# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

CHANGE IN ACCOUNTING PERIOD Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2024 calend	lar year, or tax year begin	ning	01-01 , <b>2024</b> , a	and endi	ng	09-30 ,2024
В	Check if a	applicable:	C Name of organization Ro	tary Club of Gainesvil	le Foundatio	n Inc.	. D	Employer identification number
	Address o	change	Doing business as					59-2914025
	Name cha	ange	Number and street (or P.O. box	x if mail is not delivered to street address)		Room/suit	te E	Telephone number
	Initial retu	ırn	9330 NW 13th P	PL				(352) 215-3375
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal code			G	Gross receipts
□ .	Amended	return	Gainesville, F	'L 32606				\$ 296,167
	App <b>l</b> icatio	on pending	F Name and address of principal	officer: Charles Ryan Tho	mpson		H(a) Is this a group	p return for subordinates?  Yes  No
			Same as C abov	re			H(b) Are all subc	ordinates included? Yes No
<u> </u>	Tax-exem		501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	527		If "No," atta	ch a list. See instructions
J '	Website:		tps://www.rotaryga	inesville.org/			H(c) Group exer	nption number
$\overline{}$				ociation	L Year of format	ion: 198	7 M State	e of legal domicile: FL
Pa	rt I	Summar	•			_		
	1	-			To provide s			
ø			_	e world's understandin	_	and p	peace thr	ough our fellowship
Governance		of busin	ess, professional	, and community leader	S.	$\rightarrow$		
ern		Ch   . 4h:- h		:		-0/ -6:4-		
Š	2			iscontinued its operations or dispos				3   24
ø	3			rning body (Part VI, line 1a) <b></b> s of the governing body (Part VI, lin				
ies				s of the governing body (Part VI, line 2a calendar year 2024 (Part V, line 2a				5 0
Activities &	5		er of volunteers (estimate if r					6 150
Ac	6 7a		·	Part VIII, column (C), line 12			H-	7a 0
				from Form 990-T, Part I, line 11			_	7b 0
		TVCt unrolate	- d business taxable income	nontrain see 1,1 art, me 11.			Prior Year	Current Year
	8	Contributions	s and grants (Part VIII line	1h)			296,3	
ē	9			e 2g)				0
enn	10			A), lines 3, 4, and 7d)			7,8	
Revenue	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .			. , -	(17,404)
_	12			must equal Part VIII, column (A), lin			304,2	
	13			X, column (A), lines 1-3)			134,0	
	14			(, column (A), line 4)				0
	15	Salaries, oth	ner compensation, employee	benefits (Part IX, column (A), lines	5-10)			0
ses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)				0
Expenses	b	Total fundra	ising expenses (Part IX, col	lumn (D), line 25)	1,074			
Ä	17	Other expen	ises (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			122,3	35,808
	18	Total expens	ses. Add lines 13-17 (must	equal Part IX, column (A), line 25)			256,3	97,967
	19	Revenue les	ss expenses. Subtract line 1	8 from line 12			47,9	904 124,271
5	8   B					Begir	nning of Current	Year End of Year
sets	20		(, -41.1)				867,7	707 991,978
Net Assets or	21							0
_			or fund balances. Subtract li	ine 21 from line 20			867,7	707 991,978
	rt II		Ire Block	rn, including accompanying schedules and sta	tements and to the hest	of my know	vledge and helief	it is
				icer) is based on all information of which prepa		or my know	vicage and belief,	
		E Wo	alor Eubonk					
Sig	n	Signature of office	sley Eubank					l Date
Hei			sley Eubank, Trea	curar				
1101	C	Type or print nar		Surer				
		Preparer's na		Preparer's signature	Date		Check	] <sub>if</sub> PTIN
Pai	d	Stepher	n H. Kattell		02-07-20	25	self-employ	<b></b>
	parer			and Company, P.L.	<u> </u>		irm's EIN	
	Only			16th Avenue			hone no.	
				lle FL 32601				52-395-6565
May	the IRS	S discuss this		own above? See instructions .				Yes X No

# Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			٠,,
7	"Yes," complete Schedule D, Part I	6		X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>—</b>		X
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			-
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а				
	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.5.		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14h		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-13		Α
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<b>-</b>
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ...... 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 Х 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . . . 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . . . . 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a 35a Х If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2....... 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . . . . . 37 Х 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V .............. Yes No Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ....... 0 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ...... 1b 0

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

17 Х

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

17

Form 990 (2024) Rotary Club of Gainesville Foundation Inc. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year ...... 1a 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b b Enter the number of voting members included on line 1a, above, who are independent . . . . . . . . . . . . 24 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . 5 6 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . . . . . . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 Х 14 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х 15b Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18

17	List the states with which	a copy	of this Fo	orm 990	is required	to t	oe fil	ea
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- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

  - X Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .............

