Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2018 calenda	ar year, or tax year beginning Jul 1	, 2018,	and ending	_ Jı	ın 30	, 20 19
В	Check if ap	oplicable:	C Name of organization			D Emp	loyer id	entification number
	Address c	hange	47-	-5370)542			
	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Te						ohone ni	umber
=	Initial return 700 Parker Square 100A					(97	72)89	99-1250
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	1		F Gro	up Exe	mption
=		n pending	Flower Mound, TX 75028				nber ▶	•
_		ting Method:	X Cash		н	Check	▶ ∏i	f the organization is not
	Vebsite	· ·						ach Schedule B
			eck only one) — 🗵 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗀 4	4947(a)(1) c	or527			D-EZ, or 990-PF).
				Other		`		, ,
		•	7b to line 9 to determine gross receipts. If gross receipts are \$2	_	more, or if tota	al assets		
			\$500,000 or more, file Form 990 instead of Form 990-EZ				▶ ¢	168,305.
_	art I		ie, Expenses, and Changes in Net Assets or Fun				ctions	
•	arti		the organization used Schedule O to respond to any		•			•
	1		ons, gifts, grants, and similar amounts received				1	4,965.
	2		ervice revenue including government fees and contracts				2	4,703.
	3	_	nip dues and assessments				3	
	4	Investment	•				4	
	l _						4	
	5a		ount from sale of assets other than inventory	-				
	b		or other basis and sales expenses		 		-	
	6	•	ss) from sale of assets other than inventory (Subtract line and fundraising events:	e od from	iine baj		5c	
ne	а		come from gaming (attach Schedule G if greater the	nan . 6a				
Revenue	b	Gross inco	ome from fundraising events (not including \$		f contributio	ns		
3e			raising events reported on line 1) (attach Schedule G if					
_			ch gross income and contributions exceeds \$15,000).		150	,250.		
	С	Less: direc	ct expenses from gaming and fundraising events	. 6с		,201.		
	d		ne or (loss) from gaming and fundraising events (add lin			•		
		line 6c) .					6d	63,049.
	7a	Gross sale	es of inventory, less returns and allowances	. 7a				
	b		of goods sold					
	C		fit or (loss) from sales of inventory (Subtract line 7b from I				7c	
	8		nue (describe in Schedule O)	,			8	13,090.
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	81,104.
	10		d similar amounts paid (list in Schedule O)				10	40,250.
	11		aid to or for members				11	10,230.
S	12		ther compensation, and employee benefits				12	
Expenses	13		all fees and other payments to independent contractors				13	
er	14		y, rent, utilities, and maintenance				14	
X	15		ublications, postage, and shipping				15	
_	16		enses (describe in Schedule O)				16	13,253.
	17						17	53,503.
	18	Evenes or	enses. Add lines 10 through 16	<u></u>		. •	18	27,601.
ets	19		s or fund balances at beginning of year (from line 27, c				10	27,001.
SS	13		ar figure reported on prior year's return)				10	15 1/5
tΑ	00						19	15,145.
Net Assets	20		nges in net assets or fund balances (explain in Schedule	-			20	-18,924.
	21	inet assets	or fund balances at end of year. Combine lines 18 throu	ign 20 .		. 🕨	21	23,822.

