HANKINS, EASTUP, DEATON, TONN & SEAY

A PROFESSIONAL CORPORATION CERTIFIED PUBLIC ACCOUNTANTS

P.O. BOX 977 - 902 NORTH LOCUST ST. DENTON, TX 76201 (940) 387-8563

February 4, 2021

Rotary International - Denton PO Box 1622 Denton, TX 76202

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

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ROTARY INTERNATIONAL - DENTON

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	2019	2018	DIFF
FORM 990-EZ REVENUE CONTRIBUTIONS, GIFTS, AND GRANTS MEMBERSHIP DUES AND ASSESSMENTS INVESTMENT INCOME	4,915 54,199 0	15,764 67,543 386	-10,849 -13,344 -386
NET INCOME (LOSS) - SPECIAL EVENTS.	-6,691	19,334	-26,025
TOTAL REVENUE	52,423	103,027	-50,604
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID PROFESSIONAL FEES/PYMT TO CONTRACTORS PRINTING, PUBLICATIONS, AND POSTAGE OTHER EXPENSES	0 11,012 0 58,528	20,189 9,398 5 68,048	-20,189 1,614 -5 -9,520
TOTAL EXPENSES	69,540	97,640	-28,100
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR OTHER CHANGES IN NET ASSETS/FUND BAL NET ASSETS/FUND BAL. AT END OF YEAR	-17,117 77,373 0 60,256	5,387 72,031 -45 77,373	-22,504 5,342 45 -17,117

PAGE 1

ROTARY INTERNATIONAL - DENTON

75-0533079

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

PREPARER E-FILE INSTRUCTIONS - FEDERAL

ROTARY INTERNATIONAL - DENTON

75-0533079

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

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)

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2019 calendar year, or tax year beginning $7/01$, 2019, and ending $6/30$	•	2020
В	Check i	if applicable: C	Employer id	entification number
		s change ROTARY INTERNATIONAL - DENTON	75-05	33079
<u> </u>	Name o	IPO ROY 1622	Telephone r	
H	Initial re	DENTON, TX 76202	940-3	87-8563
-		i	Group Ex	emption
	ł	ation pending	Number	<u>► 0573</u>
G	Accou			organization is not
L	Webs	Met IIIII.//MM.Daniontolinti.com/		Schedule B
J	Tax-ex	xempt status (check only one) — 501(c)(3) X 501(c)(4) _ ◄ (insert no.) 4947(a)(1) or 527 (Form 9	990, 990-EZ	, or 990-PF).
ĸ		of organization: X Corporation Trust Association Other		
L_	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	* Ş	88,969.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		
		Contributions, gifts, grants, and similar amounts received		4,915.
		Program service revenue including government fees and contracts		=
	3	Membership dues and assessments		54,199.
	4	Investment income.	4	
		Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c	
4		Gaming and fundraising events:	5.1.544	
Ž		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
ě	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	55.	
	c	Less: direct expenses from gaming and fundraising events. 6c 36,54	100000000000000000000000000000000000000	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	-6,691.
		Gross sales of inventory, less returns and allowances		
		Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		52,423.
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
	12	Salaries, other compensation, and employee benefits		
Expenses	13	Professional fees and other payments to independent contractors		11,012.
ens	14	Occupancy, rent, utilities, and maintenance.		
Ϋ́	15	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). SEE SCHEDULE O	15	50 500
	16	Other expenses (describe in Schedule O).	16 . ► 17	<u>58,528.</u>
	17	Total expenses. Add lines 10 through 16.	18	69,540.
Ś	18	Excess or (deficit) for the year (subtract line 17 from line 9)	FILT7.69/19	-17,117.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return)	ear 19	77,373.
Ĕ	20	Other changes in net assets or fund balances (explain in Schedule O)		11,515.
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		60,256.
	1-1	The about of faile belondood at one of Journal of the second of the seco		

