MCKINNEY ROTARY CLUB OPERATES THE PARADE THROUGH THE ROTARY FOUNDATION, A 501C (3) NONPROFIT ORGANIZATION (Attachment).

THE TOTAL COST OF THE PARADE IS APPROXIMATELY \$11,000.00. THE REQUESTED GRANT AMOUNT OF \$7,500.00 REPRESENTS 68% OF THE TOTAL COST. THE REMAINING FUNDS WILL BE GENERATED THROUGH SPONSORSHIPS AND DONATIONS FROM LOCAL BUSINESSES.

THE MCKINNEY ROTARY CLUB'S FISCAL YEAR RUNS JULY 1, 2021 -JUNE 30, 2022. THE BOARD WILL VOTE ON THE FINAL BUDGET AT THE JULY BOARD MEETING.

#### **PARADE BUDGET**

PERMITS	\$ 25.00
SECURITY	\$ 400.00
SIGNAGE	\$1,500.00
ADVERTISING	\$6,000.00
FLOAT PRIZES	\$2,000.00
MISC.	\$1,075.00
TOTAL	\$11,000.00

TWO YEARS AUDITED FINANCIAL STATEMENTS ARE NOT ATTACHED AS AN AUDIT HAS NOT BEEN COMPLETED.

#### 4. MARKETING AND OUTREACH

THE MCKINNEY ROTARY CLUB IS PLANNING TO KICK OFF A STRONG ADVERTISING CAMPAIGN IN SEPTEMBER 2023. THE PARADE WILL BE PROMOTED VIA SOCIAL MEDIA, WEBSITES, LOCAL NEWSPAPERS/MAGAZINES and SIGNAGE. THE LARGEST SINGLE INITIATIVE WILL BE SOCIAL MEDIA AND RADIO ADVERTISING.

## **5. METRICS TO EVALUATE SUCCESS**

THE PARADE HAS INCREASED IN THE NUMBER OF PARTICIPANTS AND SPECTATORS IN EACH OF ITS 23 YEARS. LAST YEAR WE HAD SCHEDULED 81 GROUPS TO PARTICIPATE AS ENTRANTS IN THE PARADE. THIS WAS A HIGH COMPARED TO PREVIOUS YEARS. UNFORTUNATELY, SEVERE WEATHER FORCED US TO RESCHEDULE THE PARADE WHICH IMPACTED THE PARTICIPANTS. ONE THE RESCHEDULED DATE WE HAD 42 GROUPS AND AN ESTIMATED 1,500 PARTICIPANTS. WE EXPECT THE NUMBER OF ENTRIES AT CAPACITY AGAIN THIS YEAR AS WELL AS DRAW RECORD CROWDS TO THE DOWNTOWN AREA. WE ARE ALREADY EXPERIENCING INQUIRIES TO THE DATE OF THE PARADE AND THEME FROM POTENTIAL PARTICIPANTS!

#### **2023 PROMOTIONAL EXPENSES**

97.5 KLAK	ADVERTISING	\$2,800.00
THE PRINT LAB	SIGNS, FLYERS, CARDSTOCK	\$900.00
MCKINNEY COURIER GAZETTE	PRINT AD NEWSPAPER	\$1,600.00
SOCIAL MEDIA	FACEBOOK/INSTAGRAM	\$1,000.00
COLORWORKS	MESH BANNERS	\$1,200.00
TOTAL		\$7,500.00

# McKinney Rotary Foundation Board of Directors 2022-2023

Celeste Cox, President/Committee Chair Matt Duncan, Treasurer James Bresnahan, Vice President Harold McLeod, member Tammy Mahan, Secretary Randy Routon, member Carol Ownby, member

# The McKinney Rotary Club Board of Directors 2022-2023

James Bresnahan, President
Robert Thomas III, President Elect
Stephanie Talley, President Nominee & Youth Leadership Chair
Cathie Walner, Treasurer
Harold McLeod, Secretary & Co-Parade Chair
Mark Potter, Past President & Flag Chair
Carol Ownby, Public Relations
Rob Wythe, Community Service Chair
CC Chamakala, International Service Chair
Dean Cimini, Board Member
Ron Johnson, Board Member
Bob Thomas, Sergeant at Arms

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

SEP 1 0 2007

MCKINNEY ROTARY FOUNDATION C/O FRANK R SCAUZILLO JR 1216 N CENTRAL EXPWY STE 101 MCKINNEY, TX 75070-3314

Employer Identification Number: 34-2051592 DIN: 17053144007037 Contact Person: KEVIN W PAYTON Contact Telephone Number: (877) 829-5500 Accounting Period Ending: June 30 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: July 7, 2005 Contribution Deductibility: Advance Ruling Ending Date: June 30, 2010

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

If you distribute funds to individuals, you should keep case histories showing the recipient's name and address; the purpose of the award: the manner of selection; and the relationship of the recipient to any of your officers, directors, trustees, members, or major contributors.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi Director, Exempt organizations Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3) Statute Extension

# **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)

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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.

***		ide Selvice	······	7/4/00/24	and ending	6/30/	2022
A			dar year, or tax year beginning	7/1/2021	, and ending		identification number
E		applicable:	C Name of organization			J	Control of the Contro
	Address		McKinney Rotary Foundation	Through the street and describ	Room/suite	ł	34-2051592
	Name d		Number and street (or P.O. box if mail is not de	Aliveted to street address!	Koomsune	E Telephone	
	Initial ref		P.O. Box 552		210 45	E ielethione	Flumpo
		niterminated	City, ar town	State	ZIP code	1	
	Amende		McKinney	TX .	75070-0552	F Group E	
	Applicati	ion pending	Foreign country name Foreign	in province/state/county	Foreign postal code	Groupe	xempuon
						Number	<u> </u>
G	Accoun	ting Method:	X Cash Accrual Other (s	pecify) 🕨		Check	if the organization is
			nckinneyrotary.org		The state of		to attach Schedule B
			k only one) — X 501(c)(3) 501(c	) ( ) (insert no.)	4947(a)(1) or 527	(Form 990).	
					Other		
		organization					
Ł	Add line	es 5b, 6c, and	75 to line 9 to determine gross receipts.	If gross receipts are \$200,0	100 or more, or if total as	sets	ina mra
TEXT	(Part II,	column (B))	re \$500,000 or more. file Form 990 inste	ad of Form 990-EZ	4	▶ §	
12	irt.	Revenu	, Expenses, and Changes in I	Net Assets or Fund E	lalances (see the ir	istructions	for Part I)
		Check if	the organization used Schedule	O to respond to any	question in this Part		. , <u>X</u>
	1	Contributio	is, gifts, grants, and similar amounts rvice revenue including government o dues and assessments	received . fees and contracts	<b>.</b>	. 1	17,432
	2	Program se	rvice revenue including government	fees and contracts		. 2	
	3	Membershi	dues and assessments		·	. 3	
	4	Investment	rvice revenue including government o dues and assessments income			4	180
- 1	5a	Gross amo	unt from sale of assets other than inv	entory	5a		
	b	Less: cost	or other basis and sales expenses.		5b	100	
ij	C	Gain or (los	s) from sale of assets other than inve	entory (subtract line 5b fr	om line 5a)	. 5c	0
	6	Gaming an	i fundraising events:	A CONTRACTOR OF THE PARTY OF TH		7.20	
- V	а	Gross inco	ne from gaming (attach Schedule 😘	f greater than			
9	-		19 m 2 a 4,4 6 8 8 8 4 4 4 4 4 5 4 3		6a		
Revenue	6	Gross inco	ne from fundraising events (not ingle	ding \$	of contributions		
Na.	_	from fundra	ising events reported on line 1) (atta-	ch Schedule G it the	1 220	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Œ		sum of suc	gross income and contributions ex	eds \$15,000)	6b	85,141	
	c	Less: direc	expenses from gaming and fundrals	ing events		37,828	
	d	Net income	or (loss) from gaming and fundraism	ig events (add lines 6a a	nd 6b and subtract	<b>建</b>	
		line 6ct	200	a vario de se e e e e e	and the second second second second	. 6d	47,313
	7a	Grace sale	of inventory less retring and allow:	ances	7a		
	ь	Less: cost	of goods sold		7b	5000	
	c	Gross profi	of goods sold . tor (loss) from sales of inventory (su	btract line 7b from line 7a	i)	70	0
	-8	Other reve	nue (describe in Schedule O) .	rance prop rece	FOR ENDER NO E	. 8	
	9	Total reve	ue, Add lines, 1.2, 3, 4, 5c, 6d, 7c, a	nd 8	5	9	
	10	Grants and	similar amounts paid (list in Schedul	e O) .		10	28,529
	11	Benefits pa	id to or for members	Contra Deservação e o		e <u>11</u>	
s.	4	Salaries, o	her compensation, and employee be	nefits		12	
38	13	Profession	al fees and other payments to indepe	ndent contractors		13	
Expenses	14	Occupancy	rent, utilities, and maintenance.	<u>ខ្នែក សងកសេត្តា នេង</u>		14	
ð	15	Printing o	blications, postage, and shipping	N N ALLEMON DE ROSSES	# 000 N 00 N 00 W 100 M 00	. 15	
errit.	16	Other expe	nses (describe in Schedule O)		E	. 16	
	17	Total expe	nses. Add lines 10 through 16			. ▶ 17	49,621
	-	Excess or	deficit) for the year (subtract line 17	from line 9)	. 4	. 18	
2	19	Net assets	or fund balances at beginning of yea	r (from line 27, column (/	A)) (must agree with	330	
S)	1		r figure reported on prior year's return				136,509
Net Assets	20	Other char	des in het assets or fund balances (e	explain in Schedule O) .	NC 10 N IV 10 N N N N N N N N N N N N N N N N N N	. 20	
2	21	Net assets	or fund balances at end of year. Con	nbine lines 18 through 20		▶ 2	151.3 12

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2021)

E	Balance Sheets (see the instructions for Check if the organization used Schedule O to r		his Part II	K.		- m - m - X
	Check II the organization does deviced out of	ocposid to any quodeon in t	THO T CITCHES	(A) Beginning of year	i –	(B) End of year
22	Cash, savings, and investments		. 7 . 6 .	136,509	22	152,921
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		7 4 40 8 4 1 <sub>0</sub>		24	
25	Total assets			136,509	_	152.921
26	Total liabilities (describe in Schedule O)				26	1,609
27	Net assets or fund balances (line 27 of column (			136,509	27	151,312
機皮	Statement of Program Service Accomplis			, F		Eugódosa
	Check if the organization used Schedule O				(Re	Expenses quired for section
Wha	at is the organization's primary exempt purpose? cribe the organization's program service accomplish neasured by expenses. In a clear and concise mann	See Schedule O		ervices	501	(c)(3) and 501(c)(4)
Lies	cribe the organization's program service accomplish	ments for each of its three i	argest program s	ervices		anizations; optional others;)
Dete	cribe the organization's program service accomplish neasured by expenses. In a clear and concise mann ons benefited, and other relevant information for eac	ch program title	ovided, Ble-Hallic	el of	1	
28	Support of Local Educational Institutions and Local	Community Programming		and the same		<del></del>
				and the second		
				<u> </u>		
	(Grants \$ ) If this amoun	it includes foreign grants, c	heck here . 🎎	b	28a	L
59						**
		***************				
	(Grants \$ ) If this amour	it includes foreign grants, c	nepic nere		298	
30		<b>-</b>	A			
	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -					
	(Grants \$ ) If this amour	t includes foreign grants, d	Back here		30a	
31	Other groups services (describe in Schedule O)	A A		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	300	
~ 1	Other program services (describe in Schedule O) (Grants \$ ) If this amour	it includes foreign grants, c	heck here	▶ □	31a	
	Total program service expenses. (add lines 28a ti				32	0
	List of Officers, Directors, Trustees, and F				ructio	ns for Part IV)
	Check if the organization used Schedule O t	o respond to any question i	n this Part IV .			
			(c) Reportable compensation	(d) Health banefil	s.	
	(a) Name and title	(b) Average bours par week	(Forms W-2/1099-M	The same of the sa	- 1	(e) Estimated amount of.
		devoted to position	1099-NEC) (if not paid, enter	and deferred company		other compensation
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						Form 990-EZ (2021)

34-2051592 Page 3 Form 990-EZ (2021) McKinney Rotary Foundation Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 X detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the Χ change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a Х if "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . 35c X Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 37b Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?. b If "Yes," complete Schedule L, Part II, and enter the total amount involved ....... Section 501(c)(7) organizations. Enter: 39 39a a Initiation fees and capital contributions included on line 9 . . . 39b Gross receipts, included on line 9, for public use of club facilities b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4955 ▶ ; section 4912 > section 4911 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 appexcess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZZAF "Yes," complete Schedule L. Part I. 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enteremount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line
40c reimbursed by the organization 40c reimbursed by the organization .