Page 2

Pa	rt II Balance Sheets (see the instructions	for Part II)				;
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		X
		·		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[103.	22	17,656.
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)			18,888.	24	47,131.
25	Total assets		[25	64,787.
26	Total liabilities (describe in Schedule O) .				26	40,965.
27	Net assets or fund balances (line 27 of colum	n (B) must agree with	n line 21)	15,145.	27	23,822.
Par	t III Statement of Program Service Accor	nplishments (see th	e instructions for	Part III)		
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III		Expenses
Wha	t is the organization's primary exempt purpose?	See Part III	Stmt			uired for section c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	lishments for each o	f its three largest r	rogram services	,	nizations; optional for
as m	neasured by expenses. In a clear and concise in one spensions benefited, and other relevant information for each	manner, describe the			othe	rs.)
28	Support other nonprofit organization	tions				
	(Grants \$ 0.) If this amoun	t includes foreign gra	ints, check here .	▶ 🗌	2 8a	40,250.
29						
	(Grants \$) If this amoun				29a	
30						
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗌	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	🕨 🗌	31a	
32	Total program service expenses (add lines 28a				32	40,250.
Par					struc	ctions for Part IV)
	Check if the organization used Schedul	e O to respond to a			<u> </u>	
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	e (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and) 0	ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	1	
	ck Elsey					
Pre	sident	5.00	0.	0.		0.
	ger Eads					
	sident-Elect	4.00	0.	0.		0.
	1 Geleske					
	e-President	3.00	0.	0.		0.
	lly Dodge					
	retary	5.00	0.	0		0.
	ole Smith					
Tre	asurer	5.00	0.	0 .		0.
	y Mowles					
	geant at Arms	2.00	0.	0		0.
	i Walker					
	t President	2.00	0.	0		0.
Don	na Hernandez					
	al Counsel	2.00	0.	0		0.
Jim	Moll					
Fou	ndation Chair	3.00	0.	0		0.
Bob	Phillips					
	bership Chair	3.00	0.	0		0.
Lor	i Fickling					
Clu	b Administration Chair	3.00	0.	0		0.
	Part IV Stmt	30.00	0.	0		0.

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the experiencies engage in any cignificant pativity not provide a track to the IDC2 If "Vee " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	24		•
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		×
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30		×
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b 40e	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40-		
41	List the states with which a copy of this return is filed ▶	40e		×
42a	The organization's books are in care of ▶ Ginger A. Eads, CPA Telephone no. ▶ (972)	2)89	9-12	50
	Located at ▶ 700 Parker Square, Ste 100A, Flower Mound TX ZIP+4 ▶ 7502			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
•	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		V
	If "Yes," enter the name of the foreign country ▶	420		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44 a	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		
	completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an avalention in Schoolule O			
AE-	explanation in Schedule O	44d		×
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		×

Form 990-EZ (2018) Page **4**

								Y	es∣N	V٥
46		ne organization engage, directly or in								
		ndidates for public office? If "Yes," c		Part I			. 4	16		×
Part		Section 501(c)(3) Organizations								
		All section 501(c)(3) organizations	s must answer que	stions 47–49b an	d 52, and c	omplete th	e table	s tor	lines	•
		50 and 51.		ka ana ana ana atao atao atao	. Halla David V					
		Check if the organization used Sch	ledule O to respond	to any question in	n this Part V				.	
47	D: J A					ali india ar Ala a		Y	es N	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(n) elec						
40	•	·					_	17	_	×
48		organization a school as described in					_	18	_	×
49a		ne organization make any transfers to	·	_			_	9a		×
b		s," was the related organization a se plete this table for the organization's						9b	and	lco
50		blete this table for the organization s byees) who each received more than								кеу
	empid	byees) who each received more than	TOO,000 OF COMPE			th benefits,	e, enter	INOII		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit plan	is to employee s, and deferred ensation	(e) Estin	nated a comper		
None	!									
f	Total	number of other employees paid over	er \$100,000	. ▶	•					
51	Comp	olete this table for the organization's	s five highest compe	ensated independe	nt contracto	rs who each	n receiv	ed mo	ore tl	har
	\$100,	,000 of compensation from the organ	nization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	ervice	(c) Compen	sation		
	(4)			(2) 1) po o o		,,,	, 00po			
None	:									
	-			A 100.000						
		number of other independent contra	· ·		· •					
52		the organization complete Schedu pleted Schedule A		. , , ,	_	must attacl		/	□ Na	
							.►× Y		No	
		of perjury, I declare that I have examined this red d complete. Declaration of preparer (other than					nowledge	and be	liet, it i	S
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				-				
Sign		Signature of officer			D.	ate				
Here Ginger A Eads, Past President										
		Type or print name and title								
<u> </u>		Print/Type preparer's name	Preparer's signature		Date		l PTI	N		
Paid		Ginger A. Eads, C.P.A.	.,			Check X	lif		198	
Prep			. C P A		-		, 54 2 0			
Use	Only	Firm's name ► Ginger A. Eads Firm's address ► 700 Parker Squa		lower Mound T		rm's EIN ►	72)89	9-10	250	
		remmis address 🟲 700 ratver bylda	LO, DOC LOUR, F	TOWCE PROUBLY, I	, J U Z U PI	ione no. ()	, 4 , 0 9	J 12		