Pal	Balance Sheets (see the instance Check if the organization used Sche	tructions for Mart II) dule 0 to respond to any que	stion in this Part II			X
			1	(A) Beginning of year	ar 📗	(B) End of year
22	Cash, savings, and investments			75,443		51,096.
23	Land and buildings		<u>, , , , , , , , , , , , , , , , , , , </u>		23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE	<u> </u>	11,810	. 24	15,509.
25	Total assets		<u></u>	87,253	. 25	66,605.
26	Total assets	SEE SCHEDULE	EQ	9,880	. 26	6,349.
27	Net assets or fund balances (line 27 of c	olumn (B) <mark>must</mark> agree with lir	ne 21)	77,373	. 27	60,256.
Pai	Statement of Program Service Acco	mplishments (see the instruction	ons for Part III)	[]		Expenses
	Check if the organization used Sch	nedule O to respond to any qu	uestion in this Part II	ıX		uired for section 501
What	s the organization's primary exempt purpose? SEE	SCHEDULE O) and 501(c)(4) nizations: optional
Desc	ribe the organization's program service ac	complishments for each of it	s three largest progra	am services, as		thers.)
bene	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	ach program title.	es provided, the right			
28	VARIOUS LOCAL AND INTERNA	TIONAL COMMUNITY S	SERVICE PROJEC	CTS.		
	(Grants \$) If th	is amount includes foreign gr	ants, check here		28 a	
29						
						ļ
	(Grants \$) If th	is amount includes foreign gr	ants, check here		29 a	
30						
		is amount includes foreign gr			30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If th	is amount includes foreign gr	ants, check here	·····	31 a	
32	Total program service expenses (add lin	es 28a through 31a)			32	(D + 00
20	t IV List of Officers, Directors, T	rustees, and Key Emplo				ne instructions for Part IV)
	Check if the organization used Sc	nedule O to respond to any q		(d) Health henefit		1
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensat (Forms W-2/1099-MISC	1011 L. contributions to ome	loyee	(e) Estimated amount of other compensation
	• •	position	(if not paid, enter -0-)	compensation		
JE	NNIFER MEARS					_
	RECTOR	1		0.	<u>0.</u>	0.
	AM REESE			_	_	
	RECTOR	1		0.	0.	0.
	NCE BAUGHER				^	
DI	RECTOR	1		0.	0.	0.
	N ALDRIDGE				_	
	ESIDENT ELECT	1	<u> </u>	0.	0.	0.
	K MORLEY			_	0.	0.
	CRETARY	1		0.	<u> </u>	J
	RRIN RETZER	1		o.	0.	0.
	RECTOR		<u> </u>	0.	<u> </u>	<u> </u>
	CK KEARNEY	1 2	,	o.	0.	0.
	EASURER DEN MCDANTELS			0.		
	REN MCDANIELSRECTOR	1	,	0.	0.	0.
	RECTOR RK BURROUGHS	 	-	<u> </u>	<u> </u>	
	RECTOR	1 1		o.	0.	0.
	NDELL GARDEN		-			
	ESIDENT	1	3	0.	0.	0.
	NDY ROBINSON					
	NDI ROBINSON ST PRESIDENT	1		o.	0.	0.
	AN PERKINS	-				
	RECTOR	1		0.	0.	0.
	RECTOR RSHA WESTHOFF			<u> </u>	<u></u>	
	RECTOR	1	լ	0.	0.	0
	N TESTER					
	RECTOR	1	L l	0.	0.	0
		TEE A0912	00/02/10			Form 990-F7 (2019)