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? if "Yes," complete Form 8886-T. . . . List the states with which a copy of this return is filed. 41 (972) 569-6802 42a The organization's books are in care of ▶ Cathie Walner Telephone no. > 75070-0552 SECITY McKinney ST TX Located at P.O. Box 552 b. At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (Such as a bank account, securities account, or other financial account)? 42b If "Yes." enter the name of the foreign country See the instructions for exceptions and thing 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? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . and enter the amount of tax-exempt interest received or accrued during the tax year , Yes Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a completed instead of Form 990-EZ. b Old the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b c Did the organization receive any payments for indoor tanning services during the year? . . . . 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 

Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . .

Form 990-EZ, See instructions.

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

45a

Form 9	90-EZ-(2	(921) McKinney Rotary Found	ation.				4-20515	-	Page 4
								Yes	No
46		e organization engage, directly or indirect							
	to car	ididates for public office? If "Yes," complet	te Schedule C, Part I				. 46		X
Part	Y	Section 501(c)(3) Organizations C	nly						
	V=100	All section 501(c)(3) organizations r	nust answer questions	47-49b and 52,	and comple	te the tables	for line	S	
		50 and 51.	nara esta de la compania						<del></del>
		Check if the organization used Sche	edule O to respond to a	ny question in tr	iis Part VI .		2. 7.		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. 1			Yes	No
47	Did th	e organization engage in tobbying activition	es or have a section 501(h	election in effect	during the tax	-			
	year? If "Yes," complete Schedule C, Part II								X
48	is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)? If "Yo	es," complete Sch	edule E	<b>4</b>	. 48		Х
49a	Did th	ne organization make any transfers to an e	exempt non-charitable rela	ted organization?		<u></u>	. 49a		X
b	If "Yes	s," was the related organization a section pleté this table for the organization's five h	527 organization?				49b		
50	Comp	lete this table for the organization's five h	ighest compensated empl	oyees (other than	officers, direct	ogs, trustees,	and key		
	emplo	yees) who each received more than \$100	0,000 of compensation from	n the organization	If there is no	ne, enter "No	ie."		
		8 8		(c) Reportable	MAN H	alth benefits			
		(a) Name and title of each employee	(b) Average hours per week	compensation	Contribut	ons to employee	(e) Estima		
			devoted to position	(Forms W-2/1098-M	cor	ns, and deferred pensation	Oillet C	ompens	attou
	61								******
	None	*** *** *** *** *** *** *** *** *** **	·	1		-			
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Name	20.115.44			100	ł				
Title			Hr/WK 🏄 🦠	4					
Neme	d a sign - as	n	HEAVIR .O		1				
Title:	Total	number of other employees paid over \$10	- Indiana - Indi	<u> </u>					
51 51		plete this table for the organization's five h		· · · · · · · · · · · · · · · · · · ·	who each re	colved more f	han		
31		000 of compensation from the organization			s will each le	CONSCRIPTION OF I	i icaji i		
**********	φ.του,		Con Con de	None.		1			
		(a) Name and business address of each independ	dent contractor	(b) Type o	f service	(c)	Compensa	ition	
Name	None	Str		<del>†</del> -		4900			
City	110110	ST	212						
Name		Str &	10 m	<del> </del>					
City		ST 🔗	ZiP	*					
				† · · · · · · · · · · · · · · · · · · ·					
City	of weight	St.	ZIP.	7					
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City		e, as vist	ZIP	1					
đ	Total I	number of other independent contractors	each receiving over \$100,	000	vicestra			91	
52	Did th	e organization complete Schedule A? No	te: All section 501(c)(3) or	ganizations must a	ittach a			*******	6
		leted Schedule A 🥒 . 🔌					► X Ye	es 🗌	No
i)nder d	ena lies	of perjury, I declare that I have examined this return,	including accompanying schedule	s and statements, and t	o the best of my k	nowledge and bel	ief, it is		
		d complete. Declaration of preparer (other than office)				I.E.	WOMEN'S		
******		A			-1-6-01	* * "			
Sign		Signature of officer				ate			
Here	3	Alex Cena				reasurer			
		Type or print name and title							
P9 ( )		Print/Type preparer's name	Preparer's signature		Date	Check X	FTIN		
Paid		Edward L Cook	Edward L. Cook	-0.00 Tol. V. 1 V.	9/13/2022	Check X self-employed	P0075	2844	
	arer	Firm's name & Edward I Cook CPA				im's EIN ▶ 27-			
Use	Only	Firm's address > 702 N. Waddill St., M	~=: <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	MANAGAMETER			6) 705-4		
May th	ie IRS	discuss this return with the preparer show		S	II v villa a		X Ye	-	1 No

# SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section \$01(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	of the organization					Emptoyer identification (	9 8
	nney Rotary Foundation					34-205	1592
Par	Reason for Public Charl						
The (	organization is not a private foundation of church	on because it is: (Fo	churches described in	neck only	one box.) 1 <b>70(b)(1)(</b> .	A)(i).	
2	A school described in section 1					188.8.	
3	A hospital or a cooperative hosp				)(1)(A)(iii	. %	
4	A medical research organization					639	er the
	hospital's name, city, and state:						
5	An organization operated for the section 170(b)(1)(A)(Iv). (Comp		e or university owned o	or operate	d by a go	ernmental unit desc	ribed in
6	A federal, state, or local governs						
7	An organization that normally re described in section 170(b)(1)(			m a gover	mental u	nit or from the gener	al public
8	A community trust described in						
9	An agricultural research organiz or university or a non-land-gran	ation described in s t college of agricult	section 170(b)(1)(A)(ix ure (see instructions). I	) operated Enter the i	hin conjun	iction with a land-gra , and state of the col	int college lege or
10	university;  X An organization that normally re	eceives (1) more the	in 33 1/3% of its supple	rt from co	ntribution	s, membership fees,	and gross
	receipts from activities related to	o its evernot function	ne subject to certain e	eceptions	and (2) r	no more than 33 1/39	6-of its
	support from gross investment acquired by the organization aff	ter June 30, 1975. S	see section 509(a)(2),	(Complet	e Part III.)	Ti tax) itom busines	303
11	An organization organized and						
12	An organization organized and	operated exclusive	v for the benefit of, to t	perform th	e function	s of, or to carry out the	he purposes
	of one or more publicly support Check the box on lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	1 509(a)(3).
a	the supported organization(s	s) the power to regu	laris appoint or elect a	y its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of th	by giving le supporting
1-	organization. You must com			on with its	sunnorte	d organization(s) by	having
d	control or management of the organization(s). You must c	e supporting organi	zation vested in the sa	ime perso	ns that co	ntrol or manage the	supported
G	_ caste wasterne regression and a survey see Si	ted. A supporting of	ganization operated i	n connect	ion with, a	ind functionally integ D. and E.	rated with,
d	Type Ill non-functionally in	tegrated A strong	ting organization opera	ated in cor	nection w	ith its supported organic	anization(s)
-	that is not functionally integr	ated The organizat	ion generally must sati	sfv a distr	ribution rec	guirement and an att	entiveness
_	requirement (see instruction Check this box if the organiz	s), you must comp	itee Part IV, Sections	n the IRS	that it is a	v. Tvne I. Tvne II. Tvne	a ill
е	functionally integrated, or Ty	be III con-functiona	lly integrated supportir	ng organiz	ation.	r type it type it aye.	
f	Enter the number of supported	proahizations					,0
	Provide the following informatio	n about the support	ed organization(s). (lii) Type of organization	Livi Is the	organization	(v) Amount of monetary	(vi) Amount of
	Provide the following information (i) Name of supported organization	s the mass	(described on lines 1-19 above (see instructions)):	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No		
(A)			- Ce-levius -	1		A	
(B)							
(C)							
(D)			~~				
(E)							
-				Alexander and the	unestante de	0	0

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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on it's behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3	Sec	tion A. Public Support					0:1	action of the lighter
mismberatip fees provided. (Do not include your jurispal grants?).  The revenues listed for the organization's benefit and either paid to un expended on its behand.  The value of services or discliber and the paid to un expended by a governmental unit to the organization's benefit and either paid to un expended on its behand.  The value of services or discliber and the paid to understand the paid to understand the paid to understand the paid of t	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(ċ) 2019	(d) 2020	(e) 2021	(f) Total
2 Tax revenues levied for the organization is bentified and after paid to or expended on its behalf if you expended on its behalf if you expended on its behalf if the paid to or expended on its behalf if the paid is the paid is of the paid to or expended on its behalf if the paid is the paid is the paid is the paid of the paid is the paid i	1	membership fees received. (Do not						
organization's benefit and oither paid to or expended on dis benial and oither paid to or expended on dis benial and oither paid to or expended on dis benial and oither paid to organization without charge.  4 Total Add lines I through 3 D D O O O O D D D D O O O D D D D D D	_							0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.  A Total Aud lines 1 through 3	2	organization's benefit and either paid					4	Œ.
turnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3 . D Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	3					2. 457		
5 The portion of folds contributions by each person (other than a governmental unit or publicly supported driganization) included on time 1 than sexceed 2% of the amount shows on line 11, column (f)  8 Public support, Subtract fine 5 from line 4  8 Cross income from inseet. (dividends, payments received on securities loans, cents, royaldies, and income from subtracts loans, payments received on securities loans, rents, royaldies, and income from similar acquired from the column (f)  9 Nat income from univated business echilities, whether or not the business echilities, whether or not the business is regularly carried on.  10 Other frome. Do not include gain or loss from the cale of capital assets (Explain in Part VL).  11 Total support Add lines 7 through 10.  12 Cross receipts from releted activities, etc. (see instructions)  13 First 5 years. If the Form 900 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. The organization of Public Support Percentage  14 Public support percentage for 2021 (time 6) column (f), divided by line 11, column (f)).  15 Justic support percentage for 2021 (time 6) column (f), divided by line 11, column (f)).  16 33 17/3 varyport test—2021, the organization did not check the box on line 13, and line 14 is 33 17/3 or more, check this box and stop here. The organization did not check the box on line 13, or 16b, and line 14 is 33 17/3 or more, check this box and stop here. The organization did not check to box on line 13, or 16b, and line 14 is 33 17/3 or more, check this box and stop here. The organization did not check to box on line 13, or 16b, and line 14 is 33 17/3 or more, and it the organization did not check to box on line 13, or 16b, and line 14 is 33 17/3 or more, and it the organization did not check to box on line 13, or 16b, and line 14 is 16b, and line 14 is 33 17/3 or more, and it the organization did not check to box on line 13, or 16b, and line 14 is 16b, and line 14 is 16b, and li		furnished by a governmental unit to the						. 0
each person (other than a governmental unit or publicly supported organization) included on the 1 that exceeds 2% of the amount shown on the 11, dolumn (1).  8 Public support, Subhast ties 8 from line 4  Scribton B. Total Support  Catendary year (or fiscal year beginning in)  7 Amounts from line 4.  8 Gross income from interect dividends, payments mediated business is regulatly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add line 7 through 10.  22 Gross recepts from related activities, etc. (see instructions)  12 Gross recepts from related activities, etc. (see instructions)  13 First 5 years. (If the Form 990 is for the organizations 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  14 Public support percentage for 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 qualities as a publicly supported organization.  15 33 1/3% support test—2021. If the organization did not check the box on line 13, fla, if si, or 17a, and line 14 10% or more, and if the organization meats the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  16 15 10 0 or more, and if the organization meats the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  17 a 10% facts-and-circumstances test—2021. If the organization did not check a box on line 13, fla, it so, or 17a, and line 15 is 10% or more, and it the organization meats the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, fla, it so, or 17a, and line 15 is 10% or more, and it the organization meats the facts-and-circumstances test. check this box and stop here. Explain in Part VI how the	4	Total. Add lines 1 through 3	D	0	0	0 14.	0	0
supported organization) included on the third exceeds 2% of the amount supported organization included on the 11 column (f)	5							
supported organizationly included on line 1 that exceeds 2% of the amount shown on line 11, oclumn (f).  8 Public support. Subtract line is from line 4.  8 Section B. Total Support  Cellendar year (or fiscal year beginning in)    7 Amounts from line 4.    9 O 0 0 0 0  9 O 0 0 0  9 O 0 0 0  9 O 0 0 0 0  9 O 0 0 0 0 0  9 O 0 0 0 0 0 0 0  9 O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(5)	4.4					
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shown on line 11, column (1)  8 Public support, Subtract line is from line 4  Section B. Total Support  7 Amounts from line 4.  9 Gross income from interest, dividends, payments received on sequirities loans, rents, royaldas, and income from sinitar sources.  9 Mat income from unrelated business is requisity carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support, Add lines 7 through 10.  12 Gross receipts from related activities, etc., (see instuictions)  13 First 5 years. If the From 900 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.  14 Public support percentage for 2021 (line 6) column (1), divided by line 11, column (1)).  15 Poblic support percentage from 2020 Stapdates. Part II, line 14.  16 Poblic support test—2021. If the organization's qualifies as a publicly supported organization.  17 a 10%-facts-and-circumstances fest—2021. If the organization and not check the box on line 13, 16a, or 16b, and line 14.  18 10 W. 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, check this box and ine 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization of the lost on the 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization of the lost on the facts and circumstances test. The organization qualifies as a publicly supported organization of the part VI how 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, check this box and stop here. Explain in Part VI how the organization meets								
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Section B. Total Support  Calledar year (or fiscal year beginning in)  A mounts from line 4	· b		and a property of the second s				TOTAL MEDICAL CONTRACTOR	
Calendar year (or fiscal year beginning in)  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royaldise, and income from similar sources:  9. Nat income from unrelated business a activities, whether of not the business is regularly carned on.  10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VIb.)  11. Total support. Add lines 7 through 10.  12. Gross receipts from related activities, etc. (see instructions)  13. First 5 years. If the Form 90 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.  14. Public support percentage for 2027 (line 6) colum) (f), divided by line 11, column (f)).  15. Public support percentage for 2022 Substitutes, Part It, line 14.  16. 3 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 qualities as a publicly supported organization.  17. July facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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 organization.				E PART NEW YORK	- Since 1		27,000	
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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.)