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part IV: List of Officers, Directors, Trustees, and Key Employees

Continuation Statement

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Susie Carter				
Public Relations Chair	3.00	0.	0.	0.
Andy Eads				
Leadership Council Chair	2.00	0.	0.	0.
David Hodges				
Community Service Chair	3.00	0.	0.	0.
Will Carlton				
International Service Chair	3.00	0.	0.	0.
Mike Walker				
Youth Services Chair	3.00	0.	0.	0.
Tracee Elrod				
Vocational Chair	3.00	0.	0.	0.
Russ Webb				
At-Large	1.00	0.	0.	0.
Robert Bird				
At-Large	1.00	0.	0.	0.
Lisa Pierce-Johnson				
At-Large	1.00	0.	0.	0.
Cheryl Close				
Executive Secretary	10.00	0.	0.	0.
	30.00	0.	0.	0.

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 8: Other Revenue

Continuation Statement

Description	Amount
District 5790 Guatemala Grants	13,090.
Total	13,090.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

Continuation Statement

Description	Amount
Bank Service Charges	12.
District 5790 Guatemala Grants Pass Thru	13,090.
QuickBooks Payments Fees	151.
Total	13,253.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose	•
The Corporation shall use its revenues	
to fund charitable events and to support	
other nonprofit organizations.	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Employer identification number

Cros	Cross Timbers Rotary Club Charities, Inc. 47-5370542								
Pai	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The o	organiz	zation is	not a private found	lation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2					(Attach Schedule E (F			• •	
3		•			ganization described i			, , , ,	
4			•	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	iii). Enter the
		-	name, city, and sta						
5		-	ation operated for '0(b)(1)(A)(iv). (Cor		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ An	n organiz		receives a subs	mental unit described tantial part of its sup te Part II.)				n the general public
8	□ A €	commur	ity trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or un	universi niversity:	ty or a non-land-gr	ant college of agr	d in section 170(b)(1) iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	red su ac	ceipts fro apport fro equired b	om activities relate om gross investme by the organization	d to its exempt funt income and un after June 30, 19	e than 331/3% of its so nctions—subject to corelated business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its
11		•	J	•	sively to test for public	-			
12		_	•	•	sively for the benefit o			· ·	
					ns described in secti				
				•	scribes the type of sup		•	•	
а	X	the sup	ported organization	n(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
b		Type II	. A supporting org	anization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control	or management o	f the supporting c	rganization vested in V, Sections A and C	the same			
С					ting organization oper ns). You must comp				ally integrated with,
d		that is	not functionally into	egrated. The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribu	ıtion requirement an	
е					a written determination				e II, Type III
f			mber of supported	-					1
g					oorted organization(s).				
	(i) Nam	ne of suppo	orted organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
/A\									
(A)	ross	Timbe	rs Rotary Clul	47-4222175	10	×		0.	
(B)									
(C)									
(D)									
(E)									
			·						

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
9	similar sources						
	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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
<u>C1</u> :	organization, check this box and stop he						🟲 📋
<u>Secu</u>	on C. Computation of Public Support Public support percentage for 2018 (line 6)			1 column (f)		14	%
15	Public support percentage for 2017 (interest					15	
16a	331/3% support test—2018. If the organi						
	box and stop here. The organization qua						
b	33 ¹ /3% support test—2017. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Page 3

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C1:	line 6.)						
	on B. Total Support	(=) 0014	(b) 0015	(a) 0010	(4) 0017	(-) 0010	(6) Tatal
Calen 9	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 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						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2018 (line	, ,,,	•	, ,,,			%
16	Public support percentage from 2017 Sci					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (* *	-			%
18	Investment income percentage from 201						%
19a	33 ¹ / ₃ % support tests—2018. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2017. If the organization 18 is not more than 331/2% shock this						
20	line 18 is not more than 33½%, check this Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		
4 U	Filvate Ioungation. If the organization of	U HUL UHEUK A	DUX UIT III IE 14	. 13a. UL 13D. (JUSUK 11112 DOX	and set monn	CHOHS 🚩 🗆