33 Dit the organization engage in any significant activity not previously reported to the IRS? 34 Wee any significant charge made to the organizary or generally occurreds if "res," provide a detailed description of each activity in Schedule 0. 34 We any significant charge made to the organizary or generally occurreds if "res, attach anothrance capy of the amended documents if the reflect a charge to be agranization as when the organizary or generally occurreds if "res, attach anothrance capy of the amended documents if the reflect a charge to be agranization as when the organization and the organization as when the organization of the organization as when the organization as when the organization is defined to the organization as when the organization of	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.				
If Y'es', provide a detailed description of each activity in Schedule O. Wes in synightic draigem diet in the opinizary or proving documents in 1 the, attach a curformed capy of the americal accounts in they inflied a charge to the opinization have under the opinization from the o					No
a charge to the organization's race. Otherwise, epilain the charge or Shedule Q. See Instructions. 34	If 'Yes,' provide a detailed description of each activity in Schedule O		33		X
35 a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on innes 2.6, and 7a, among others); b) if "Yes" to line S5a, has the organization fled a Form 990-1 for the year? if "No." provide an explanation in Schedule 0. c) Was the organization of provide an explanation in Schedule 0. c) Was the organization undergo a liquidation, discoslotion, fermination, or significant organization undergo a liquidation, discoslotion, fermination, or significant organization undergo a liquidation, discoslotion, fermination, or significant organization before the form 120-PoL for this year? 35 Dit the organization before 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? 36 Dit 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? 37 Display to the complete Schedule L. Part II, and enter the total amount involved. 38 Section 90(c)(7) organizations. Enter: 3 Initiation fees and capital contributions: included on line 9 39 Logical School (8) (9) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 P. 0.; section 4912 P. 0.; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: N/A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: N/A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: N/A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year that has not been reported on any of its prior from 500 E.Z. organization section in a prior year that has not been reported to the propagation of the	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 the significant changes made to the organizing or governing documents?	lect .	24		
(such as those reported on lines 2, 6a, and 7a, among others)? b) if "yes to line 33a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. c Was the organization a section 501(c)(6), 501(c)(5), or 501(c)(6) organization subject to section 503(c) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Spendide O, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spendice is part of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions			34	\longrightarrow	_X
bit Mest for the 35a. has the organization filed a Form 990-T for the year? If No., provide an explanation in Schedule 0. c Was the organization as Section 501(c)(4), 501(c)(5), or 501(c)(6), or 501			35 a	ļ	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or				-	
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.				
disposition of net assets during the year? If "Yes,' complete applicable parts of Schedule N 38	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	<u>L</u> i	35 c]	<u>X</u>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a	36 Did the organization undergo a liquidation, dissolution, termination, or significant	<u> </u>	36		v
b Did the organization file Form 1120-POL for this year? 38 a Did the organization bis row from, or make any loans to, any officer, director, frustee, or key employee; or were any such boars made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Did the organization complete Schedule L, Part II, and enter the total amount involved. 38 b					
38 a Dit the organization borrow from, or make any loans to, any officer, director, fusices, 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?. 38 a X bit "Yes," complete Schedule L, Part II, and enter the total amount involved. 39 Section 501(c)(2) organizations. Enter: 30 a	b Did the organization file Form 1120-POL for this year?		37 b		X
any such loans made in a prior year and still offstanding at the end of the lax year covered by this return?					
a mount involved. a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	:	38 a		X
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 \rightarrow 0, section 4912 \rightarrow 0, section 4915 \rightarrow 0, section 4911 \rightarrow 0, section 4911 \rightarrow 0, section 4911 \rightarrow 0, section 4910(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 \rightarrow 0, decided by the organization. At any time during the example of the 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 \rightarrow 0, decided by the organization. At any time during the eax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8565-1. 41 List the states with which a copy of this return is filled \rightarrow \frac{NONE}{NONE} 42 a The organizations books are in care of \rightarrow ROBERT SEAY Located at \rightarrow 90. \rightarrow \frac{NONE}{NONE} 42 a The organization and the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 b At any time during the calendar year, did the organization maintain an office outside the United States? 42 c At any time during the calendar year, did the organization for a foreign Bank and Financial Accounts (FBAR). 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here ano	b If 'Yes,' complete Schedule L, Part II, and enter the total	0			
a Initiation fees and capital contributions included on line 9, b Gross receipts, included on line 9, for public use of club facilities 39 0 0. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 P 0.; section 4912 P 0.; section 4951 P 0. b Section 501(c)(3), 501(c)(4), and 501(c)(20) 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. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4995. d 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 4995. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 886-1. 42 a The organizations books are in care of P ROBERT SEAY Tocated at P 902 N, TOCUST DENTON TX. 5 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country found as a bank account, securities account, or other financial accounts (FBAR). 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 10/4 N/A and enter the amount of tax-exempt interest received or accrued during the tax year 10/4 N/A and enter the amount of tax-exempt interest received or accrued during the tax year 10/4 N/A N/A and enter the amount of tax-exempt interest received or accrued during the tax year 10/4 N/A N/A N/A Did the organizati		0.			
b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(2)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 * 0 , i section 4912 * 0 , i section 4955 * 0 , 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-E27 if Yes, 'complete Schedule L, Part I. 6 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 .	No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	0.			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911			Ar The Suppr		
section 4911 > 0.; section 4912 > 0.; section 4915 > 0. b Section 501(c)(3), 3015(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-E2? If Yes; complete Schedule I., Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the position of the position o					
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction timing 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-E27 If Yes,' complete Schedule L, Part I. 40b		0.			
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-EZ7 if "Yes," complete Schedule L., Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T. 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of ROBERT SEAY Telephone no. 940-387-8563 Located at 9 902 N. LOCUST DENTON TX 21P-4 76201 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here N/A and enter the amount of fax-rexempt interest received or accrued during the tax year N/A and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No N/A N/A N/A N/A N/A N/A N/A	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	Ē			
c Section 501(c)(3), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955. and 4958. 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-1. List the states with which a copy of this return is filed NONE 1	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		40 h	.	v
d Section 501c(x)3, 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization — 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed * NONE 42 a The organization's books are in care of * ROBERT SEAY	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 0		A Mari
d Section 501c(x)3, 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40	managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of ROBERT SEAY Telephone no. 940 - 387 - 8563 Located at 902 N. TOCUST DENTON TX Located at 902 N. TOCUST DENTON TX BY A transport time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here. and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? 44b X 45 Did the organization receive any payments for indoor tanning services during the year? 44c X 45 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	LO L' FOLCA (O) FOLCA (A) and FOLCA (OO) and relief to a Folca and the AO relief to an allow AO relief to an allow AO relief to a fine AO relief t				aller of the
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c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44 d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X	e All organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of ROBERT SEAY Telephone no. 94 Located at 902 N. LOCUST DENTON TX b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	0-38: 201	7-83 	Yes	No X X N/A N/A No
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45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	by the organization. e All organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T. 41 List the states with which a copy of this return is filed ▶ NONE 42 a The organization's books are in care of ▶ ROBERT SEAY Telephone no. ▶ 94 Located at ▶ 90.2 N. TOCUST DENTON TX ZIP + 4 ▶ 76 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	d	7-83 42 b 42 c	Yes	No X N/A N/A No X X
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of ROBERT SEAY Located at P902 N. LOCUST DENTON TX ZIP+4 76 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filling 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. 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 790 for report these payments?	d	7-83 42 b 42 c	Yes	No X N/A N/A No X X
Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of ROBERT SEAY Telephone no. 94 Located at 902 N. TOCUST DENTON TX Located at 902 N. TOCUST DENTON TX Located at 902 N. TOCUST DENTON TX At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country and enter the amount of tax-exempt interest received or accrued during the tax year. 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. 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes,' bine 44c, has the organization filed a Form 720 to report these payments? If the organization is explanation in Schedule O.	0-38: 201	7-83 42 b 42 c 44 a 44 a 44 b 44 c	Yes	No X X N/A NO X X X X X
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of ROBERT SEAY Telephone no. 94 Located at 902 N. TOCUST DENTON TX 2IP +4 76 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization poperate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed in I'No,' provide an explanation in Schedule O. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.	d d	7-83 42 b 42 c 44 a 44 a 44 b 44 c	Yes	No X X N/A N/A No X X X