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)	)			20 7		
(A)	(B)			Positi				(D)	(E)	(F)
Name and title	Average		not ched			an one both ar	. 1	Reportable	Reportable	Estimated amount
Tame and the	hours					trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or no	Ins	요	€	의 된	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	lividu direc	l tit	Officer	y em	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tr	onal		Key employee	ee og				
	below	Individual trustee or director	Institutional trustee		ee	nper				
	dotted line)		ee	7		Highest compensated employee				
					h					
(1)Stephanie Esposito	1.00				М					
Member		X			4			0	0	0
(2)David M Gracy Jr.	1.00									
Member		х						0	0	0
(3) John Holloway	1.00									
Member		Х						0	0	0
(4)Guy Jopling	_ 1.00									
Member		х						0	0	0
(5)Dwight McKey	1.00									
Member		Х			4			0	0	0
(6) Hawes Adams	1.00									
Member		Х			4			0	0	0
_(7)Jennifer_Van_Hart	1.00									
Member		Х			4			0	0	0
_(8)Kirk_Smith	1.00							_	_	_
Member		Х			4			0_	0	0
_(9)Joakim_Bjorn_Nordqvist	1.00									
Member		Х			4			0	0	0
(10)Jason_Shank	1.00									
Member		Х			4			0	0	0
(11)Linda_Colleen_Keene	1.00									
Member		Х			4			0	0	0
(12)William Gregory Young	1.00							_	_	_
Past Chairman		Х			4			0	0	0
(13)Lynda_Reinhart	1.00									
Past Chairman		Х		+	$\perp$		_	0	0	0
(14)Darleen Morgan	1.00									
Member		Х						0	0	0
FΕΔ										Form <b>990</b> (2024)

Form 990 (2024)

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					(C)								
(A)	(B)	(do.	act ob		sition	han one		(D)	(E)			(F)	
Name and title	Average	١, ١				s both a		Reportable	Reporta	ble	Estim	ated amo	ount
	hours					r/trustee		compensation	compensa			of other	
	per week							from the organization (W-2/	from rela organization		I	npensation om the	n
	(list any	or a	Ins	Off	ē.	em Hig	For	1099-MISC/	1099-MI		l	nization a	and
	hours for related	direc	tituti	Officer	y em	ploy	Former	1099-NEC)	1099-NE	EC)	related	l organiza	ations
	organizations	tor to	ona		≺ey employee	ee cor							
	below	Individual trustee or director	Institutional trustee		/ee	nper							
	dotted line)	Φ	tee			Highest compensated employee							
						ä							
(15)Mike Spranger	1.00												
Member		x						0		0			0
(16)Rory Causseaux	1.00												
Member		x						0		0			0
(17)Rick E Medina	1.00	)											
Member		х						0		0			0
(18)Charles L Allen	1.00												
Member		х						0		0			0
(19)Charles Edwin Newmans	1.00												
Member		х						0		0			0
(20)Richard Henry Fabiani II	1.00	)											
Member		х						0		0			0
(21)Charles Ryan Thompson	2.00												
Chairman		х		Х				0		0			0
(22)Jon C Thomas II	1.00						K						
Chairman-Elect		х		X				0		0			0
(23)Matthew Braddy	6.00												
Treasurer		x		х				0		0			0
(24)Wesley F Eubank	6.00												
Treasurer		x		x				0		0			0
(25)			K										
1b Subtotal													
c Total from continuation sheets to Part VII, Sect	tion A .												
d Total (add lines 1b and 1c)								0		0			0
2 Total number of individuals (including but n	ot limited to	thos	e lis	ted	abo	ove) w	vho	received more th	an \$100,	000 of			
reportable compensation from the organiza	ition												C
												Yes	No
3 Did the organization list any former officer, direct	tor, trustee,	key en	nploy	yee,	or h	nighest	t cor	mpensated					
employee on line 1a? If "Yes," complete Schedu	le J for such	individ	lual .								3		х
4 For any individual listed on line 1a, is the sum of re	eportable cor	mpens	ation	and	oth	er con	npen	sation from the					
organization and related organizations greater th	nan \$150,000	)? <i>If</i> "Y	'es,"	' con	nple	te Sch	edu	le J for such					
individual											4		х
5 Did any person listed on line 1a receive or accrue	compensation	n from	any	unr	elate	ed org	aniz	ation or individual					
for services rendered to the organization? If "Yes	s," complete	Sched	lule .	J for	suc	h pers	son				5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated	indep	enc	dent	cor	ntract	ors	that received mo	re than \$	100,00	0 of		
compensation from the organization. Repo	-											tax ye	ear.
(A)	-							(B)			(C)	•	
Name and business address	ss							Description of service	es		Compens	ation	
											· ·		
2 Total number of independent contractors (in	ncluding bu	t not l	limit	ed t	o th	ose li	iste	d above) who					
received more than \$100,000 of compensa	tion from th	e org	aniz	atio	n								