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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.
- c 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 (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that 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 (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ig Dy			
	1	×	
ıs d			
	2		×
er			
	3a	×	
id ie			
	3b	×	
3)			
	3с	×	
lf			
	4a		×
n n			
	4b		
n ed 3)			
	4c		
," N n; on			
'' '	5a		.,
ly	Ja		
ı y	5b		
	5c		
o d or	30		
	6		×
or ty			
	7		×
?			
	8		×
e d			
	9a		×
h			
	9b		
fit			
	9с		
n ed			
	10a		×
to	10b		

Part	V Supporting Organizations (continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		×
b	A family member of a person described in (a) above?	11b		×
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		×
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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.			
Caati	17 0 0	2		×
Secu	on C. Type II Supporting Organizations		Vaa	Na
1	Mars a majority of the avantization's divestors by twisters during the tay year also a majority of the divestors		Yes	No
•	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			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
0001.	517 III Type III Gupperting Grganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:		
2	Activities Test. Answer (a) and (b) below.		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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	00		
h	•	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		
2	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 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 emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	Section D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d				
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Cross Timbers Rotary Club Charities, Inc.

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Employer identification number

47-5370542

Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ☐ 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization 47-5370542 Cross Timbers Rotary Club Charities, Inc.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Cornerstone Staffing 5525 N MacArthur Blvd #155 Irving TX 75038	\$15,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Texas New Mexico Power 577 N. Garden Ridge Blvd Lewisville TX 75067	\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Orthopedic Associates 5000 Long Prairie Road, Ste 100 Flower Mound TX 75028	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	G & A Consultants 201 Country View Drive Roanoke TX 76262	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Texas Health Presbyterian Hospital 4400 Long Prairie Road Flower Mound TX 75028	\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization
Cross Timbers Rotary Club Charities, Inc.

Employer identification number

47-5370542

Part II	Noncash Property (see instructions).	Use duplicate copies of Part	II if additional space is needed
rarull	Noticasii Froperty (See Instructions).	Ose duplicate copies of Fair	i ii ii additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

	Timbers Rotary Club Charitie			47-5370542			
Part III	(10) that total more than \$1,000 fo	r the year from any ations completing Pa	one contributor. ort III, enter the tota	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and all of exclusively religious, charitable, etc., ee instructions.)			
	Use duplicate copies of Part III if ad	ditional space is nee	eded.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee			
(a) NIa							
(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	(b) Purpose of gift	e of gift (c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relation	nship 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) Trans	fer of gift				
	Transferee's name, address, a			nship of transferor to transferee			
1							

SCHEDULE G (Form 990 or 990-EZ)

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

Name	of the organization					Employer identifie	cation number
Cro	ss Timbers Rotary Club	Charities,	Inc.			47-5370542	
Par	Form 990-EZ filers are r				vered "Yes" on	Form 990, Part IV,	line 17.
1							
а	☐ Mail solicitations		е	Solicitat	ion of non-govern	ment grants	
b	Internet and email solicitatio	ns	f	Solicitat	ion of governmen	t grants	
С	Phone solicitations		g	Special	fundraising events	5	
d	In-person solicitations						
2a	Did the organization have a writ						
	or key employees listed in Form	990, Part VII) o	r entity in c	onnection	with professional	fundraising services	? Yes No
b	If "Yes," list the 10 highest paid			draisers) p	ursuant to agreem	ents under which th	ne fundraiser is to be
	compensated at least \$5,000 by	the organization	on.				
						(A) Amount poid to	
	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)			outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1					1		
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
Total 3	List all states in which the orga	nization is regi	stored or lie	oncod to c	Solicit contribution	s or has been notifi	ad it is avampt from
3	registration or licensing.	iriizatiori is regis	stered or lic	ensed to s	SOIICIL CONTINUUTON	s or has been noth	ed it is exempt from
	. og.oao o. noonomig.						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Christmas Luncheon (event type)	Rhythms at the River Walk (event type)	NONE (total number)	(add col. (a) through col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	11,200.	139,050.		150,250.
Rev		·	,	,		
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	11,200.	139,050.		150,250.
	4	Cash prizes				
	•	Gd011 p11200				
	5	Noncash prizes				
တ္သ						
nse	6	Rent/facility costs	7,038.			7,038.
Direct Expenses	7	Food and beverages				
χE	'	1 000 and beverages				
irec	8	Entertainment	300.			300.
	9	Other direct expenses .	1,463.	78,400.		79,863.
		5				
	10 11	Direct expense summary. Ac Net income summary. Subtra				87,201. 63,049.
Pa	rt III	Gaming. Complete if th	A organization answer	ared "Ves" on Form (000 Part IV line 10	
ı a		\$15,000 on Form 990-E2	Z, line 6a.	eled les officilité	990, Fait IV, lille 19,	or reported more than
Ф				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
}eve						
<u> </u>	1	Gross revenue				
"	2	Cook prizos				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ť		,				
rec	4	Rent/facility costs				
	_					
_	5	Other direct expenses .	□ V •• 0/	□ V 22 0/	□ V 0/	
	6	Volunteer labor	Yes %	│	Yes %	
	Ū	voidificer labor				
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	v Subtract line 7 from li	ine 1 column (d)		
	0	Net gaming income summar	y. Subtract line / Ironn ii	ine i, column (a)	<u> </u>	
9	Е	Enter the state(s) in which the or	ganization conducts ga	ming activities:		🗌 Yes 🗌 No
	a l	s the organization licensed to co	onduct gaming activities	s in each of these states	s?	Yes No
b If "No," explain:						
40	a -	Noro any of the examination's	aming liconoco royalsas	l augnonded or tormin	atod during the tay year	? . ☐ Yes ☐ No
10		Vere any of the organization's g f "Yes," explain:	_	•		
	II	. 100, OAPIGITI				