						Yes	No
	e organization engage, directly or indirect				46		Х
Part VI	All section 501(c)(3) organization	s Only				les	<u> </u>
	for lines 50 and 51. Check if the organization used Schedule	e O to respond to any o	uestion in this Part V	T			. П
						Yes	No
	e organization engage in lobbying activiti lete Schedule C, Part II						
	organization a school as described in se						
	e organization make any transfers to an s,' was the related organization a section						 -
50 Comp	lete this table for the organization's five h	nighest compensated e	mployees (other than	officers, directors, truste	es, and key	1	
emplo	oyees) who each received more than \$10	0,000 of compensation	from the organization	. If there is none, enter 'I	None.'		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
f Total	number of other employees paid over \$1	00 000			<u></u>		
51 Comp	plete this table for the organization's five I	nighest compensated in	ndependent contracto	rs who each received mo	re than \$100	,000 a	of
	ensation from the organization. If there is		(h) Ty	pe of service	(c) Com	nensatic	
	a) Name and business address of each independent	Contractor	(-) (-)	po 0. del 1.00	1		
					<u>_</u>		
				· · · · · · · · · · · · · · · · · · ·			
52 Did th	number of other independent contractors ne organization complete Schedule A? No	ote: All section 501(c)(3) organizations must		. П.		
		wling accompanying schedules a		t of my knowledge and belief it is	► <u></u> Ye:	5 [No
true, correct, a	of perjury, I declare that I have examined this return, inclind complete. Declaration of preparer (other than offic	er) is based on all information	of which preparer has any l	knowledge.			
Sign	Signature of officer			Date			
Here	NON ALDRIDGE			PRESIDENT			
	Type or print name and title	Preparer's signature	Date		PTIN		
	Print/Type preparer's name	raparer s signature	Date	Check 🗀 if	P0034457	75	
Paid Preparer	ROBERT D. SEAY Firm's name ► HANKINS, EASTUP	, DEATON, TONN	& SEAY	Seir-employed	1003443		
Use Only	Firm's address • 902 N LOCUST ST	,		Firm's EIN	75-133		
-	DENTON, TX 7620					-85 <u>63</u>	7
	S discuss this return with the preparer sh	own above? See instru	ctions		► X Ye		No (2010)
RAA					LOUD 37	ソルピイ	120191