-	tion A. Public Support		(+) 0040 T	(c) 2019	(d) 2020	(0)	2021	(f) Total
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2018	(0) 2020	(e)	2021	U) TOTAL
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,906	5,665	5,883	6,083		17,432	39,969
	Gross receipts from admissions, merchandise	4,906	0,000	5,000	0,063		17,402	39,000
7	sold or services performed; or facilities		1				ł	
	furnished in any activity that is related to the						47.040	704.075
- 1	organization's tax-exempt purpose	.553,598	46,911	74,825	38,398	-	47,313	761,045
3	Gross receipts from activities that are not an					1	1	
	unrelated trade or business under section 613				GDs - FR	Wa.		0
4	Tax revenues levied for the				- CO.			
	organization's benefit and either paid to				1020	6		
	or expended on its behalf							0
5	The value of services or facilities				and the same of th			
	furnished by a governmental unit to the				# 10 W		ı	
	organization without charge				A D			0.
6	Total. Add lines 1 through 5	558,504	52,576	80,708	44,481		64,745	801,014
	Amounts included on lines 1, 2, and 3		W =		55	T		
	received from disqualified persons			No.	in.		1	0
áη	Amounts included on lines 2 and 3			0	N			
	received from other than disqualified				A		1	
	persons that exceed the greater of \$5,000			P 00 1	dans.		1	
	or 1% of the amount on line 13 for the year .		ė.	All Control				Ö
_	Add lines 7a and 7b	0	₹.0	D C	0		a	0
_	Public support (Subtract line 7c from	ADDA AND LASARS				165645	MARKET S	
8				Old Control				801,014
C	line 6.)	V 300 (60)		A CONTRACTOR OF THE PARTY OF TH	GREAT HET GREAT AND SHEETS AND	ROWN-HINGS		001,014
	tion B. Total Support	(-) 2047	76V 2010	(c) 2019	(d) 2020	(6)	2021	(f) Total
	ndar year (or fiscal year beginning in)	1.7	(b) 2018	80,708	44:481	16)	64,745	801,014
9	Amounts from line 6.	558,504	52,576	00,708	44;401	-	04,740	001,014
10a	Gross income from Interest, dividends;	(Q)	a hand	-				
	payments received on securities loans, rents,	,est	1,094	4 000	250		400	2 554
	royalties, and income from similar sources		1,094	1,028	252		180	2,554
þ	Unrelated business taxable income (less							
	section 511 taxes) from businesses	1					ľ	
	acquired after June 30, 1975					<del> </del>		·
C	Add lines 10a and 10b.	0	1,094	1,028	252	ļ	180	2,554
44	Net income from unrelated business	De Son		*1				
	activities not included on line 10b, whether	S. Calledon			į.	1		1481
	or not the business is regularly carried on	0						0
12	Other income. Do not include gain or					1	1	
	loss from the sale of capital assets 🥒 🥻					l		
	(Explain in Part VI.)							0
13	(Explain in Part VL)  Total support, (Add lines 9, 10c, 11)	* .		1745	1000			
	and 12.)	558,504	53,670				64,925	803,568
14	First 5 years. If the Form 990 is for the orga	anization's first, sec	cond, third, fourth, c	or fifth tax year as	a section 501(c)(3)	)		process of the same of the sam
	organization, check this box and stop here		3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				3 4 10 5 5	
Sar	tion C. Computation of Public Su	pport Percent	age					
15	Public support percentage for 2021 (line 8,			(h)		15		99.68%
16	Public support percentage from 2020 Scheo	THE RESIDENCE OF PERSONS ASSESSED.	2500111			16		99.70%
	tion D. Computation of Investmen					1		******
	Investment income percentage for 2021 (lin			solucia (f)		17	<u> </u>	0.32%
17	Investment income percentage for 2021 (in					18		0,30%
18	33 1/3% support tests—2021. If the organ	ispression of Edition (III),	ck the box on line i	4 and line 15 tem	ore than 33 1/3%		e 17 is	J.00 /A
532	not more than 33 1/3%, check this box and	stop here. The nor	anization qualifies	as a publicly sunn	orted organization	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	entre en	<b>▶</b> X
b	33 1/3% support tests—2020. If the organ							: M
L,r	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did	31						▶ 🗀
-	The same same and the organization and	ender a non on	The state of the	-1 arrivate time adv.	400 11000000000			le A (Form 990) 2021
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**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.)

Section A. A	III Sup	porting	Organ	izations

- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If has answering about a supported organization described in section 501(c)(4), (5), or (6)? If has answering about a supported organization described in section 501(c)(4), (5), or (6)? If has answering a supported organization described in section 501(c)(4), (5), or (6)? If has answering a supported organization described in section 501(c)(4), (5), or (6)? If has answering a supported organization described in section 501(c)(4).
- b 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.
- 4a 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.
- b 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 controlled and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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; (iii) the authority under the organization's organizing desument authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b 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?
- c 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(S)), 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).
- 8 Did the organization make a foanto a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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**.
- bit 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.
- c 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.
- 10a 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.
  - b 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.)

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Schadala	A (Form 990) 2021 McKinney Rotan	y Foundation	34-2051592	F	age 5
	A STATE OF THE PARTY OF THE PAR		2015 M 19 19 19 19 19 19 19 19 19 19 19 19 19		
ALEXA DA TOTA DO	The state of the s	-	Punyide	Yes	No
£.4	Has the organization accepted a gift or contrib	oution from any of the following persons?			
		ther alone or together with persons described on lines 11b a			1
	11c below, the governing body of a supported		11a	- Section	
	A family member of a person described on lin		11b	1	S35-17
		on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p	rovide 11c		200
	detail in Part VI. on B. Type I Supporting Organizations		Lire	·	1
Jech	on b. Type ( Supporting Organizations			Yes	No
1	Did the governing body members of the governing	g body, officers acting in their official capacity, or membership of o	ie or	A SERVICE	
	more supported organizations have the power to	egularly appoint or elect at least a majority of the organization's of	ficers,		
		ar? If "No," describe in Part VI how the supported organization(s)			
		organization's activities, If the organization had more than one s			6.6
		t and/or remove officers, directors, or trustees were allocated am			
		estrictions, if any, applied to such powers during the facyear.	1		
		any supported organization other than the supported			1
		controlled the supporting organization? If "Yes," explain in Pa	art 🦸		
		purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organ		2		
Section	on C. Type II Supporting Organization	s , , , , , , , , , , , , , , , , , , ,			
	e a		f=222	Yes	No
1	Were a majority of the organization's director	s or trustees during the tax year also a majority of the directo	irs		
		orted organization(s)? If "No," describe in Part VI how contro			
	or management of the supporting organization	n was vested in the same persons that controlled or manage	ď		183
	the supported organization(s).				_
Section	on D. All Type III Supporting Organiza	tions		-1	
			coste.	Yes	No
7		pported organizations, by the last day of the fifth month of the			
		scribing the type and amount of support provided during the			
		st recently filed as of the date of notification, and (iii) copies		5 64.6	
		on the date of notification, to the extent not previously provid		1	1
2	Were any of the organization's officers, direct	ors, of trustees either (i) appointed or elected by the support	ed		
		g body of a supported organization? If "No," explain in Part			
		inuous working relationship with the supported organization(		1.00	1
3	By reason of the relationship described on lin	e 2, above, did the organization's supported organizations h	ave		
	a significant voice in the organization's invest	ment policies and in directing the use of the organization's			
	income or assets at all times during the tax y	ear? If "Yes," describe in Part VI the role the organization's	259	A 500	520
	supported organizations played in this regard		3	1	_
Secti	ion E. Type III Functionally Integrated				-
t		ganization used to satisfy the integral Part Test during the ye	ar (see instruction	ns).	
3	The organization satisfied the activities Te	st, Complete line 2 below.			
b	The organization is the parent of each of i	ts supported organizations. Complete line 3 below			
G.	The organization supported a government	al entity. Describe in Part VI how you supported a governme	intal entity (see instru	ctions).	
9	Activities Test. Answer lines 2a and 2b belo	O'MA		Yes	N
2		wities during the taxlyear directly further the exempt purposes	s of		
£		ganization was responsive? If "Yes," then in Part VI identify			
	the supported organizations and evalu	in how these activities directly furthered their exempt purpos	ac la		
	have the argenization was responsive to these	e supported organizations, and how the organization determined	ined		
	that these activities constituted substantially		2a	23 7 2 12 112 1	1
le.		, constitute activities that, but for the organization's involvem		÷ 536	1
b	and or more of the executed on line 28, 200ve	rganization(s) would have been engaged in? If "Yes," explain	in in		10
		sition that its supported organization(s) would have engaged	<i>II</i> 2b	55%	1000
- 0	these activities but for the organization's invo		20	5) MAI	100
3	Parent of Supported Organizations. Answer				
3		arly appoint or elect a majority of the officers, directors, or	2.0	W \$2800	18
		ns? If "Yes" or "No," provide details in Part VI.	3a	Z WAR	-
b		egree of direction over the policies, programs, and activities ribe in Part VI the role played by the organization in this rece		1000	1.07.C.
	or as successed orderiganous? If test desc	ine in Fait ville for drived by the digalitation in this feat	ar cr. 1 00	and to process	

Type III Non-Functionally Integrated 509(a)(3) Supporting Of Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (explain	
instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income	Zau	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	Ü.	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		2
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	7.00	
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	All	
8. Adjusted Net Income (subtract lines 5; 6, and 7 from line 4)	8	0	0
Section 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	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10	0	0
e Discount claimed for blockage or other factors         (explain in detail in Part VI):      Acquisition indebtedness applicable to non-exempt-use assets      Subtract line 2 from line 1d.			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3.	o	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	O
6 Multiply line 5 by 0.035.	6	0	Ó
7 Recoveries of prior-year distributions:	7	0	. 0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, Inc. 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ī		
emergency temporary reduction (see instructions).	6		. 0
7. Check here if the current year is the organization's first as a non-functionally	v inte	egrated Type III supporting of	
instructions)	3550		→    1×

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued	<u>d)</u>	
Sectio	n D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
	Amounts paid to perform activity that directly furthers exempt organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.		6	7	. 0
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	A.	
	(provide details in Part VI). See instructions.		de man	8	
9	Distributable amount for 2021 from Section C, line 6		70	9	0.
10	Line 8 amount divided by line 9 amount		and the same of th	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	15	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			23	O
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required—explain in Part VI). See		ba.		
	instructions.			2/3CP	**************************************
3	Excess distributions carryover, if any, to 2021		A Company of the Company		Maria Control State
а	From 2016			612	
b	From 2017		a de la compensación de	R 195	Barrier Alberta
Ç	From 2018				
d	From 2019				
е	From 2020	, W			
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2021 distributable amount			1.00	0
i	Carryover from 2016 not applied (see instructions)		A STANLEY TO SEE LOOK		
ĵ	Remainder, Subtract lines 3g, 3h, and 3i from line 36	0			
4	Distributions for 2021 from				
	Section D, line 7: \$ 0			0	7.00 C. S.
a	Applied to underdistributions of prior years  Applied to 2021 distributable amount			U	0
<del>-</del>	, pp	1 0		STATE OF THE PARTY	
.C.	Remainder. Subtract lines 4a and 4b fcom line 4.	CEA SOUS MANAGEMENT	LONG DAD - 125 OR SHALLES	POLYMENT.	
-5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from the 2. For result			Ò	
	greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h		Not the second second second		appropriate property of the second of the second
6	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.  Excess distributions carryover to 2022. Add lines 3j	Continue and service and approximation			
7	and 4c				
	Breakdown of line #				
8					
a	Endough Holly Edward		The state of the s		
b	LACOUR HOTH LOTTE 1	The second religion between the second second			
	EAGGS HOM 2010	The state of the s			
<u>d</u>	Exoded from 2020				
е	Excess from 2021	The second second contract and the second second second	The state of the s	A - \$1 mg	Schedule A (Form 990) 2021

Schedule A (Fo	orm 990) 2021	McKinney Rotary Foundation	in .	34-2051592 Page 8
Part VII	III, line 12; Part IV, 3 B, lines 1 and 2; Pa	rmation. Provide the explaneti Section A, lines 1, 2, 3b, 3c, 4b rt IV, Section C, line 1; Part IV,	ons required by Part II, line 10; Part II, line 1, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Pa Section D, lines 2 and 3; Part IV, Section E,	rt IV, Section lines 1c, 2a, 2b,
			e; Part V, Section D, lines 5, 6, and 8; and P dditional information. (See Instructions.)	art V; Section E,
***************************************	inica 2, 3, and 0. As	so complete this part for any ac	iditional information. (See matrictions.)	
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# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545:0047

2021

Opportment of the Treasury internal Revenue Service Name of the organization ➤ Attach to Form 990 or Form 990-PF.