		Check if Schedule O contains a res	pons	e or note to any I	ine in this Part V	'III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c	202,379				
	d	Related organizations	1d	,				
ifts, ir Ai	е	Government grants (contributions)	1e					
s, Bis	f	All other contributions, gifts, grants,						
r Si		and similar amounts not included above	1f	28,853				
ib.	g	Noncash contributions included in						
o de la composição		lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			231,232			
				Business Code				
o)	2a							
<u>Ş</u>	b							
gram Sen Revenue	С							
am	d							
Program Service Revenue	е							
፫	l	All other program service revenue						
	l	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inter-			0.410			0 410
		other similar amounts)		· · · · · · · · · · · · · · · · · · ·	8,410			8,410
		Income from investment of tax-exempt bond						
	5	Royalties						
	6a	Gross rents 6a		(ii) Personal				
	1	Less: rental expenses 6b						
		Rental income or (loss) 6c						
		` '						
		Gross amount from (i) Securitie		(ii) Other				
	l 'a	sales of assets		(1) 3.00	Y			
		other than inventory 7a						
	b	Less: cost or other basis						
ā		and sales expenses 7b						
venue	С	Gain or (loss) 7c						
	d	Net gain or (loss)						
Other Re	8a	Gross income from fundraising						
₹		events (not including \$ 202,379						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	56,525				
		Less: direct expenses	8b	73,929				
	V .	Net income or (loss) from fundraising event	s		(17,404)			(17,404)
	9a	Gross income from gaming						
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities	· ·					
	10a	Gross sales of inventory, less	40-					
		returns and allowances	10a					
	1	Less: cost of goods sold	10b	-				
	<u> </u>	Net income or (loss) from sales of inventory	• • •	Business Code				
m	112			Dusiliess Code				
Miscellanous Revenue	b							
llar	C							
sce Rev		All other revenue						
Ξ	l	<b>Total.</b> Add lines 11a-11d						
		Total revenue. See instructions			222,238	0	0	(8,994)