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

Open to Public Inspection

Employer identification number Name of the organization 75-0533079 ROTARY INTERNATIONAL - DENTON Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants f Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) from activity organization column (i) Yes No 1 2 3 5 6 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

RE			(a) Event #1 FLAG PROJECT (event type)	(b) Event #2 CENTENNIAL PRO (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
BCZE<	1	Gross receipts	21,960.	7,720.		29,680.
Ĕ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	21,960.	7,720.		29,680.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	4,740.	28,213.		32,953.
S	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 from				
ar		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered 'Yes' on	Form 990, Part IV,	line 19, or reported	more than
		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered 'Yes' on	Form 990, Part IV, (b) Pull tabs/instant bingo/progressive bingo	line 19, or reported (c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE		\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE EXPEN	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue.		(b) Pull tabs/instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE EXPEN	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE EXPERSE	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE EXPERSE	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue. Cash prizes. Noncash prizes. Rent/facility costs.		(b) Pull tabs/instant bingo/progressive		(d) Total gaming (add column (a)
REVENUE EXPENSE	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue. Cash prizes. Noncash prizes. Rent/facility costs. Other direct expenses.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes%	(d) Total gaming (add column (a)
REVENUE EXPENSE	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue. Cash prizes. Noncash prizes. Rent/facility costs. Other direct expenses.	(a) Bingo Yes % No ugh 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming	(d) Total gaming (add column (a) through column (c))

Sche	edule G (Form 990 or 990-EZ) 2019 ROTARY INTERNATIONAL - DENTON 7.	5-0533079	Page 3
	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 for administer charitable gaming?	med to	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13 a	%
	b An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records:	
	Name •		
	Address •		
I	a Does the organization have a contract with a third party from whom the organization receives gaming revenue by If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶ \$ color 'Yes,' enter name and address of the third party:	ne amount	
	Name •		₁
	Address •		ⁱ
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s organization's own exempt activities during the tax year 	pent in the	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	olumns (iii) and ny additional	;(v);
	\cdot		
BAA	TEEA3703L 08/19/19 Schedul	e G (Form 990 or 9	90-EZ) 2019

SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

OTARY INTERNATIONAL - DENTON	75-0533079
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
BAD DEBT BOARD MEALS CLUB ADMINISTRATION CLUB SUPPLIES CONFERENCES, CONVENTIONS, AND MEETINGS FOUR WAY SPEECH CONTEST MEMBERSHIP DUES	1,9° 2,9° 2,6° 60 33,3°
PIANO PRESIDENT'S DISCRETIONARY FUND ROTARY FOUNDATION SERVICE PROJECTS YOUTH SERVICES	1,00 1,00
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	
ACCOUNTS RECEIVABLE	BEGINNING ENDING \$ 11,810. \$ 15, TOTAL \$ 11,810. \$ 15,
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES	
	BEGINNING ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 9,880. \$ 6,3

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

COMMUNITY SERVICE

TOTAL \$

9,880. \$

6/30/20	7	2019 F	EDER	AL B	8 8 8	DEPI	2019 FEDERAL BOOK DEPRECIATION SCHEDULE	NOIL	SCHE	DULE				PAGE 1	
			_	ROTAI	RY INT	ERNATI	ROTARY INTERNATIONAL - DENTON	DENTO	-					75-0533079	ക
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDLICT	DEPR. BASIS	PRIOR DEPR.	METHOD	METHOD LIFE RATE	CURRENT DEPR.	
1 990/990-PF															
FURNITURE AND FIXTURES															
1 FILING CABINETS	6/01/05		1,507							1,507	1,507	S/L HY	ო	0	
2 LAPTOP, PROJECTOR, ETC 3 TABLETOP LECTERN	7/21/11 8/04/11		1,342							1,342	1,342	S/L HY S/L HY	വ വ	0 0	0 0
		•	3,442	1	0	0	0	0	0	3,442	3,442				0
TOTAL DEPRECIATION			3,442	1 1		0	0	0	0	3,442	3,442				0
GRAND TOTAL DEPRECIATION		•	3,442	•	0			0	0	3,442	3,442				0
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	-														
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