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

McKinney Rotary Foundation
Organization type (check one):

Employer identification number 34-2051592

w.,	Deadless.
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is co-	vered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7),	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
instructions.	
General Rule	
For an organization filin or more (in money or procentributor's total contri	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 16b, and that received the section 16b.	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 1/0(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or n (i) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the y literary, or educational p	scribed in section 591(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific ourposes, or for the prevention of crueity to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III.
contributor, during the contributions totaled me during the year for an e General Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one car, contributions exclusively for religious, charitable, etc., purposes, but no such pre-than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the parts unless the of this organization because it received nonexclusively religious, charitable, etc., contributions during the year.
must answer "No" on Part IV, lis	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line the filing requirements of Schedule B (Form 990).

P	a	a	e	2

Name of org	ganization Rotary Foundation		Employer identification number 34-2051592			
Part Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution			
*******	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash Complete Part II for moncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Valva Type of contribution			
	Foreign State or Province: Foreign Country:	s S	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	(d) Type of contribution			
*	Foreign State or Province: Foreign Country:	\$ spial contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No:	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
Area (Table)	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	Name, address, and ZIP+4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
#######	Fóreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization McKinney Rotary Foundation Employer identification number 34-2051592

art II	Noncash Property (see instructions). Use duplicate o	opies of Part II if additional space	e is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
e majorita ka		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Min Notes		3	
a) No. from Part I	(b) Description of noncash property given	(G) FMV (or estimate) (See instructions.)	(d) Date received
		\$	ahahansa saanuhuse syke sykes
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimaté) (See instructions.)	(d) Date received
		\$	*******************
a) No. from Pert I	Description of rioncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
e a period of the ac		\$	***************************************
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	anization Rotary Foundation		Employer identification number 34-2051592				
Parcill	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the ye the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ar from any one contributo impleting Part III, enter the to (Enter this information once	described in section 501(c)(7), (8), or r. Complete columns (a) through (e) and tal of exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Name 1994							
	Transferee's name, address, and Z	(e) Transfer of gift	delationship of transferor to transferee				
	For, Prov. Country		A.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
222.000	***************************************						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	For Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
eer++0.54							
	Transferee's name, address, and Z	(e) Transfer of gift	elationship of transferor to transferee				
	For Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
******							
		(e) Transfer of gift					
	Transferee's name, address, and Z	PT4 R	telationship of transferor to transferee				
	For Prov. Country	Andrewicz Incomplete					

## SCHEDULE G (Form 990)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the groatization

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

Inspection Employer identification number

McKin	ney Rotary Foundation					34-205	1592
ger.		omplete if the	organizat	ion answe	ered "Yes" on Fori		
Managara a	Form 990-EZ filers are not	required to co	mplete th	is part.			
1	Indicate whether the organization ra	ised funds throu					
∘a	Mail solicitations				of non-government g	•	
b	Internet and email solicitations f Solicitation of government grants						
c	Phone solicitations		g S	pecial fund	raising events	***	
d	In-person solicitations					ALCO ALLEGA MANAGEMENT OF THE PARTY OF THE P	
2a	Did the organization have a written or key employees listed in Form 990	or oral agreeme ), Part VII) or er	int with any ntity in conn	individual ection with	(including officers, d	irectors, trustees, ising services?	Yes X No
ď	If "Yes," list the 10 highest paid indibe compensated at least \$5,000 by	viduals or entitie the organization	es (fundrais n.	ers) pursua	ant to agreements u	ider which the fund	raiser is to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of putions?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vI) Amount paid to (or retained by) organization
1			Yes	No 4		0	C
2	Turning and the second			4000	0	0	
3	and a second				0	0	0
4				6	0	0	0
5		da.	6		0	. 0	0
6	181 W 1917 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A SECOND			.0		0
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8	4			4	Ő	.0	. σ
덐	*				. 0	.0	0
10					0	0	<u> </u>
Total					o	0	0
3	List all states in which the organizar registration or licensing.	tion is registered	d or license	d to solicit	contributions or has	been notified it is e	xempt from
		&			# \$ 1 4 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del>  </del>	
andre.							
	موسود منا موسوق ما در در ما در						ه گارمی کا میگاه از است. میرید کرداد داد. د مارمی برای از ایک میرم بر مومدس مرید کیم
geradi.	VALLE TO BE THE SECTION OF THE SECTI					A	
			-11-6-6	د د خالله هماها د د			v a van afafain a mara a a a a a a a a a a a
	الانت عدم و مختوب علائه میزود و دو و و در استام و رو و ۱			و حدد معطر شعط القدعة	معادد ومدال معالمات المعالمات في مداد فهاي الم   12   12   12   12   12   12   12   12		
*****							

Schedule G (Form 990) 2021 34-2051592 Page 2 McKinney Rotary Foundation 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 (c) Other events (b) Event #2 (d) Total events ited States Flag Holic NONE (add col. (a) through col. (c)) (event type) (event-type) (total number) Revenue Gross receipts 85,141 85,141 Less: Contributions . . . Gross income (line 1 minus 85,141 85.141 Cash prizes . . . . . Noneash prizes .... Direct Expenses Rent/facility costs.... 0 Food and beverages . . . 0 Entertainment. 0 26,805 Other direct expenses . . . 0 26,805 Direct expense summary. Add lines 4 through 9 in column (d).

Net income summary. Subtract line 10 from line 3, column (d).

Gaming. Complete if the organization answered Yes on Form 990, Part IV, line 19, or reported more than 26,805) \$15,000 on Form 990-EZ, line 6a. (8) Pull tabs/instant bingo/progressive bingo (d) Total gaming (add col. (a) through col. (c)) Revenue (a) Bingo (c) Other gaming Gross revenue: 0 Direct Expenses Cash prizes. C Noncash prizes . Rent/facility costs. Other direct expenses Yes Yes Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Schedu	e G (Form 990) 2021	McKinney Rotary Foundation	34-2051592 Page 3
11	Does the organization co	nduct gaming activities with nonmembers?	Yes No
12	is the organization a grar formed to administer cha	ntor, beneficiary or trustee of a trust, or a member of a partnership or other entity ritable gaming?	Yes No
13 a b	Indicate the percentage of The organization's facility An outside facility	of gaming activity conducted in:  /-  ress of the person who prepares the organization's gaming/special events books an	13a % 13b %
	Name >		
15a	Does the organization ha	ave a contract with a third party from whom the organization receives gaming	
	amount of gaming reven	nt of gaming revenue received by the organization > \$ 0 and the ue retained by the third party > \$ 0 and the address of the third party:	Yes No
.,	ii ios, ortor mario erro	accious of the aims party.	
	Name ▶		
	Address >		
16	Gaming manager inform	ation:	
	Name >		
	Gaming manager compe	ensation ▶ \$	
	Description of services p	provided >	
	Director/officer	Employee Independent contractor	
17 a		red under state law to make charitable distributions from the gaming proceeds to	Yes No
b	Enter the amount of dist	icense?. ributions required under state law to be distributed to other exempt organizations or	•
Per	spent in the organization Supplemental	i's own exempt activities during the tax year   \$ Information. Repvide the explanations required by Part I, line 2b, column	s (iii) and (v); and
HOLLE	Part III, lines 9, See instructions	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	l information.
, et v.e. = -		<i>\$</i>	**************
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			عيدًا بالناقب مع والإست سيفاقية و والموادين
(5) F N N (6) F			
THE STATE OF			

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name 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.

OMB No. 1645-0047

2021

Inspection

Employer identification number

McKinney Rotary Foundation 34-2051592 Form 990-EZ, Part I, Line 10. Grants Paid: Activity: Civic, Educational - Local, Grantee: Patriot Paws, Cash Grant: 7,000, Relationship: Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Civic, Educational - Local, Grantee Misc. Under 2000, Cash Grant: 10,266, Relationship: Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Civic, Educatinal - International Grantee: Misc. Under 2000, Cash Grant: 5,112, Relationship: Form 990-EZ, Part I. Line 16, Other Expenses: Office Expenses: 310 Form 990-EZ, Part I, Line 16, Other Expenses: Rotary Camp RYLA Form 990-EZ, Part I, Line 16, Other Expenses: Rotary Wheel Maintenance Form 990-EZ, Part I, Line 16, Other Expenses: Youth Leadership Development Form 990-EZ, Part I, Line 16, Other Expenses: Student of the Month; 180 Form 990-EZ, Part I, Line 16, Other Expenses: John Gay Scholarship, 6,500 Form 990-EZ, Part I, Line 16, Other Expenses: George West Scriptarship Donation: 5,830 Form 990-EZ, Part I, Line 16, Other Expenses: Carr Co. Scholarship Donation: 500 Form 990-EZ, Part I, Line 16, Other Expenses: #Way Seech: 1,095 Form 990-EZ, Part I, Line 16, Other Expenses: Foundation Meetings: 87 Form 990-EZ, Part I, Line 16, Other Expenses, Bank Service Charge: 38 Form 990-EZ, Part I, Line 20, Net Assets. Fund Balance Entry Posted for prior year: -501 Form 990-EZ, Part II, Line 26, Liabilities: Due to McKinney Sunrise Rotary Club: Beginning of year: 0. End of year, 49 Form 990-EZ, Part II, Line 26, Liabilities: Due to Rotary International: Beginning of year, 0, End of year: 1,560

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
McKinney Rotary Foundation	34-2051592
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#### Born 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 7/1 . 2021, and ending 6/30 .20 22

2021

Department of the Treasury

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

McKinney Rotary Foundation	34-2051592
Name and title of officer or person subject to tax	
Alex Cena	Treasurer
Partil Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was black, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the reapplicable line below. Do not complete more than one line in Part I.  1a. Form 990 check here.	Roe 12)
- 48 - FORM MAILER COREK DOLD - IN- 1 1 h Lay bacad on invactment income (Early DOLD) William	PRIV line 6) Ah
5a Form 8868 check here	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here	
8a Form 5227 check here ▶  b FMV of assets at end of tax year (Form 6227, Hern £	)) 8b
9a Form 5330 check here	9b
10a Form 8038-CP check here ▶ b Amount of credit payment requested (Form 8038)CP, Part III, III  23131 Declaration and Signature Authorization of Officer or Person Subject	
Under penalties of perjury, I declare that X I am an officer of the above entity of the approximation and signature Authorization of Officer of the above entity of the approximation and signature Authorization of Officer of the above entity of the approximation and signature Authorization of Officer of Personal States and States are also as a second signature of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the above entity of the approximation of Officer of the approximation of Officer of the above entity of the approximation of Officer of the Officer of Off	
of entity) McKinney Rotary Foundation (EIN) 34-2051592 and that 2021 electronic return and accompanying schedules and statements, and to the best of my knowledge and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic intermediate service provider, transmitter, or electronic return originatic (ERO) to send the return to the IRS acknowledgement of receipt or reason for rejection of the transmission, (B) the reason for any delay in process the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initia (direct debit) entry to the financial institution account indicated in the tax preparation software for payment or return, and the financial institution to debit the entry to this account it acyclic apyment, I must contact the 1-888-353-4537 no later than 2 business days prior to the payment of acyclic apyment, and the electronic payment of taxes to receive apyndential filter must be activated an unborize the financials and the electronic payment of taxes to receive apyndential filter than 2 business days prior to the payment. I have selected a personal identification number (Pth) as my signature for the electronic return electronic funds withdrawal.  Pfix: check one box only	belief, they are true, correct, and creturn. I consent to allow my and to receive from the IRS (a) an assing the return or refund, and (c) ate an electronic funds withdrawal of the federal taxes owed on this i.U.S. Treasury Financial Agent at ancial institutions involved in the less and resolve issues related to and, if applicable, the consent to  75070 as my signature Enter five numbers, but do not enter all zeros copy of the return is being filed with orize the aforementioned ERO to signature on the tax year 2021 being filed with a state agency(les)
Certification and Authentication	Date
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	39756470
	enter all zeros
t certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically figure that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , <b>Modernized</b> e-FiRS a-file-Providers for Business Returns.	led return indicated above. I confirm ile (MeF) Information for Authorized
ERO's signature ▶ Edward L Cook Date ▶	9/13/2022
ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested	

F	1065	rm family 1120/F	applicable 1120S	990 990	1041
	Υ (	Y	Y	Ÿ	Y
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		Y	Y		
	Υ	Υ	Y		
	Y	Y	Y		
					Y
	Y	Υ	Y		Y
Total Carlot Carlot		Y	Ý.		Y

The following questions should be answered in the context of the FEDERAL return being electric Responses for state effices are below.