11	Does the organization conduct gaming activities with nonmembers?	∐ Yes	∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	records.		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part			

Page 3

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Cross Timbers Rotary Club Charities, Inc.	47-5370542
Pt I, Line 8:	
Degaription: Digtrigt F700 Cystomals Crapts \$12,000	
Description: District 5790 Guatemala Grants \$13,090	
Pt I, Line 10:	
Description: Grant	
Class of activity: Grant	
Grantee's name: Community for Emily	
Grantee's address: 2221 Justin Road #119-116 Flower Mound TX 75	028
Grantee's relationship: Organization	
Amount given: \$500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Meals on Wheels	
Grantee's address: 1800 Malone Street Denton TX 76201	
Grantee's relationship: Organization	
Amount given: \$500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Keller Williams Flower Mound	
Grantee's address: 2611 Cross Timbers Rd Flower Mound TX 75028	
Grantee's relationship: Organization	
Amount given: \$1,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: Grace Like Rain	
Grantee's address: 3300 Sundown Blvd Denton TX 76210	
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Name of the organization	Employer identification number
Cross Timbers Rotary Club Charities, Inc.	47-5370542
Grantee's relationship: Organization	
Amount given: \$1,500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Friends of Scouting	
Grantee's address: 1325 W. Walnut Hill Ln Irving TX 75015	
Grantee's relationship: Organization	
Amount given: \$1,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: Denton County Friends of the Family	
Grantee's address: 1400 Crescent Street #5 Denton TX 76201	
Grantee's relationship: Organization	
Amount given: \$2,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: Communities in Schools	
Grantee's address: 217 S. Stemmons Frwy #101 Lewisville TX 75067	
Grantee's relationship: Organization	
Amount given: \$2,500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Cloud 9 Charities	
Grantee's address: 2221 Justin Rd #119-116 Flower Mound TX 75028	
Grantee's relationship: Organization	
Amount given: \$2,000	
Description: Grant	

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identification number
Cross Timbers Rotary Club Charities, Inc.	47-5370542
Class of activity: Grant	
Grantee's name: Ainsley's Angels	
Grantee's address: P.O. Box 6287 Virginia Beach VA 23456	
Grantee's relationship: Organization	
Amount given: \$2,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: Cross Timbers Family YMCA	
Grantee's address: 2021 Cross Timbers Road Flower Mound TX 75028	
Grantee's relationship: Organization	
Amount given: \$2,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: Denton County Veterans Coalition	
Grantee's address: 400 S. Carroll Blvd Denton TX 76201	
Grantee's relationship: Organization	
Amount given: \$500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Young Life	
Grantee's address: 733 Fort Worth Drive Denton TX 76201	
Grantee's relationship: Organization	
Amount given: \$1,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: Youth and Family Counseling	
Grantee's address: 105 Kathryn Dr, Building 3A Lewisville TX 750	67