# Part IX Statement of Functional Expenses

Check if Schodule O contains a response or note to any line in this Part IX  80, 90, and 100 of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, Im 21  Grants and other assistance to domestic organizations and domestic governments. See Part IV, Im 21  Grants and other assistance to domestic organizations individuals. See Part IV, Ime 22  Grants and other assistance to domestic organizations organizations, foreign governments, and foreign individuals. See Part IV, Imes 15 and 16  Benefits and to or for members  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, traveless, and key emptyous  Compression of current officers, directors, travellance, and key emptyous  Compression of current officers, directors, travellance, and key emptyous  Compression of current officers, directors, travellance, and key emptyous  Compression of current officers, directors, travellance, and key emptyous  Compre	Sec	tion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All d	other organizations r	nust complete colun	nn (A).
99. 8b. and 10e of Part VIII.  1 Grants and other assistance to densestic organizations and domestic organizations control assistance to densest organizations and domestic organizations control assistance to domestic individuals. See Part IV, line 21  2 Grants and other assistance to foreign organizations freely provided and the second of the control of the contro		Check if Schedule O contains a response or	note to any line in th			
68, 98, and 100 of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. Soo Part IV, line 21  Grants and other assistance to domestic organizations individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directions, turbes, and expert of the seed of the part of the seed	Do n	ot include amounts reported on lines 6b, 7b,		(B) Program service		
and domestic governments. See Part IV, line 21 Grafts and other assistance to domestic individuals. See Part IV, line 22 Grafts and other assistance to foreign organizations, freeign individuals. See Part IV, line 15 and 16 Torque to the properties of the properti	8b, 9	b, and 10b of Part VIII.	Total expenses			
2 Girarts and other assistance to domestic individuals. See Part N Ine 12 2  3 Grants and other assistance to foreign organizations, foreign governments, and toreign individuals. See Part N, line 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above to disqualified persons (as defined under section 4958(1/1) and persons or secretized in section 4958(1/13) and persons (as defined under section 4958(1/13) and persons or secretized in section 4958(1/13) and persons (as defined under section 4958(1/13) and 1958 (1/13) and 1958 (1	1	<u> </u>				
individuels, See Pent IV, line 22 Grants and other assistance to fireign organizations, foreign governments, and foreign organizations, foreign proverments, and foreign individuals. See Pent IV, lines 15 and 16 Beansitis paid to or for members Society of the seed of the		•	62,159	62,159		
3 Gards and other assistance to finelity organizations, foreign inclinations, foreign governments, and to relign inclinations, foreign governments, and to relign inclinations, foreign governments, and to relign inclinations. See Part IV, lines 15 and 16.  4 Benefits said to or for members.  5 Compensation of current officers, directors, trustess, and key employees  6 Compensation on inclinated above to disqualified persons (as defined under section 4958(f(11) and parasons described in section 4958(f(11) and 4938) and 4958	2					
organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16		,				
Treign individuals. See Part IV. lines 15 and 16	3	_				
4. Benefits paid to or for members .  Compensation of current officers, directors, trustess, and key employees  Compensation of current officers, directors, trustess, and key employees  Compensation of included above to disqualfied persons (as defined under section 4958(r/3)/tip) and persons described in section 4958(r/3)/tip) and trust in section 4958(r/3)/tip) and 4958(r/3)/tip)						
5 Compensation of current officers, directors, trusises, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4958(n) (3)(8) 9 Other employee benefits 9 Other employee benefits 10 Payroll taxes 11 Fies for services (nonemployees): 12 Accounting 13 Legal. 14 Care accounting 15 Legal. 16 Perfossional fundraising services. See Part IV, line 17. Investment management fees 17 Times the management fees 18 Other (if line 11g amount exceeds 10% of line 25, column (A), amount list line 11g expresses on Schedule O.) 19 Advertising and promotion 19 Other (if line 11g amount exceeds 10% of line 25, column (A), amount list line 11g expresses on Schedule O.) 10 Office separate (A) Compenses 19 Other (if line 11g amount exceeds 10% of line 25, column (A), amount list line 11g expresses on Schedule O.) 10 Office separate (A) Compenses 10 Office and the separate (A) of line 25, column (A), amount set on the set of line 24 of line 25 of line 2						
trustees, and key employees Compension not included above to disqualified persons (as defined under section 4958(p(1))) and persons described in section 4958(p(3))8)  7 Other salines and wages 8 Pension plan accruais and contributions (include section 401(s) and 403(b) employer contributions)  9 Other employee benefits Person for services (nonemployees): a Management b Legal c Accounting d Lobbying C Accounting d Lobbying Other salines and wages 9 Other. (If the 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion  776 699 54 23  8 Payments of travel or entertainment expenses for any federal, site, or local public Orificials 9 Payments to affiliates 18 Payments of travel or entertainment expenses for any federal, site, or local public Orificials 19 Conference, convenience, and meetings 10 Insurance 10 Payments to affiliates 10 Insurance 11 Payments to affiliates 12 Payments to it increase and meetings 13 Office expenses on Schedule O.) 14 Payments to affiliates 15 Insurance 16 Occupancy 17 Travel 18 Payments to fitnitate expenses on Schedule O.) 19 Conference, convenience, and meetings 10 Insurance 10 Insurance 11 Payments to affiliates 12 Depreciation depletion, and amortization 15 Insurance 15 Insurance 16 Other expenses 17 Payments to affiliates 18 Insurance 19 Payments to affiliates 19 Payments to affiliates 10 Insurance 10 Insurance 11 Payments to affiliates 10 Insurance 11 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13 Insurance 14 Payments to affiliates 15 Insurance 15 Insurance 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Other expenses on Schedule O.) 10 Insurance 10 Insurance 11 Payments to affiliates 11 Payments to affiliate the payment that the payment		•				
6 Compensation not included above to disqualified persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(B) .  7 Other salaries and wages Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .  9 Other employee benefits Payorit lawes .  10 Payorit lawes .  11 Fees for services (nonemployees):  12 Management .  13 Lobbying .  14 Lobbying .  15 Investment management fees .  17 Investment management fees .  18 John .  19 Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)  19 Advertising and promotion .  21 Advertising and promotion .  22 Apyenses .  23 Other (If line 11g amount exceeds 10% of line 25, column (A) amount occupancy .  24 Advertising and promotion .  25 Apyenses .  27 795 2,515 196 84 167 177 178 167 179 179 179 179 179 179 179 179 179 17	5					
persons (as defined under section 4988(n)(1)) and persons described in section 4988(n)(3)(8)	_					