Check ("x") this column to see more information, when available	1065	1120/F	11205	990	1041
Name of signing officer or fiduciary . Alex Cena					
Check ("X") if foreign officer and does not have a SSN/TIN					
OR					
Check ("X") if officer opts not to provide SSN/ITIN					
OR Enter SSN/EIN of signing officer of fiduciary	Y	<b>A</b> •	Y:	v	v
Littles Convertive or significations of inductions.		VA.			
		A STATE OF THE STA			
Total Income from Prior Year return	NY.	Y	Υ		Υ
If claiming deduction for Salary & Wages on current year return, mark this box		.,	v		
and enter the COUNT of original W2's reported to SSA for this tax year.	Y	Y	¥		
If claiming Compensation of Officers on current year return, mark this box					
and enter the number of officers		Y	Y		
Parent Company Name	Y				
Parent Company EIN	Y	Y	Y		in and the second
Business's Primary Physical Address;					
Street					
Line 2					
City St Zip					
Gountry Province Postal Code	Y	Y.	Y		37,12,32
Grantor Name			100		
Grantor SSN					·Y
	100000000000000000000000000000000000000				
Indicate which, if any, of the following forms this entity is required to file.			1		
720 990 1042					
Flore Flore Flore Flore Flore	Y	Y	Y		¥
940 941 943 944 945			1		
Were estimated tax payments made for this entity towards the current tax year's liability?					
Yes No		Y	Y		, Y
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.					
First Payment, regardless of quarter or date paid.					
Method Direct Debit/ACH Cash Check EFTPS					
Amount paid with first quarter					
Date payment was requested to be debited					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					
EFTPS Confirmation Number.					
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.					
Last Payment, regardless of quarter or date paid.					
Do NOT use if only one estimated payment was made.					
Method Direct Debit/ACH Cash Check EFTPS					
Amount of last payment					
Date payment was requested to be debited					
For Cash payments, date cash was deposited. For Check payments, date on check.					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment ,					
EFTPS Confirmation Number		w			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Receive	
1 Contributions 1 2 Noncash contributions 2	8,102
Noncash contributions     Membership dues and assessments (contributions from the public)	
4 Government contributions (grants)	
5 Commercial co-venture	
6 Special events contributions (Line 6 - Special Events).	0
7 Associated organization contributions	4 220
9 John Gay Scholarchia Donation	4,330 5,000
10 10	0,000
11 Total	17,432
Part I, Line 4 (990-EZ) - Investment Income	
1 Interest on savings and temporary cash investments	180
2 Dividends and interest from securities	0
3 Gross rents	
5 Total	180
ne 6 c Fundraising Expenses	
Description Total	
Flag Program Related Expenses	25,80
Parade of Lights Costs	11,02
Total Total	37,82
art 1, Line 1, (1)	
Description Total	
Big Wheel Donations	900
General Contributions	20
Other Revenue	3,68
District 8510 Grant Proceeds	3,500
iotal Control	8,10

Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

2020

OMB No. 1545-0047

Open to Public Inspection

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.

Department of the Treasury Go to www.irs.gov/Form990EZ for instructions and the latest information.

A		e 2020 calen	ar year, or tax year beginning	7/1/2020	, and ending	6/30/20	21					
В	Check if applicable: C Name of organization D Employer Identifica											
	Address	dress change McKinney Rotary Foundation										
	Name o	change	Number and street (or P.O. box if mail is not delivered to	À 34	-2051592							
	Initial re	eturn	P.O. Box 552			E Telephone nu	mber					
	Final retu	rn/terminated	City or town	State Z	IP code	VA						
П	Amend	ed return	McKinney	TX 7	75070-0552 🐗 📆	(972	2) 569-6802					
$\sqcap$	Applica	tion pending	Foreign country name Foreign province		oreign postal code	F Group Exe	motion					
	,:•			•		Number -						
G	Access	nting Method;	X Cash Accrual Other (specify)	<b>&gt;</b>		Chook b	if the organization is					
.i			ckinneyrotary.org				attach Schedule B					
i.	ALC: NO.			The same of the same	7(e)(†) us. 527		D-EZ, or 990-PF).					
1		mpl status (che			and the same of the same	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
K	Form o	forganization:	X Corporation Trust	Association	Other							
Ŀ	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross r	eceipts are \$200,000 o	r more, or li total ass	ets	93					
ETOTAGE		column (B)) a	e \$500,000 or more, file Form 990 instead of For	m 990-EZ 🦠	<u> </u>	▶ \$	67,566					
P	art l		, Expenses, and Changes in Net Ass									
_			he organization used Schedule O to re	200	710		<u>  X</u>					
	1		s, gifts, grants, and similar amounts received				6,083					
	2	Program se	vice revenue including government fees and	contracts	<i>ij.</i>	. 2						
	3	Membership	dues and assessments ,		·	. 3						
	4	Investment	ncome	<b>*</b>		. 4	252					
	5a	Gross amou	nt from sale of assets other than inventory	5a		525						
	.bi	Less: cost o	other basis and sales expenses									
	ြင	Gain or (los	from sale of assets other than inventory (subtract line 5b from line 5a)									
	6		fundraising events:									
020	a	Gross incor	e from gaming (attach Schedule G if greater	than		3.5						
		\$15,000) .		6a		30,000						
Revenue	b	Gross incor	e from fundralsing events (not including	9.45								
é	1	from fundra										
-			gross income and contributions exceeds \$1		1 6	1,231						
	· c		expenses from gaming and fundraising even			2,833						
		Net income	or (loss) from gaming and fundraising events	(add lines 6a and 66								
		fine 6c)	AN NOON LOOK		ACC 61 18 40	6d	38.398					
	7a	Gross sales	of inventory, less returns and allowances .	7a	*	04.69.60						
12	b	Less: cost o	goods sold	7b		1000						
	c	Gross profit	f goods sold . or (loss) from sales of inventory (subtract line	e 7b from line 7a).		. 7c	0					
	8	Other reven	ue (describerin Schedule O)			. 8						
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			,▶ 9	44,733					
	10	Grants and	similar amounts pald (list in Schedule O)	a sar a gran a a	engy and a serie	. 10	22,570					
	11	Benefits pa	to or for members	Note that the second		. 11						
8	12	Salaries, of	et compensation, and employee benefits.		i e i a se e ci	. 12						
Su	13	Professiona	fees and other payments to independent co	ntractors		. 13	1,910					
Expense	14		rent, utilities, and maintenance									
ŭ	15		lications, postage, and shipping									
	16		ses (describe in Schedule O)				7,320					
	17	Total exper	ses. Add lines 10 through 16	. M.	all 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	▶ 17	31.800					
10	18	Excess or (	eficit) for the year (subtract line 17 from line	9)		. 18.	12,933					
Net Assets	19		r fund balances at beginning of year (from lii			Sales and						
33	1	end-of-vear	figure reported on prior year's return)			19	123,576					
*	20	Other change	es in net assets or fund balances (explain in	Schedule O)	ಕರಣಾ ಕರಿಗಳು ನಿ	20	120,010					
ž	21		r fund balances at end of year. Combine line				136,509					
Ec			an Ast Notice, see the consists instructions	The state of the s			r 000-E7 (2002)					

Form	990-EZ (2020) McKinney Rotary Foundation			34-205	1092	Page 2
Par	Palance Shoots (see the instructions for Part II)		E			1
ALC: NO	Check if the organization used Schedule O to respond	to any question in this	Partil			
			(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments	y a Marana a sa sa		123,576	22	136,509
22	Land and buildings	e Tagana ana ana ana			23	
24	Other assets (describe in Schedule O)				24	
	Total assets			123,576	25	136,509
25	Total liabilities (describe in Schedule O)				26	
26 27	Net assets or fund balances (line 27 of column (B) must	agree with line 21)		<sub>4</sub> 123,576	27	136,509
Property and	ort III Statement of Program Service Accomplishments	s (see the instructions	for Part III)			
MI C	Check if the organization used Schedule O to respon	and to any question in	this Part III.		1 .	Expenses
				All the second second		ulred for section
Wha	at is the organization's primary exempt purpose? See So	or anch of its three las	nast program serv	Ced		c)(3) and 501(c)(4) nizations; optional
Des	scribe the organization's program service accomplishments to measured by expenses. In a clear and concise manner, described	vihe the centices pro	ided the number	17		hers.)
as r	measured by expenses. In a clear and concise marrier, desc	no title	laca, tila tilangia			
per	sons benefited, and other relevant information for each prog	with Brogramming	Addit	100		
28	Support of Local Educational Institutions and Local Commi	7.74	4000/	7		1
			-0.000	<u> </u>	1	1
	(Grants \$ ) If this amount include	los foralan grante, chi	ckflare	V •	28a	
	Columb	and the second s			200	<del> </del>
29			- 100 A			
			-1000			
	(Grants \$ ) If this amount include		al bara tra		29a	i
	(Grants \$ ) If this amount include	les toreign grants, on	AN THE TOTAL		294	<del>                                     </del>
30						
					·	1
		Call Call Call			1	<b>1</b> 16
	(Grants \$ ) If this amount include	les foreign grants, ch	sck-here		30a	<del></del>
31	Other program services (describe in Schedule O)	·			ı Ì	
	(Grants S ) If this amount include	les foreign grants, ch	eck here		31a	
32	Total program service expenses. (add lines 28a through	3/a) 🛴		<u>. , Þ</u>	32	0
	List of Officers Directors Trustees and Key Fr	rolovees illabeach one	even if not company	sated—see ine in	etimonoi	ns for Part IV)
Link Service	Check if the organization used Schedule O to response	and to any question in	this Part IV		• •	<u> </u>
	47 S Marco	Shides.	(c) Reportable	(d) Health bene	efits.	(e) Estimated amount of
		(b) Average - hours per week	compensation (Forms W-2/1099-MISC	contributions employee benefit		other compensation
	(a) Name and title	devoted to position	(if not paid, enter -0-)		ensation	
_		895		T		
	eleste Cox	K 1.00	8 5	1	J	
_	esident Company	1.9.9				
	indy Routon	K 1.00				0
	cretary	K 1.00		1		
Ma	att Duncan	K 1.00		1	- 3	
Tre	easurer Hr/W	K 1.00				
_	HrW	К:				
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-	Prive					
		div.		1		11.
-	HiM	VA				
	N C					1
***		وذد				
	нгл	VK				Form 990-EZ (2020)

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im 990 Strit	and the design of the state of	i the	437	П
271170	Other Information (Note the Schedule A and personal Dehell Control of the Control	(1)0.01	Yes	No
_	AND	-	185	140
3 [	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33	1	X
	and the state of t	33	$\dashv$	
	Many and classificant changes made to the organizing or governing documents? If "Yes," attach a comorned	1 1		
	and of the amended documents if they reflect a change to the organizations halfe. Otherwise, explain the	34	. 1	X
	A Contract of Cont	1	-	<u> </u>
5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a	1	X
- 2	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b		
b	of "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	552		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) notice,	35c		X
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	445		
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36	1	X
	during the year? If "Yes," complete applicable parts of Schedule N	る金の時	Seption 2	###X
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37b	CHAMINE T	Carried Co
b	Did the organization file Form 1120-POL for this year?	FF 527	1,4.7	. S.
8a	Did the organization like Point 1120-role of the years to, any officer, director, trustage of key employee; or were	38a		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	W. Alex	15.0	- 1
	If "Yes," complete Scriedule L, Patt II and effet the total attribute.			* 3
19	Section 501(c)(7) organizations. Enter:		Bartis.	
a	Initiation tees and Cabital Contributions included on the o		4	
b	Gross receipts, included on line 9, for public use of club facilities [39b] Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
l0a	Section 501(c)(3) organizations. Entire amount of tax imposes on the section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶			
	section 4911 section 4912 section 4912 section 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			5
b	The state of the s		-	
	excess benefit transaction during the year, of during the search of the regard of the reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1000		
C	on organization managers or disqualified persons during the year under sections 4912.			
	4955, and 4958.	-		
al.	Destination Fox (a)(2) Fox (a)(4) and Fox (a)(29) organizations. Enter amount of tax on line	15.00		
Щ	40c reimbursed by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	- Nester	1 520.9	
	All proprietions. At any time during the fax year, was the organization a party to a prohibited tax sheller	112		19.7°E
e	transaction? If "Yes," complete Form 8888-T.	40e	<u> </u>	<u></u>
41	List the states with which a copy of this return is filed.			
	The organization's books are in care of Cathle Walner Telephone no.	(972)	569-68	102
42a		5070-05	52	
	Located at P.O. Box 552  At any time during the calendar year did the organization have an interest in or a signature or other authority over		Yes	No
b	At any time during the calendar year did the organization have an interest in the signature of other financial account)? a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	_	X
	a financial account in a foreign country (such as a bank account, securities account, or state account	200		
	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	1,571		1
	See the instructions for exceptions and unity requirements for 1 mocky only	1	1	
	Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?	420	:	<u> x</u>
C	At any time during the calendaryear, and the organization members of			A CONTRACTOR OF THE CONTRACTOR
	If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.			, <b>»</b>
43	Section 4947(a)(1) nonexempt charitable trusts ming Form 990-E2 at field of Form 1991-E2 at fiel	E 8 W W	5 6 25	_
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	Earn 900 must be	200	<b>建发热</b> 。	3 3/2
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	442	a	X
	completed instead of Form 990-EZ.	2.97	7	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	441	0	1 x
	completed instead of Form 990-EZ	-		X
C	Did the organization receive any payments for indoor tanning services during the year?	76. L	16 1.210	2
,d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an	. 440	d	1
	explanation in Schedule O.	45		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	West 120	de Acces	Y. 5.
þ	Did the organization receive any payment from or engage in any transaction with a combined crisis, meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1.0		
	meaning of section 512(b)(13)? If Yes, Form 990 and achieutie in that need to be completed in tests of	451		X
_	Form San-EZ, See Instructions.	Form	990-6	Z (20:

orm 990-EZ (2020)	M. Minney Platen, Enundal	lion			34-2051592 Page 4
	McKinney Rotary Foundat	IUII .			Yes No
Did the o	rganization engage, directly or indirectly lates for public office? If "Yes," complete	in political campaign acti	vities on behalf of or i	n opposition	46 X
ant VI Se	action 501(c)(3) Organizations Or I section 501(c)(3) organizations m	ust answer questions 4	7-49b and 52, and	complete the tabl	
CI	) and 51. heck if the organization used Sched	dule O to respond to an	y question in this P	an VI	Yes No
vear? If '	organization engage in lobbying activities "Yes," complete Schedule C, Part II.	rank rank terminak tik			. 47 X
is the org	ganization a school as described in sectorganization make any transfers to an ex	ion 170(b)(1)(A)(ii)? If "Yes	d organization?	econolis M	49a X
1 12 65 4 10		27 organization?	e servi emast na neo an sa radii	The state of the s	49Ь
قفامينيات و	in this table for the organization's five his	nhest compensated emplo	vees (other than office	directors, mustee	s, and key
emulove Coulhier	es) who each received more than \$100	000 of compensation from	the organization if the	ere is none, enter "N	lone."
	) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	y (d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of
Iame None		HrWK .00			
Name		Hrank .00			
Title	A STATE OF THE STA	HrAVK .00			
Vame Title		Hr/WK 200	<u> </u>		
Vame			S 23		
Tille		Hriwk .00	STREET,	<u> </u>	
Tide		Hrwk A .00	A v. de	<b>\</b>	
25 1130 111	00 of compensation from the organization	NEEDS AND	(b) Type of ser	vice:	(c) Compensation
4 190101	(a) Name and business address of each independ	dent contractor	(b) Type of ac,		
	(a) Name and business address of each independent	dent contractor	(a) Type of all		
	Sir_ST	dent contractor.	(8) 1350 01 25		
Name None City Name	Str.	Zir	(0) 1900 0 2		
Name None City Name City	Str. Str. Str. Str. Str. Str. Str. Str.		(6) 1300 0, 20		
Name None City City Name	Str ST	Zir	(0) 1990 0, 2		
Name None City Name City Name City	Str ST	ZIP	(0) 1900 00 20		
Name None City Nome City Name City	Str /	ZIP	(0) 1950 0. 2		11.
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Name None City Name City Name City Name City Name City Name City Od Total no	Str	ZIP  ZIP  ZIP  ZIP  ZIP  Ate: All section 501(c)(3) or	000	Den a	
Name None City Name City Name City Name City Name City Od Total no	Str Str Str Str Str Str Str Str Str Str	ZIP  ZIP  ZIP  ZIP  ZIP  All section 501(c)(3) or linduding accompanying schedule	000	ch a	→ X Yes N d bellef, it is
Name None City Name City Name City Name City Name City Od Total no	Str Str Str Str Str Str Str Str Str Str	ZIP  ZIP  ZIP  ZIP  ZIP  All section 501(c)(3) or linduding accompanying schedule	000	ch a best of my knowledge an	. ▶ 🏋 Yes 🌅 N
Name None City Name City Name City Name City Name City d Total nu 52 Did the comple Under penalties o rue, correct, and	Str Str Str Str Str Str Str Str Str Str	ZIP  ZIP  ZIP  ZIP  ZIP  All section 501(c)(3) or linduding accompanying schedule	000	ch a e best of my knowledge an odge.	Yes N
Name None City Name City Name City Name City Name City d Total nu 52 Did the comple Under penalties o rue, correct, and	Str ST Str	ZIP  ZIP  ZIP  ZIP  ZIP  All section 501(c)(3) or linduding accompanying schedule	000	ch a best of my knowledge an	Yes N
Name None City Name City Name City Name City Name City Office City d Total no	Str ST Str	ZIP  ZIP  ZIP  ZIP  each receiving over \$100, ate: All section 501(c)(3) or including accompanying scheduler) is based on all information of which is based on	ganizations must atta	ch a e best of my knowledge an adge.  Data Treasurer	. ▶ ▼ Yes  No. d belief, it is  11/15/2021
Name None City Name City Name City Name City Name City d Total no Sign Juder panalties of irue, correct, and Sign Here	Str	ZIP  ZIP  ZIP  ZIP  ZIP  All section 501(c)(3) or including accompanying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information of with the companying schedule or its based on all information or its based or its based on all information or its based or its based on all information or its based or its b	000 . ganizations must atta	ch a  ch a  best of my knowledge an  dge.  Date  Treasurer  check [ 1/17/2021]	→ X Yes  Nod belter, it is  11/15/2021  X if PTIN Dyed P00752844
Name None City Name City Name City Name City Of Total number of the completed of the comple	Str. Str. Str. Str. Str. Str. Str. Str.	ZIP  ZIP  ZIP  ZIP  ZIP  All section 501(c)(3) or including accompanying schedule in its based on all information of with the property signature Edward L Cook	000 . ganizations must atta	ch a  ch a  best of my knowledge an  dge.  Date  Treasurer  check [ 1/17/2021]	. ► X Yes Nod belief, it is  11/15/2021  X if PTIN P00752844  > 27-4603102
Name None City Name City Name City Name City d Total nu 52 Did the comple Under penalties of true, correct, and Faid Preparer Use Only	Str	ZIP  ZIP  ZIP  ZIP  ZIP  each receiving over \$100, ste: All section 501(c)(3) or including accompanying schedule in its based on all information of with the section of the including accompanying schedule in its based on all information of with the section of the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying schedule in its based on all information of with the including accompanying accompanying schedule in its based on all information of with the including accompanying accompa	ganizations must atta	ch a  ch a  best of my knowledge an  dge.  Date  Treasurer  check [ 1/17/2021]	→ X Yes  Nod belter, it is  11/15/2021  X if PTIN Dyed P00752844

#### SCHEDULE A (Form 990 or 990-EZ)

## **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 frust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

	he organization					34-2051	592
Section 1	ey Rotary Foundation  Reason for Public Charity	Status (All oro	anizations must com	plete this	part.) S		
Part I	- tthe in not a private foundation	checause it is: (For	lines i infough 12, ch	eck only o	to nov-)		
1	A church convention of churches	, or association of c	Murches described in a	SOCION IN	مراماز بازمام	)(i). <sub>[A]</sub>	
2	A school described in section 17	)(b)(1)(A)(ii). (Attac	ch Schedule E (Form 9	90 or 990-	EZ).)	<b>[</b> ]	
3 =	A hospital or a cooperative hospit	al service organiza	tion described in section	on 170(b)(	1)(A)(III).		
ĭ⊨	A medical research organization	operated in conjunc	ction with a hospital de	scribed in	section 1	70(b)(1)(A)(III). Ente	r the
* L	The state of the second states		# 7 # 7 TO	commence and according	Andread State of the land	Nagorioge	
5	An organization operated for the section 170(b)(1)(A)(iv), (Comp.	ete Part II.)		23	18 M	J.	bed in
6	A fodoral state included doverning	ent or government	al unit described in <b>sec</b>	tion 170(t	)(1)(A)(y)		المراجعة الم
7	An organization that normally red described in section 170(b)(1)(A	)(vi). (Complete Pa	art II.)	100	mental un	it or from the genera	ıı baoıic
8 [	A community trust described in s	ection 170(b)(1)(A	)(vi). (Complete Part II	1		(8) as a s a	V
9 [	A constrainty accorded and agricultural research organization university or a non-land-grant	college of agricultu	re (see instructions)inc	ine ine	The City,	Ciria Canasa air ann aire	
10 [	university:  An organization that normally re- receipts from activities related to support from gross investment in	ceives: (1) more the its exempt function frome and unrelate or June 30, 1975, S	an 33 1/3% of its supports—subject to certain and business taxable increases esection 509(a)(2).	ort from con exceptions ome (less (Complete	ntributions and (2) r section 5 Part III.)	s, membership fees, to more than 33 1/39 11 tax) from busines	and gross % of its
44 [	Ainction organized and o	nerated exclusively	to test for public safel	ly. See sec	tion 509(	a)(4).	5.792528
12 [	An organization organized and of one or more publicly supporte Check the box in lines 12a through the supported organization(s	id organizations de igh 12d that describ ation operated, sup the power to requ	bes the type of support ervised, or controlled b larly appoint or elect a	ing organiz	ration and	complete lines 12e,	12f, and 12g. by giving
þ	Type II. A supporting organize control or management of the	ation supervised of a supporting organi	zation vested in the sa	ure bereau	is that our	Idol of Hamile	2011-1-2
ç	Type III functionally integra	ten. A supporting of	organization operated i				
d	Type III non-functionally integrationally integrated in the control of the contro	tegrated: A suppor alod. The organizat	ting organization opera- tion generally must sati alete Part IV. Sections	isfy a distri	bution rec	uirement and an att	12. 12
e	Check this box if the organize functionally integrated, or Ty	ation bandwar a wi	itten delermination itol	III tile iko:	mot n io a	Type I, Type II, Typ	
f	Enter the number of supported	organizations.	1. 化光亮测点的				ina e L
g	Provide the following information	about the support	ed organization(s). (iii) Type of organization	(fw) is the o	nganization	(v) Amount of monetary	(vi) Amount of
000	(i) Name of supported organization	(ii) EIN	(described on lines 1–10 above (see instructions))	listed in you docur	r governing	support (see instructions)	other support (see instructions)
			L	Yes	No		
(A)							
(B)							
(C)							
(D)			100				
(E)							
		SZ MONDOWY STORY			YARKA BA	0	

Schedule A (Form 990 or 990-EZ) 2020 McKinney Rotary Foundation 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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Part III. If the organization to	alis to quality uni	del tito teata il	otou polatij pio		7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Sect	ion A. Public Support	1010040 1	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	dar year (or fiscal year beginning in)	(a) 2016	(D) ZUTT	(6) 2010	/4/ -2//-	11.	
329	Gifts, grants, contributions, and membership fees received. (Do not notude any "unusuel grants.")		\$3 				0
2 .	Tax revenues levied for the organization's benefit and either paid o or expended on its behalf			27		es de la companya de	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0
4 5	Total. Add lines 1 through 3	0		0		0	0
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtrast line 5 from line 4					。 第2000年至2月2日 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年 第3000年	
Sec	tion B. Total Support			T TOPES	T 40 0040	(e) 2020	(f) Total
Caler	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019		0
7 .	Amounts from line 4	0	1111	0		0	
8	Gross income from interest, dividends,		A.	250		1	
	payments received on securities loans,	1	13			13	
	rents, royalties, and income from		A distant	1	1		n
	similar sources		AT VIEW	,		<del></del>	
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						. 0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
44	Total support. Add lines 7 through 10.						0.
11 12	Gross receipts from related activities, etc.	(see instructions)	<b>6</b> 5			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	rganization's first se	cond, third, fourth	i, or lifth tax year as	a section 501(c)(	3) 	<b>&gt;</b> 🗀
Sec	tion C. Computation of Public S	Support Percen	tage	1-4		14	0.00%
14	Public support percentage for 2020 (line to	3, column (f), divided	by line 11, colum	in (f)) === = = = =		15	0.00%
15	Public support percentage from 2019 Sch	edule Ar Part II, line	14 🔊				
	33 1/3% support test—2020. If the organization qualifies	ss a publicly suppo	rted organization				
	33 1/3% support test—2019. If the organization numbers	illfies as a publicly si	upported organiza	ition .	1 10 100 1 1 1 1 1 1 1	N g decemb	
	10%-facts-and-circumstances test 2 10% or more, and if the organization men Part VI how the organization meets the fa organization	ets the facts-and-circ acts-and-circumstan	umstances test, c ces test. The orga	heck this box and s	a publicly suppor	ed 	
ţ	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization.	019. If the organizat n meets the facts-an a facts-and-circumst	ion did not check d-circumstances ances test. The or	a box on line 13, 16 test, check this box ganization qualifies	a, 16b, or 17a, and and stop here. Es as a publicly supp	plain orted	
18	Private foundation. If the organization (	id not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e	r
	instructions				e e roe ele sere	10.15 (N × 218 A S	· • • • • • • •
-	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -					Sabadula A (Co	rm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 McKinney Rotary Foundation