Name of the organization	Employer identification number
Cross Timbers Rotary Club Charities, Inc.	47-5370542
Grantee's relationship: Organization	
Amount given: \$2,500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Winning the Fight	
Grantee's address: P.O. Box 271661 Flower Mound TX 75027	
Grantee's relationship: Organization	
Amount given: \$2,500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Ranch Hand Rescue	
Grantee's address: 8827 US-377 Argyle TX 76226	
Grantee's relationship: Organization	
Amount given: \$3,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: She Supply	
Grantee's address: 2221 Justin Rd, Ste 119-475 Flower Mound TX	75028
Grantee's relationship: Organization	
Amount given: \$2,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: New Hope Equine Assisted Therapy	
Grantee's address: 6151 FM 1830 Argyle TX 76226	
Grantee's relationship: Organization	
Amount given: \$1,500	
Description: Grant	

Name of the organization	Employer identification number
Cross Timbers Rotary Club Charities, Inc.	47-5370542
Class of activity: Grant	
Grantee's name: Denton County MHMR	
Grantee's address: 2519 Scripture Street Denton TX 76201	
Grantee's relationship: Organization	
Amount given: \$2,500	
Description: Grant	
Class of activity: Grant	
Grantee's name: Habitat for Humanity	
Grantee's address: 1805 Cornell Lane Denton TX 76201	
Grantee's relationship: Organization	
Amount given: \$5,000	
Description: Grant	
Class of activity: Grant	
Grantee's name: Designated Funds - International Auction	
	120
Grantee's address: 700 Parker Square, Ste 100A Flower Mound TX 750	020
Grantee's relationship: Organization	
Amount given: \$4,750	
Pt I, Line 16:	
Description: Bank Service Charges \$12	
Description: District 5790 Guatemala Grants Pass Thru \$13,090	
Description: QuickBooks Payments Fees \$151	
Pt I, Line 20:	
Description: Prior Year Adjustments - Cash/Accrual, Donor Advised	Fund -\$18,924
Pt II, Line 24:	
Description: N/R Cross Timbers Rotary Club Beginning of Year: \$18,88	8 End of Year: \$47,131
Description: Designated Funds - Grants Beginning of Year: \$3,525 B	End of Year: \$3,000

Name of the organization Cross Timbers Rotary Club Charities, Inc.	Employer identification number 47-5370542
Description: Designated Funds - Responders Beginning of Year: \$32	1 End of Year: \$4,998
Description: Designated Funds - Guatemala Beginning of Year: \$0 E	nd of Year: \$6,795
Description: Designated Funds - International Beginning of Year: \$	0 End of Year: \$19,673
Description: Designated Funds - Habitat Beginning of Year: \$0 End	of Year: \$6,499

Additional information from your 2018 Federal Exempt Tax Return

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 1 Itemization Statement

Description	Amount
Auction International	4,750.
Corporate Contributions	215.
Total	4,965.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 22, Column (A)

Itemization Statement

Description	Amount
Independent Bank	103.
Total	103.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 22, Column (B)

Itemization Statement

Description	Amount
Independent Bank Grants	6,795.
Independent Bank Operating	13,811.
Undeposited Funds	-2,950.
Total	17,656.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities

Event 1 Gross Receipts Itemization Statement

Description	Amount
Sponsorships	5,000.
Table Sponsors	5,000.
Tickets	1,200.
Total	11,200.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities

Event 2 Gross Receipts Itemization Statement

Description	Amount
5K Sales	6,047.
Booth Space	2,800.
Duck Sales	56,250.
Merchandise Sales	2,053.
Sponsorships	71,900.
Total	139,050.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities Event 1 Other Direct Exp. Itemization Statement

Description	Amount
Audio/Video	500.
Color Guard	50.
Cookies	563.
Printing	350.
Total	1,463.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities Event 2 Other Direct Exp. Itemization Statement

Description	Amount
5K	7,403.
Duck Derby	33,634.
Merchandise	1,198.
Event Costs	34,859.
Storage	1,306.
Total	78,400.