persons disscribed in section 4958(c)(3)(8)  7 Other salaries and wages  8 Pension plan accruels and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  a Management  b Logal.  c Accounting  d Lobbying  Lobbying and fundraising services. See Part IV. line 17.  Investment management fees  9 Other, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule Q.)  12 Advertising and promotion  2, 795  2, 515  196  84  11 Information technology  776  699  54  23  15 Royalties  10 Cocupancy  12, 279  11, 051  860  368  17 Travel  18 Payments of travel or entertament expenses for any federal, side, or local public officials  19 Conferences, conventions, and meetings  10 Interest  11 Payments to effiliales  12 Payments to effiliales  13 Insurance  14, 820  15, 138  13, 624  1, 060  454  15 Investment management fees  15, 138  13, 624  1, 060  454  15 Payments to effiliales  15 Insurance  15, 138  13, 624  1, 060  454  15 Investment expenses on line 24e. If line 24e expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 12e expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 10 expenses on Schedule C.)  a All other expenses.  Total functional expenses. Add lines 1 through 24e.  5 Joint costs, Complete this line only if the organization reported in cotcosts from a combined educational campaging and fundraising solicitation. Check here If life 10 expenses to entire totals from a combined educational campaging and fundraising solicitation. Check here If life 10 expenses to entire totals from a combined educational campaging and fundraising solicitation. Check here If life 10 expenses to entire total formation and the control of the organization and controls formation to entire total fundraising solicitation. Check here If life 10 expenses to entire the control of the organization and the control of t	ь	·				
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees):  a Management b Legal .  c Accounting d Lobbying						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	7					
section 401(k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes  Legal		· ·				
9 Other employee benefits 11 Fees for services (nonemployees): a Management b Legal. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 1 2, 795 2, 515 1 96 84 1 Information technology 776 6 999 54 2 23 15 Royalties 17 Tavel 18 Payments of travel or entertainment expenses for any federal, sfate, or local public officials 17 Tavel 18 Payments of travel or entertainment expenses 18 For any federal, sfate, or local public officials 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and emortization 22 Depreciation, depletion, and emortization 23 Insurance 24 Other expenses. Itemize expenses not covered above, (List miscellareous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 26 All other expenses 27 Total functional expenses. Add lines 1 through 24e. 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralising solicitation. Check here   If	Ü					
10 Payroll taxes	q					
		· · ·				
a Management b Legal						
b Legal						
c Accounting d Lobbying	_	_				
e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)  2 Advertising and promotion 3 Office expenses	С	-				
e Professional fundraising services. See Part IV, line 17. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)  2 Advertising and promotion 3 Office expenses	d	Lobbying				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)  2 Advertising and promotion  3 Office expenses  4 Information technology  5 Royalties  6 Cocupancy  12,279 11,051 860 368  7 Travel  18 Payments of travel or entertainment expenses for any federal, site, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation depletion, and amortization  23 Insurance  4,820 4,338 337 145  24 Other expenses. Itemize expenses not covered above, (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  a b c d All other expenses.  5 Total functional expenses. Add lines 1 through 24e  97,967 94,386 2,507 1,074  5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   If	е					
(A), amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion	f	Investment management fees				
Advertising and promotion  76	g	Other. (If line 11g amount exceeds 10% of line 25, column				
13 Office expenses		(A), amount, list line 11g expenses on Schedule O.)				
Information technology	12	Advertising and promotion				
15 Royalties	13	Office expenses	2,795	2,515	196	84
16 Occupancy	14	Information technology	776	699	54	23
17 Travel	15					
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Int	16		12,279	11,051	860	368
for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  All other expenses  All other expenses  Total functional expenses. Add lines 1 through 24e.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if	17		*			
19 Conferences, conventions, and meetings 20 Interest	18					
20 Interest						
21 Payments to affiliates						
Depreciation, depletion, and amortization						
23 Insurance			15 120	12.604	1 060	454
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  a b c d e All other expenses  Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				· ·	·	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  a b c d e All other expenses  Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if			4,820	4,338	337	145
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  a b c d e All other expenses  Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	24					
(A), amount, list line 24e expenses on Schedule O.)  a b c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						
a b c d d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						
b c d d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	а	(77), amount, not mic 240 expenses on concade 61)				
c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						
d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						
e All other expenses						
25 Total functional expenses. Add lines 1 through 24e 97,967 94,386 2,507 1,074 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if		All other expenses				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		·	97,967	94,386	2,507	1,074
from a combined educational campaign and fundraising solicitation. Check here if		Joint costs. Complete this line only if the organization reported in column (B) joint costs	,	-,	_,	_, - , -
		from a combined educational campaign and				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X	<del> </del>		<u> </u>
				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing			1	58,197
	2	Savings and temporary cash investments	-	601,421	2	682,632
	3	Pledges and grants receivable, net	_	001,421	3	002,032
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director,				
	,	trustee, key employee, creator or founder, substantial contributor, or 35%				
					5	
	6	controlled entity or family member of any of these persons				
	Ū	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net	-		7	
ş	8	Inventories for sale or use			8	
Assets		Prepaid expenses and deferred charges			9	
⋖	9		• • •		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 368	0 056			
	<b>L</b>	· — — — — — — — — — — — — — — — — — — —	8,856	266 206	100	251,149
	b 11		7,707	266,286	10c	251,149
	11 12	Investments - publicly traded securities	_		12	
	13	Investments - program-related. See Part IV, line 11			13	
	14				14	
		Intangible assets			15	
	15 16	Other assets. See Part IV, line 11		867,707	16	991,978
	17	Accounts payable and accrued expenses		867,707	17	991,976
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director,	. ⊢			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
<b>≣</b>		controlled entity or family member of any of these persons			22	
_ <u>"</u> "	23	Secured mortgages and notes payable to unrelated third parties	· · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third	· · ·			
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow FASB ASC 958, check here				
		and complete lines 27, 28, 32, and 33.				
Š	27	Net assets without donor restrictions	[	867,707	27	483,082
aa l	28	Net assets with donor restrictions	[	,	28	508,896
ĕ		Organizations that do not follow FASB ASC 958, check here				
Ĭ,		and complete lines 29 through 33.				
P.	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	[		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	[		31	
et/	32	Total net assets or fund balances		867,707	32	991,978
z	33	Total liabilities and net assets/fund balances		867,707	33	991,978

Form 990 (	2024)	Rotary Club o	of Gainesville	Foundation Inc.	59-2914025	Page 12
Part XI	Reconciliation	on of Net Asse	ts			
	011-16-0-1			and an artist of the second section of the section		

Paı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		222,	,238
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,	, 967
3	Revenue less expenses. Subtract line 2 from line 1	3		124,	,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		867,	,707
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		991	, 978
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	.)	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

EEA Form **990** (2024)

# **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection **Employer identification number** 

Rotary Club of Gainesville Foundation Inc. 59-2914025 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🛮 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

59-2914025 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	234,420	61,117	301,395	296,360	231,232	1,124,524
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	234,420	61,117	301,395	296,360	231,232	1,124,524
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						11,201
6	Public support. Subtract line 5 from line 4.						1,113,323
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	234,420	61,117	301,395	296,360	231,232	1,124,524
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources					8,410	8,410
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly 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						1,132,934
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(d	c)(3)
	organization, check this box and stop her	е					
	on C. Computation of Public Suppor						
14	Public support percentage for 2024 (line 6	6, column (f), di	vided by line 1	1, column (f))		14	98.27 %
15	Public support percentage from 2023 Sch	edule A, Part I	I, line 14			15	97.63 %
16a	33 1/3% support test - 2024. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
4	box and stop here. The organization qua	lifies as a publi	cly supported	organization .			<u>x</u>
b	33 1/3% support test - 2023. If the organ	ization did not	check a box o	n line 13 or 16a	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and <b>stop here.</b> The organization	qualifies as a p	oublicly suppor	ted organizatio	on		
17a	10%-facts-and-circumstances test - 202	<b>24.</b> If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	ie 14 is
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check t	his box and <b>st</b> e	<b>op here.</b> Expla	ain in
	Part VI how the organization meets the fa	cts-and-circum	stances test. T	The organizatio	n qualifies as a	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization	meets the fac	ts-and-circums	stances test, ch	neck this box a	nd <b>stop here.</b>	Explain
	in Part VI how the organization meets the					-	•
	organization			_			
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a,	, or 17b, check	this box and s	see
	instructions						

EEA Schedule A (Form 990) 2024

Page 3

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

(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.)

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
<i>i</i> u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
Socti	line 6.)						
	dar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(a) 2020	(6) 2021	(C) ZOZZ	(d) 2020	(6) 2024	(I) Total
10a	Gross income from interest, dividends,						
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		,				
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
C 44							
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1.6.11.61			) (0)
14	First 5 years. If the Form 990 is for the or	-			-	·	
<del></del>	organization, check this box and stop her					· · · · · · · · ·	<u> </u>
	on C. Computation of Public Suppor			10 1 (0)		145	
15	Public support percentage for 2024 (line 8					15	<u>%</u>
16	Public support percentage from 2023 Sch					16	<u>%</u>
	on D. Computation of Investment In				(6))	1 4-1	21
17	Investment income percentage for 2024 (			•		17	<u>%</u>
18	Investment income percentage from 2023					18	<u>%</u>
19a	33 1/3% support tests - 2024. If the orga						
	17 is not more than 33 1/3%, check this b	-	_	· ·			<del>-</del>
b	33 1/3% support tests - 2023. If the organizat						
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	neck this box a	nd see instruc	tions 📙

No

Yes

59-2914025

### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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	. All	Supporting	<b>Organizations</b>
-----------	-------	------------	----------------------

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

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Schedule A (Form 990) 2024

Schedule	e A (Form 990) 2024 Rotary Club of Gainesville Foundation Inc. 59-2914025			age:
Part I	Supporting Organizations (continued)			
44	Lies the agreemination appeared a nift or contribution from any of the following paragraps		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
<b>L</b>	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b	$\vdash$	
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	מוו		
C	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Soctio	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secul	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ons).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	≟d		
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	_~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedu	e A (Form 990) 2024 Rotary Club of Gainesville Foundation I	nc.	59-29140	25	Page (
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gan	izations		
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explair</i>	n in <b>Part Vi</b>	). See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	s A througl	h E.
Sooti	on A - Adjusted Net Income		(A) Prior Year	(B) Curre	ent Year
	on A - Adjusted Net Income		(A) FIIOI Teal	(optic	onal)
1_	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3_	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7_	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see			(optic	orial)
-	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
J	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

emergency temporary reduction (see instructions).

EEA Schedule A (Form 990) 2024

Excess from 2024

е

Part	v Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	T
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part	<b>VI</b> ) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024			/
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
۸	Excess from 2023			

Schedule A (Form 990) 2024 EEA

# Schedule B (Form 990)

(Rev. December 2024)

Department of the Treasury

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Rotary Club of Gainesville Foundation Inc.

Employer identification number
59-2914025

otary Club of Gainesv	ille Foundation inc.	59-2914025					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	■ 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 cover	ered by the <b>General Rule</b> or a <b>Special Rule.</b>	•					
	8), or (10) organization can check boxes for both the General Rule and a Specia	l Rule. See					
General Rule							
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling operty) from any one contributor. Complete Parts I and II. See instructions for detenutions.	=					
Special Rules							
regulations under sectio 16b, and that received f	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, ling rom any one contributor, during the year, total contributions of the greater of (1) in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	ne 13, 16a, or \$5,000; or					
contributor, during the y literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ear, total contributions of more than \$1,000 exclusively for religious, charitable, surposes, or for the prevention of cruelty to children or animals. Complete Parts I (exact of the contributor name and address), II, and III.	scientific,					
contributor, during the y contributions totaled mod during the year for an ex <b>General Rule</b> applies to	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
must answer "No" on Part IV, lin	on't covered by the General Rule and/or the Special Rules doesn't file Schedule Interest of the Special Rules doesn't file Schedule Interest of Schedule B (Form 990).	•					

Name of organization

Employer identification number Rotary Club of Gainesville Foundation Inc. 59-2914025

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	leeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_		\$7,490	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_		\$5,680	Person    X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$14,510	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$11,660	Person
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Rotary Club of Gainesville Foundation Inc.

Employer identification number

59-2914025

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Name of organization Employer identification number Rotary Club of Gainesville Foundation Inc. 59-2914025 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (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 ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Supplemental Financial Statements

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Rotary Club of Gainesville Foundation Inc. 59-2914025 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . . 3 Aggregate value of grants from (during year) . . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by 4 Number of states where property subject to conservation easement is located ....... 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. 

Par		•			ssets (continuea)
3	Using the organization's acquisition, accession	on, and other records, check a	any of the following that r	nake significant use of its	
	collection items (check all that apply).				
а	U Public exhibition	d	Loan or exchange p	rogram	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's co XIII.	llections and explain how the	y further the organization	n's exempt purpose in Par	t
5	During the year, did the organization solicit or	receive donations of art, hist	orical treasures, or other	similar	
	assets to be sold to raise funds rather than to				. Yes No
Par	t IV Escrow and Custodial Arrar	ngements			
	Complete if the organization a 990, Part X, line 21.				nount on Form
1a	Is the organization an agent, trustee, custodia	in, or other intermediary for co	ontributions or other asse	ets not	
					. Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the following ta	able.		
					mount
C	Beginning balance			. 1c	
d	Additions during the year				
e	Distributions during the year				
f ∩-	Ending balance			. If	
2a	Did the organization include an amount on Fo				
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds	Check here if the explanation	n nas been provided in P	an Am	
Гаі	Complete if the organization a	enswered "Ves" on For	m 000 Part IV line	10	
	Complete if the organization a				(a) Four years hook
10	Reginning of year balance	(a) Current year (b) Pi	rior year (c) Two years	back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	F				
С	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships Other expenditures for facilities and				
е	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curre	ent year end balance (line 1g.	, column (a)) held as:	•	1
а	Board designated or quasi-endowment	%	, ,,		
b	Permanent endowment %				
С	Term endowment %				
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.			
3a	Are there endowment funds not in the posse	ssion of the organization that	are held and administere	ed for the	
	organization by:				Yes No
	(i) Unrelated organizations?				. 3a(i)
	(ii) Related organizations?				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as required on So	chedule R?		. 3b
4	Describe in Part XIII the intended uses of the	organization's endowment fo	unds.		
Par	t VI Land, Buildings, and Equip				
	Complete if the organization a	answered "Yes" on For	m 990, Part IV, line	11a. See Form 990	, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	,,	130,000		130,000
b	Buildings	•	238,856	117,707	121,149
C	Leasehold improvements	•	230,636	111,101	121,149
d	Equipment	•			
u e	0.11	•			
	Add lines 1a through 1e. (Column (d) must e		TOC column (R))		251,149
Total.	Add mies to unough te. (Ooldinii (u) must et	quai i Oiiii 330, Fait A, iiile I	оо, солинні ( <i>D))</i>		201,149

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B)).	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part	·	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	_
b	Donated services and use of facilities	_
С	Recoveries of prior year grants	_
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_
b	Other (Describe in Part XIII.)	
_ C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
C C	Other losses         2c           Other (Describe in Part XIII.)         2d	-
d		- 20
е 3	Add lines 2a through 2d	2e 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
	Investment expenses not included on Form 990, Part VIII, line 7b	
a b	Other (Describe in Part XIII.)	-
C	Add lines 4a and 4b	- 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
,		
4		

## **SCHEDULE G** (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

lame o	f the organization					Employer identifica	tion number	
Rota	ry Club of Gainesville Fo	undation Ind	c.			59-2914	4025	
Part				ation answ	vered "Yes" on Fo	orm 990, Part IV.	line 17.	_
	Form 990-EZ filers are n					, ,		
1	Indicate whether the organization rais	•	•	•	ies. Check all that apr			_
а	Mail solicitations	<b>-</b>	е Г	•	of nongovernment gra			
b	Internet and email solicitations		f		of government grants			
	Phone solicitations		· -		draising events			
c d	In-person solicitations		g ∟	j opecial luli	luraising events			
		r aral agraamant w	ith one indivi	dual (in aludin	a officere directore t	ruoto oo		
2a	Did the organization have a written or						□ v □ v.	
	or key employees listed in Form 990,						∐ Yes ∐ No	
b	If "Yes," list the 10 highest paid individ		indraisers) pi	ursuant to ag	reements under which	the fundraiser is to b	е	
	compensated at least \$5,000 by the c	rganization.						
		1						_
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to	
	or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization	
				utions:		col. (i)	Organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								_
8								_
9								_
•								
10								_
								-
[otal								
3	List all states in which the organization	on is registered or li			tions or has been noti:	fied it is event from		_
3	registration or licensing.	iris registered or ir	censed to sc	Mich Continuo	tions of flas been floti	ned it is exempt nom		
	registration of licensing.							
-								_
	<del></del>							_
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								_
								_

Pa	rt II	Fundraising Events. Compathan \$15,000 of fundraising	-			
		gross receipts greater than			,	
			(a) Event #1  Wild Game (event type)	(b) Event #2 (event type)	(c) Other events  None  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	258,904			258,904
	2 3	Less: Contributions Gross income (line 1	202,379			202,379
		minus line 2)	56,525			56,525
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	4,112			4,112
Direct Expenses	7	Food and beverages	25,547		711	25,547
Direc	8	Entertainment	748			748
	9	Other direct expenses	43,522			43,522
	10 11	Direct expense summary. Add line Net income summary. Subtract line				73,929 (17,404)
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	<del>-</del>	'Yes" on Form 990, Part	IV, line 19, or reported	more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
SS	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses	0			
	6	Volunteer labor	Yes % No	Yes % No	☐ Yes % ☐ No	
	7	Direct expense summary. Add line	es 2 through 5 in column	(d)		
	8	Net gaming income summary. Su	btract line 7 from line 1, c	olumn (d)		
	a Is	nter the state(s) in which the organiz the organization licensed to conduc "No," explain:	ation conducts gaming activities in eac	h of these states?		Yes No
	_	<u> </u>				
10a		ere any of the organization's gamin "Yes," explain:	-	ended, or terminated during	-	Yes No
	_					

# (Rev December 2024) SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public OMB No. 1545-0047

**%** ⊠

☐ Yes

Inspection **Employer identification number** 59-2914025 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Go to www.irs.gov/Form990 for instructions and the latest information. General Information on Grants and Assistance Rotary Club of Gainesville Foundation In Department of the Treasury Internal Revenue Service Name of the organization Part

and the selection criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	ce to Domestic Org	ganizations and Dom	nestic Government	is. Complete if the o	rganization answered '	"Yes" on Form 990	
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ient that received m	ore than \$5,000. Part	Il can be duplicated	if additional space i	s needed.		
<ol> <li>(a) Name and address of organization or government</li> </ol>	(b) EIN	(c) (RC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)PACE Center for Girls, Inc.							Security
1010 SE 4th Ave							fencing for
Gainesville FL 32601	59-2414492	501 (c) (3)	11,632				campus
(2)Grace Healthcare Services C							Renovations
5200 NW 43rd St.							to increase
Gainesville FL 32606	81-4300044	501 (c) (3)	32,509				client
(3)The Dictionary Project							Provide
PO Box 1845							dictionaries
Charleston SC 29402	57-1029802	501 (c) (3)	7,231			•	to public
(4)	2						
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
	nd government organiz	ations listed in the line 1 t	able				3
3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	listed in the line 1 table Instructions for Forr	n 990.				Schedule I (For	Schedule I (Form 990) (Rev. 12-2024)
EEA							

Page 2

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance recipients recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
9						
7						
Part IV S	Supplemental Information. Provide the information required in Part I. line 2: Part III. column (b): and any other additional information.	the information re	Squired in Part I.	line 2: Part III. column	(b): and any other addi	tional information.

# 03. Additional Information for Schedule I

Each grant is awarded by the BOD after examining their proposal. Minutes are kept to document the selection and amount for

Funds are paid as each grant. Funds are paid directly to vendors or provided to the agency upon receipt of a paid invoice.

the approved projects are completed.

# SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Rotary Club of Gainesville Foundation Inc.	59-2914025
01. Members or stockholder classes and rights (Part VI, line 6)	
All members of the Rotary Club of Gainesville are also members of t	the Rotary Club of
Gainesville Foundation.	
02. Member election for additional members (Part VI, line 7a)	
The President of the Rotary Clubs in the Gainesville area are allow	wed to appoint a limited
number of directors.	
03. Form 990 governing body review (Part VI, line 11)	
A copy of the preliminary 990 return is emailed to all board member	
of the preliminary 990 is emailed to all board members for comment	
04. Conflict of interest policy compliance (Part VI, line 12c)	
To administer and monitor compliance with this Policy, the Board sl	
of the Board on Conflicts of Interest ("Conflicts Committee"), to	
Directors named by the Board. The Conflicts Committee shall require	
Director and Officer not less frequently than once a year setting:	
other affiliations which relate in any way to the business and other	er activities or the
Corporation.	
05. Governing documents, etc, available to public (Part VI, line 19	91
All documents are available on the Foundation's website.	5 <i>1</i>
MIT documents are available on the roundation's website.	