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.)

	if the organization rails to qu	dilly dilder die t					30.2
Sec	tion A. Public Support	(a) 2016	(b),2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Caler	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership lees	(a) 2010	(-) TAIL				
1	received(Do not include any "unusual grants.")	6,314	4,906	5,665	5,883	6,083	28,851
2	Gross receiple from admissions, merchandisa						•
Ξ.,	sold or services performed, or facilities		13				
	furnished in any activity that is related to the	49 447	553,598	46,911	74,825	38,398	756,849
	organization's tax-exempt purpose	43,117	203,030	70,011	V.	<u> </u>	
3	Gross receipts from activities that are not an				Philosoph		0.
	unrelated trade or business under section 513				No. Contract Contract		
4	Tax revenues levied for the			1	AND TOTAL	×27	
	organization's benefit and either paid to	1			100	1742	0
	or expended on its behalf.				ANY ANY		•
5	The value of services or facilities			·			
	furnished by a governmental unit to the	1		28 E (17)	an San		0
	organization without charge	40 424	558,504	/52,576	80,708	44,481	785,700
6	Total. Add lines 1 through 5	49,431	330,304	131	1 100		
7a	Amounts included on lines 1, 2, and 3			100			0
	received from disqualified persons			- continue Vol. 1880.			
b	Amounts included on lines 2 and 3	1				1 1	
	received from other than disquelified		l é				
	persons that exceed the greater of \$5,000		£				0
	or 1% of the amount on line 13 for the year	1	-	Constitution of	C	0	0
C	Add lines 7a and 7b.	0	Golden water street	Caramanananananan dalam		50.00 × 1970.00 × 1	<del>(8)</del>
8	Public support (Subtract line 7c from			The state of			785,700
	line 6.)	THE REAL PROPERTY.	ANTENNA SE SE	A CHANGE CONTRACTOR OF	The paper of the same of the s	735000 30 50 50 50 50 50 50 50 50 50 50 50 50 50	
	ction B. Total Support	(-) 004E	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Cal	endar year (or fiscal year beginning in)	(a) 2016 49,481					785,700
9	Amounts from line 6	49,401	200,00	02,075	- 55,115		
10a		Aler models				1	
	payments received on securities loans, rents,		7	1,094	1,028	3 252	2,374
	royalties, and income from similar sources	15	E 54	1,00	1	111111111111111111111111111111111111111	
t	Unrelated business taxable income (less	1 1		1		1	
	section 511 taxes) from businesses	19 19					0
	acquired after June 30, 1975	1	107	1,09	4 1,02	B 252	2,374
•	Add lines 10a and 10b	The second second	4	1,00	1107		
11	Net income from unrelated business					1	
	activities not included in line 10b, whether	11	ľ	į	1		. 0
	or not the business is regularly carried on		· · · · · · · · · · · · · · · · · · ·		<del></del>		
12		A STATE OF THE STA			1	1	
	loss from the sale of capital assets	167	1			1 -	0
	(Explain in Part VI.)	<b>1</b>	<del> </del>	* ***		1	
13	ALC: NO CONTRACTOR OF THE PARTY	49,43	558,50	4 53,67	0 81,73	6 44,733	788,074
	and 12.) First 5 years. If the Form 990 is for the or	manipation's first se					
14	organization, check this box and stop her	gemeation o mon a	a antagono de la se e				▶ [
S	ection C. Computation of Public S	upport Percen	d by line 12 colum	o /B)		15	99.70%
15	Public support percentage for 2020 (line 8	i, column (t), divide	a by ime 13, colum	11 (1) 7 6 8 2 8 8		16	99.74%
16	Public support percentage from 2019 Sch	edule A, Part III, III	roontago			1.77.1	
S	ection D. Computation of Investm	ent income re	distantibishes 40	onfilms (f))	A STATE OF THE STA	17	0.30%
17	Investment income percentage for 2020 (	ine 10c, column (f)	, gjylged by line 13	, commit (c) and a		18	0.28%
18	Investment income percentage from 2019	Schedule A, Part I	III, IIII I I I I I I I I I I I I I I I	id and line if in	more than 93 1/39		
19	a 33 1/3% support tests—2020. If the org	anization did not ch	eck the box on line	a io, and me ra is ac ac a mubliciu eu	norted organization	n	<b>▶</b> X
	not more than 33 1/3%, check this box an b 33 1/3% support tests—2019. If the org	a stop nere. The C	ngamzanon qualik	sa da e publiciy su) IA or line 10a- and	line 16 is more tha	n 33 1/3%, and	: W W 10 10 1 1 3
	b 33.1/3% support tests—2019. If the org	arıkanınının norçe de böylend eten be	are. The omanizati	on qualifies as a p	ublicly supported o	rganization	
	and the second of the second of the second of	le not chock a hou	on line 14. 10s or	19b, check this ho	x and see instruction	ons. 24 a le 2 a	
20							

#### Part IV 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.)

Section .	A. /	Aff	Sub	porting	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.
- 2 Did the organization have any supported organization that does not have an IRS determination of supported under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section and (c)(4, 5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part V sen as how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used except for same 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put it face to the purposes.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12e or 12b in Part I; answer lines 4b and 4c be
- b Did the organization have ultimate control and discretion in deciding what per 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.
- c Did the organization support any foreign supported organization that sees not take an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Particle 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 substitute, or rem
- b Type I or Type if only. Was any added or so qued supplied organization part of a class already designated in the organization's organization's organization's organization's organization or the organization of the organizatio
- c Substitutions only. Was the substitution the result at an event beyond the organization's control?
- 6 Did the organization provide supported when er in the form of grants or the provision of services or facilities) to anyone other than (i) its supported actions in) individuals that are part of the charitable class benefited by one or more of its supported canization. (iii) other supporting organizations that also support or benefit one or more of the filling on seation, supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, a compensation, or other similar payment to a substantial contributor (as defined in section 158(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor.
- B Did the organization pake an analysis disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," compared to Schedule L (Form 990 or 990-EZ).
- 9a Was the organization continued directly or indirectly at any time during the tax year by one or more disqualified process, as desired in section 4946 (other than foundation managers and organizations described in section 4946)? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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.
- 10a 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.
  - b 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.)

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990)				051592	Page 6
Part V Type	e II Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations		
1 Check I	nere if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov. 20, 1970 (explain	in Part VI). Se	e
	tions. All other Type III non-functionally integrated supporting organ				
Section A. Adju	sted Net Income		(A) Prior Year	(B) Current \ (optional)	
1 Net short-terr	n ¢apital gain	1			
2 Recoveries o	prior-year distributions	2			
3. Other gross in	ncome (see instructions)	3			
4-Add lines 1 th	rough 3.	4	<i>à</i> 0		.0
5. Depreciation		5			
6 Portion of ope	erating expenses paid or incurred for production or collection of				
gross income	of for management, conservation, or maintenance of property				
held for produ	iction of income (see instructions)	6			
	es (see instructions)	7			7.1
	t Income (subtract lines 5, 6, and 7 from line 4).	8	0		.0.
	mum Asset Amount		rior Year	(B) Current ` (optional	
1 Aggregate fai	r market value of all non-exempt-use assets (see			A Contract of	
	or short tax year or assets held for part of year):				260
	onthly value of securities	1a			
	onthly cash balances	ЗÞ			
	t value of other non-exempt-use assets				
d Total (add	lines 1a, 1b, and 1c)	110	0		.0
e Discount	claimed for blockage or other factors				
	detail in Part VI):				<b>经</b>
	debtedness applicable to non-exempt-use assets	12			
3 Subtract line	2 from line 1d.	3	. 0		0
4 Cash deemed	reld for exempt use. Enter 0.015 of line 3				560
see instructio		4.	.0		0
	ndn-exempt-use assets (subtract line 4 from line	5	0		0
6 Multiply line	by 0.035.	8.	0		0
7. Recoveries o	prior-year distributions	7	0		0.
8 Minimum As	set Amount (add line 7 to line 6	8	0		0
	ibutable Amount			Current Ye	
1 Adjusted net	rcome for prior year (from section A, line scolumn A)	1			ď
2 Enter 0.85 of	lihe 1.	2			0
3 Minimum ass	el amount for prior year section / line 8, column A)	3			0
4 Enter greater	of line 2 or line 3.	4			. 0
5 Income tax in	nposed in prior year	5			
	Amount. Subtract line 5 m Jine 4, unless subject to				
emergency te	reporary relection (see instructions).	6			0
7 Check	nere if the cur vear is organization's first as a non-functional	ly inte	egrated Type III supporting	organization (s	ee

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (I			34-2051592	Page 8
Part VI	Supple	mental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17h: Dark	1 230 0
	III, line	2; Part IV, Section A, ilnes 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part	IV, Section	
	B, lines	1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, III	nes 1c, 2a, 2b,	
	Ja. and	3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part	V, Section E,	
-	111163-27	5, and 6. Also complete this part for any additional information. (See instructions.)		
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		The second secon		1
	- 1	Sche	dule A (Form 990 or 99	0-EZ) 2020

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No. 1545-0047

2020

Department of the Tressury Internal Revenue Service Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number 34-2051592

McKinney Rotary Foun	dation	34-2051592
Organization type (che	eck one):	
Filers of:	Section:	ow.
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private to	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	ř
	4947(a)(1) nonexempt charitable trust treated as a second second at	
	501(c)(3) taxable private foundation	**************************************
Chaple if irour avoidable	in any individual Control Park.	
	on is covered by the General Rule or a Special Ru	
instructions.	1(c)(7), (8), or (10) organization can check boxes for both the Garage Rule and a	Special Rule. See
maquotona.		
General Rule		
	ition filing Form 990, 990-EZ, or 990 that belived, during the year, contribution	
	ney or property) from any one contributor. Compared Parts I and II. See instructions	s for determining a
contributor's to	al contributions.	
Special Rules		
Cor on ereceiv	ation described in section 501(c)(3) Form 990 or 990-EZ that met the 33 1/3	M
regulations und	er sections 509(a)(1 and 17 b)(1)(A)(A), that checked Schedule A (Form 990 or	% Support lest of the
13, 16a, or 16b	, and that received a armone considering the year, total contributions of	the greater of (1)
\$5,000; or (2) 2	% of the amount on () 990 art VIII, line 1h; or (ii) Form 990-EZ, line 1. Cor	mplete Parts I and II.
For an organiza	ation described in sec. 501(6)(7), (8), or (10) filing Form 990 or 990-EZ that rece	lived from any one
	ing the year, total continuous of more than \$1,000 exclusively for religious, charif	
"N/A" in column	ational coses, or for the prevention of cruelty to children or animals. Complete (b) instead the complete of outer name and address), II, and III.	Parts I (entering
[ ] For on amount	Flooribad Service FOX/a) (0) as (40) Bline Form 000 at 000 F7 state	
contributor du	from described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing the year contributions exclusively for religious, charitable, etc., purposes, but re	aved from any one
contributions to	thed more than \$1,000. If this box is checked, enter here the total contributions the	at:were received
during the year	lively religious, charitable, etc., purpose. Don't complete any of the pa	arts unless the
General Rule	pplies of its organization because it received nonexclusively religious, charitable or more during the year.	, etc., contributions
		Call And Annual Call Control Call Control Call Call Call Call Call Call Call Ca
QQC-EZ or QQC-DE) kee	on that isn't covered by the General Rule and/or the Special Rules doesn't file Scho it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H	edule B (Form 990,
Form 990-PF, Part I, lin	e 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,	990-EZ, or 990-PF).

Schedule B (I	Form 990, 990-EZ, or 990-PF) (2020).		Page 2
Name of on McKinney	ganization Rotary Foundation		Employer identification number 34-2051592
Part I	Contributors (see instructions). Use duplicate	copies of Part I if additional space	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for soncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ARRESTORNO,	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total antributions	(d) Type of contribution
***************************************	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP	(c) Total contributions	(d) Type of contribution
********	Foreign State or Province: Foreign Country:	\$\$	Person Payroll Concash Complete Part II for noncash contributions:)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign (2 or Pro) e: Foreign (3 or Pro)	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c). Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions:)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

#### SCHEDULE G (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Schedule G (Form 990 or 990-EZ) 2020

Department of this Treasury Internal Revenue Service Go to www.lrs.gov/Form990 for instructions and the latest information Name of the organization Employer identification number McKinney Rotary Foundation 34-2051592 Part I Fundralising 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 а 9 b Internet and email solicitations f Solicitation of government grants Phone so citations ¢ Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including office structors, trus key employees listed in Form 990, Part VII) or entity in connection with professional functions services? Yes X No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agree r which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (til) Did fundralser have (i) Name and address of individual or entity (fundraiser) (vi) Amount paid to (ii) Activity custody or control of contributions? (or retained by) coi. (i) Yes 1 Đ 2 0 3 0 0 5 0 0 6 a 0 7 0 0 -8 O 0 Ò 9 0 0 10 0 0 Total 0 the o List all states ion is registered or licensed to solicit contributions or has been notified it is exempt from registration o ensing.

Act Notice, see the instructions for Form 990 or 990-EZ.

For Paperwork Reduction

-	*****	3 (Form 990 or 99		icKinney Rotary Foundation			34-2051592 Page 2
P	art II	Fundra	ising Events.	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV	line 18, or reported
		more th	an \$15,000 of fi	undraising event contri	butions and gross inc	ome on Form 990-EZ	lines 1 and 6b. List
		events	with gross recei	pts greater than \$5,00			
			/2	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				States Flag holiday I		NONE	(add col. (a) through col. (c))
9	İ			(évent type)	(event type)	(total number)	201. (0)/
Revenue	1	Gross rece	pts	57,051		0	57,051
3e/				3.034.1	***************************************		37,031
	2	Less: Cont	ibutions			<b>A</b> 0	Ó
	3		ne (line 1 minus	\(\text{A}\)	<u> </u>		
_		line 2)		57,051	77.7 **********	0	57,051
	1.					AUSTRALIA	
	4	Casn prize					0
	.5	Noncash p	izes		193		
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ses	6	Rent/facility	costs		33		Ö
Den				0 2.0			· · · · · · · · · · · · · · · · · · ·
Direct Expenses	,7`	Food and t	everages				i)
ថ្ល		, R	90 EG				1
ä	6	Entertainm	ent,			0	0
	٠,	ونتواله ومعالات	to accept a management of	00.700			
	9,	Other dired	t expenses , .	22,768		L	22,768
	10	Direct expe	nse summarv. Add	d lines 4 through 9 in colu	mn (d) .		( 22,768)
	11	Net income		ct line 10 from line 3, colu			34,283
Pa	rt II	The second secon		ne organization answe	"Yes" on Form 99	0, Part IV, line 19, or r	eported more than
		than \$	5,000 on Form	990-EZ, line 6a.			
Revenue				(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ve.					po/progressive bingo		col. (a) through cot. (c))
Re	1	Gross reve	nue		<b>V</b>		1
		0.0001,010			<u> </u>		<u> </u>
es	Ż	Cash prize	s			Las Artes	. 0
Direct Expanses						2559911559411	
Ď.	3	Noncash p	izes		to the state of th		.0
n E		4 0 1 1			3		10
)ire	::4	Rent/facility	costs				
П	5	Other dized	t expenses			×	
	Ť	Outer direct	COADCIIOGO.	ov.	Yes %	Yes %	
	6	Volunteer I	shor A	/ 70	No No	1000000	
	u	voluiteer a	3001 .	L No	NO	No .	
	7	Directional	ncomman	es 2 through 5 in colu	mn (d)		, 80
	•	Direct Cape	and y	Les Z unough & in color	ти (и)		(0)
	-8	Net gamin	ncome su ary	. Subtract line 7 from line	1, column (d)		Ö
				9 22	W 1124		
9				ganization conducts gamil			
				nduct gaming activities in	each of these states?.		Yes No
	b if	"No," explain					
	***						
ý.	_ 14	lava av af T					
10		rere any of tr "Yes," expla	No.	aming licenses revoked, s		200	
	h IF						
	b if	sidd, unpio	····				
	b If 						

Schedu	ile G (Form 990 or 9	0-EZ) 2020 McKinney Rotary Foundation	34-2051592 Page 3
11		ization conduct garning activities with normembers?	
12	Is the organiza	ion a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity hister charitable gaming?	a det i <del>l mi</del> t 10eto i <del>l mi</del> t Estat
13		centage of gaming activity conducted in:	□ .ea □ wo
a		L 1 - 1 - 12 - 12 - 12 - 12 - 12 - 12 -	13a   %
þ	An outside faci	hty	13b 0/
14	Enter the name	and address of the person who prepares the organization's gaming/special events books an	d
231	records:	,	
	Name ▶		***************************************
	Address >		£ 2 27
15a	Does the organ	ization have a contract with a third party from whom the organization recesses subling	)
ь	If "Yes," enter	ne amount of gaming revenue received by the organization. >\$ 0 and the	Yes No
~	amount of gam	ing revenue retained by the third party > \$ 0	
C	if "Yes," enter	name and address of the third party:	81
			1984 July 2 1
	Name -		and with the
	Address >		
16		er information:	
	Name*►		
	Gaming manag	er compensation \$ 0	
	Description of	services provided >	
	Director/off	cer Employ Independent contractor	
17	Mandatory dist	ributions:	
а	Is the organiza	tion required under state law make charitable distributions from the paming proceeds to	
	retain the state	gaming license?	Yes No
b:	Enter the amou	nt of distributions (equity under sale law to be distributed to other exempt organizations or	5 3(44) 11 441
Davis	spent in the org	anization's own except about during the tax year ▶ \$	0
Part	Part III	mental Informatic Provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 2c, 16, and 17b, as applicable. Also provide any additional	(iii) and (v); and
	See ins	ruction and true, as applicable. Also provide any additional	itiiomation,
	i.		
			**************************************
			****
~~===	************		
*****			
			***************************************
	***********		
	711.31		
	***************************************	Schedule	G (Form 990 or 990-EZ) 2020

# g

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name 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 990-EZ.
 Go to www.lrs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer Identification number

McKinney Rotary F	oundation	34-2051592
Form 990-EZ, Part	I, Line 10, Grants Paid: Activity: Civic, Educational, Gran	iee: District
7,80 8 8	2545 365 6 5 5 6	A
Grant, Cash Grant	7,000, Relationship:	
Form 990-EZ, Part	I, Line 10, Grants Paid: Activity: Civic, Educational, Gran	tee: Various
under 2,500, Cash	Grant: 13,070, Relationship:	
Form 990-EZ, Part	I, Line 16, Other Expenses: Office Expenses: 239	
Form 990-EZ, Part	I, Line 16, Other Expenses: Rotary Camp RYLA Support	700
Form 990-EZ, Part	I, Line 16, Other Expenses: Rotary Wheel Maintenance:	919
Form 990-EZ, Part	I, Line 16, Other Expenses; Youth Leadership Developer	472
Form 990-EZ, Part	I, Line 16, Other Expenses: Student of the Month: 8	<u> </u>
Form 990-EZ, Part	I, Line 16, Other Expenses; John Gay Scholarship: 5004	
Form 990-EZ, Part	I, Line 16, Other Expenses: Interact Club Expense: 160	
Form 990-EZ, Part	I, Line 10: 7,000 dollars to Rotary Disnect	
		·
		4C-P+4-(4+4-4
		***************************************

McKinney Rotary Foun		34-20515	92			
	should be answered in the context of the FEDERAL return being electronic	ally filed.	Walter A.		- Constitution	
Responses for state effic	s are below.					
				CONTRACTOR CONTRACTOR		
28 9 37 28 33 4	Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.			applicabil		
	o see more information, when available.	1005	1120/F	11208	990	1041
	er or fiduciary Celeste Cox		-			
	oreign officer and does not have a SSN/TIN					
OR	officer opts not to provide SSN/ITIN	i i	iv ==			-
OR	officet abig not to braving Salvi III		A			i
The second secon	signing officer or fiduciary	V 1		⊕y	9 8 V	v
minimum in many or and the						-
	74	A STATE OF				
	e 2 ×	<b>WARRIED</b>		23		
If a financial instit	ution is the fiduciary then the financial institution's name should be entered		40			
			900			
Total income from P	ior Year return	7	Y	Y		Y
Clare to the control of the control						
	for Salary & Wages on current year return, mark this box	V A				
aug eurei die Cooni	of original W2's reported to SSA for this tax year.		Υ	Υ		
If claiming Company	ation of Officers on current year return, mark this box					
	r of officers	1	·Υ	Y		
		Section Control of the Control of th				
Parent Company Na	me,					
Parent Company Ell		Υ	Ý	Υ		
Business's Primary F	hysical Address;					
Street						
Line 2 City	St Zip					. 1
Country	Province Code	Y	v	v		Y.
Godina y	11041100					TOTAL STATE
Grantor Name						
Grantor SSN						Ÿ
80.00e					<b>一种的</b>	
	of the following forms entity is suired to file.		5			
720 990	1042					
Flace Flace F				5.		
940 941	943 944	Y	Ý	Y		Y
Were estimated tax	payments made for sentity wards the current tax year's liability?					
Yes No	day ments made for the transfer of the current tax years madnity;		ν.	v		v
Note: For EFTPS Cor	firmation Number, if more than 15 digits, enter the first 15 digits.	Belleville and Parket		<u> </u>	MAD IN COLUMN	L
	rdless congreter or despaid.					
Method D	irect Debit/A Check EFTPS					
Amount paid with	st quarter					
Date payment wa	requested be debited					
	date sh was deposited. For Check payments, date on check.					
Last 4 digits of ad	count number for Direct Debit/ACH or EFTPS payment					
_	ion Number					
	firmation Number, if more than 15 digits, enter the first 15 digits.					
	dless of quarter or data paid.					
	ne estimated payment was made.					
	irect Debit/ACH Cash Check EFTPS					
				F0/5		
Amount of last of	yment					
(25)	s requested to be debited	5				
	nents, date cash was deposited. For Check payments, date on check,					
	count number for Direct Debit/ACH or EFTPS payment .					
	ion Number					
- 1 - 3						
*			- Turk			
	į					

7 Danaga da mala da la compansión de la		1 2,583
2 Noncash con	Indutions	2
3 Membership (	dues and assessments (contributions from the public)	3
4 Government of 5 Commercial of	contributions (grants)	4
6 Special event	o-venture	5
7 Associated or	ganization contributions	0 0
8	generation strained to the state of the stat	7 3,500
9		4
10		10
11 Total		11 6,083
Part I, Line 4	Virgs and temporary cash investments	
2 Dividends and	d interest from securities	1 252
3 Gross rents	Substitute the second s	3
4 Other investm	nert income	4
5 Total		5 252
3		
	ing Expenses	1
Description	Total	
Parade of Lights (Les cancellation	s due to Covid	6
Flag related expenses		22,76
Total		22,83
		22,83
art 1, Line 1, (1)	Total	22,83
art 1, Line 1, (1) Description	Total	
art 1, Line 1, (1) Description Big Wheel Donations General Contributions		70
Total  Art 1, Line 1, (1)  Description  Big Wheel Donations  General Contributions  Other Revenue		700 960 910

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning 7/1, 2020, and ending 6/30, 20.21 Do not send to the IRS. Keep for your records.

Department of the Treasu

	Go to www.lrs.gov/Form8879EO for the latest informati	on.	2020
Q	on or person subject to tax:	Taxpayer Identification nu	mber
McKinney Rotary Fo		34-205	1592
lame and title of officer of	person aubject to tax	155 155	
Celeste Cox	(0.4 15.4 17	Treasurer	
	f Return and Return Information (Whole Dollars Only)		
ryou check the box orm was blank, then 0- on the return, the a Form 990 check		e return being filed with not enter-On But, if you in Party.	h thin
a Form 990-EZ ch a Form 1120-POL		2b	
la Form 990-PF ch			
a Form 8868 ched	k here 🕨 💢 b Balance due (Form 8868, line 3c)	5b	
Sa Form 990-T che		<b>a</b> 6b	
a. Form 4720 chec	k here b Total tax (Form 4720, Part III, line 1).	7b	
Part II Declar	ation and Signature Authorization of Officer	to Tax	
to receive from the IRS to receive from the IRS processing the return of Agent to initiate an ele software for payment of a payment, I must con (settlement) date. I als confidential information identification number (  PIN: check one box  I authorize  on the tax a state age enter my P	return of I have indicated within this return that a noy(ies) regulator. Partitles that of the IRS Fed/State program, I also autility on the return's discount of the IRS Fed/State program, I also autility on the return's discount of the IRS Fed/State program, I also autility on the return's discount of the organization. I will enter my PIN	d the return to the IRS a he reason for any delay is and its designated Finan led in the tax preparation to this account. To revolute a personal onic funds withdrawal.  75071  Enter five numbers, but do not enter all zeros a copy of the return is incrize the aforemention.	n. nd n cial as my signature t being filed with ned ERO to
regulating	ly filed retter. (I have indicated within this return that a copy of the return is	m's disclosure consen	agency(les) t screen.
gnature of officer or per		Date	
	ation and authentication		
mber (EFIN) follow	red by your five-digit self-selected PIN.		****
THING! (ELIM) IOHOW	ed by your live-digit sen-selected Min.	683897	-
ertify that the above	e numeric entry is my PIN, which is my signature on the 2020 electronically this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-	iled return indicated at	nove I confirm
S e-file Providers	or Business Returns.	And Linding Automitation	IOI MULIONABO
2 128	dward L Cook Date	11/17/2	021
	ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested		