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Form	990-EZ	

Short Form

OMB No. 1545-0047

2020

Open to Public

Return of Organization Exempt From Income Tax

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

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

		the Treasury us Service Go to www.irs.gov/Form990EZ for instructions and the latest information	n.	Inspection
AF	or the	2020 calendar year, or tax year beginning Jul 1 , 2020, and ending	Jun 30	, 20 21
Bc	heck if ap	plicable: C Name of organization D	Employer ide	entification number
\Box	Address cl	nange Rotary Club of Cross Timbers Texas	47-4222	175
	Name chai	nge Number and street (or P.O. box if mail is not delivered to street address) Room/suite E	Telephone nu	umber
	Initial retur	100 Parker Square	9728991	.250
	⊦inal returr Amended i	/terminated City or town, state or province, country, and ZIP or foreign postal code F	Group Exe	nption
	Application	Flower Mound TX 75028	Number	•
			neck 🕨 🗙 i	f the organization is not
	Vebsite			ach Schedule B
JTa	ax-exem		orm 990, 990)-EZ, or 990-PF).
		organization: 🛛 Corporation 🗌 Trust 🗌 Association 🗌 Other		
		5 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
(Par	t II, colu	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. 🕨 💲	115,587.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions	
		Check if the organization used Schedule O to respond to any question in this Part I		🗵
	1	Contributions, gifts, grants, and similar amounts received		3,475.
	2	Program service revenue including government fees and contracts		·
	3	Membership dues and assessments	. 3	108,822.
	4	Investment income	. 4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses		
	с	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events:		
	а	Gross income from gaming (attach Schedule G if greater than		
Iue		\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
Re		from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b		
		Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	ract	
		line 6c)	· 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	
	8	Other revenue (describe in Schedule O)See. Line 8 Stmt.		3,290.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	115,587.
	10	Grants and similar amounts paid (list in Schedule O)		627.
	11	Benefits paid to or for members		41,635.
Expenses	12	Salaries, other compensation, and employee benefits		11 600
еņ	13	Professional fees and other payments to independent contractors		11,600.
dX.	14	Occupancy, rent, utilities, and maintenance		
ш	15	Printing, publications, postage, and shipping		
	16	Other expenses (describe in Schedule O)		6,679.
	17	Total expenses. Add lines 10 through 16		60,541.
<u>ets</u>	18 19	Excess or (deficit) for the year (subtract line 17 from line 9)		55,046.
SS	13	end-of-year figure reported on prior year's return)		_25 007
Net Assets	20			-35,987.
Ne	20 21	Other changes in net assets or fund balances (explain in Schedule O)		19,059.
For			5/18/21 PRO	Form 990-EZ (2020)
	. aperv		0, 10/21 F ICU	FORM 330-LL (2020)

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Pa	rt II Balance Sheets (see the instructions f	,				_
	Check if the organization used Schedule	O to respond to ar				
				(A) Beginning of year	`	B) End of year
22	Cash, savings, and investments			,	22	22,996.
23	Land and buildings		•••••		23	
24	Other assets (describe in Schedule O)		• • • • • •		24	
25			• • • • • •	-	25	22,996.
26	Total liabilities (describe in Schedule O)			,	26	3,937.
27	Net assets or fund balances (line 27 of column	<u> </u>	,		27	19,059.
Par	t III Statement of Program Service Accom	• •		'		Expenses
W/bo	Check if the organization used Schedule	•		Partini 📋	(Requi	ired for section
		See Part III			. ,	(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the			organi others	zations; optional for .)
28	Donations - Collections from memb	<u> </u>	±0			
20	nonprofit organizations	ers to donate				
	(Grants \$ 627.) If this amount				28a	627.
29	Community Service - Engage is var service needs in local service ar	ious community ea	/			
	(Grants \$ 368.) If this amount	includes foreign gra	nts, check here .	▶ 🗌	29a	368.
30						
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
20		includes foreign gra			31a	0.05
-	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key				32	995.
Fai	Check if the organization used Schedule				Struct	
	Check II the organization used Schedule	· · ·	(c) Reportable	(d) Health benefits,	· ·	· · · · □
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensatior	oth	stimated amount of her compensation
Dor	na Hernandez					
Pre	esident	5.00	0.	0.	.	0.
She	elly Dodge					
Pre	esident-Elect	4.00	0.	0.	.	0.
	N Moll					
Vic	e-President	3.00	0.	0.	.	0.
Tra	cee Elrod					
Sec	retary	5.00	0.	0		0.
Bru	ce Schultes					
Tre	asurer	5.00	0.	0	.	0.
Mel	issa Nobles					
Ser	geant at Arms	3.00	0.	0	.	0.
Gir	iger Eads					
	t President	3.00	5,100.	0		0.
Chu	ick Elsey					
	jal Counsel	3.00	0.	0	•	0.
	ly Eads					
	ndation Chair	3.00			.	_
		3.00	0.	0		0.
) Phillips	3.00	0.	0		0.
	bership Chair	-	0.	0		
		3.00				0.
Clu	bership Chair	-				
Clu	bership Chair cole Smith	3.00	0.	0		0.

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
00			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			
250		34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business 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		
c	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			
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		×
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	-		
39 a	Section 501(c)(7) organizations. Enter: 39a			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
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	40c reimbursed by the organization \ldots \ldots \ldots \ldots \ldots \ldots \ldots			
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	40e		×
41 42a	List the states with which a copy of this return is filed ► The organization's books are in care of ► Ginger A. Eads, C.P.A. Telephone no. ► (972)	2189	9_12	50
72a	Located at \blacktriangleright 700 Parker Square, Ste 100A, Flower Mound TX ZIP+4 \blacktriangleright 7502		9 – <u>1</u> 2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		×
43	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	120		
70	and enter the amount of tax-exempt interest received or accrued during the tax year \ldots \rightarrow 43	• •		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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			
-	completed instead of Form 990-EZ	44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×

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	Did the eventsization encoded divestly as in			hehelf of ou			Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	complete Schedule C	ampaign activities on Part I	benalt of or	in opposit	• 46		×
Part		s Only s must answer que	stions 47–49b and	52, and cor	nplete the		for lin	
							Yes	No
47	Did the organization engage in lobbying				luring the			
48	year? If "Yes," complete Schedule C, Par Is the organization a school as described in					47 48		
4 0 49а	Did the organization make any transfers to							
b	If "Yes," was the related organization a se	•	•				-	
50	Complete this table for the organization's employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions t benefit plans, a compens	oenefits, o employee and deferred	(e) Estimat other cor	ed amo	unt of
f 51	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the organ	s five highest compe	ensated independent	contractors	who each	received	l more	e than
	(a) Name and business address of each independent contractor (b) Type of se		(b) Type of serv	ice	(c)	Compensat	ion	
			-					
			4					

d	Total number of other independent contractors each receiving over \$100	0,000▶
52	Did the organization complete Schedule A? Note: All section 50	1(c)(3) organizations must attach a
	completed Schedule A	· · · · · · · · · · ▶ □ Yes □ No
Under p	penalties of periury. I declare that I have examined this return, including accompanying schedul	ules and statements, and to the best of my knowledge and belief, it is

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	\			
Sign	Signature of officer		C	Date
Here	Ginger A Eads, Past President			
	Type or print name and title			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if PTIN
Preparer	Ginger A. Eads, C.P.A.			self-employed P00215198
Use Only	Firm's name ▶ Ginger A. Eads,	C.P.A.	F	irm's EIN ►
	Firm's address ▶ 700 Parker Squar	e, Ste 100A, Flower Mound,	TX 75028 _F	Phone no. (972)899-1250
May the IRS discuss this return with the preparer shown above? See instructions				

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

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

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
Lori Fickling				
Public Relations Chair	3.00	0.	0.	0.
Lori Walker				
Leadership Council Chair	3.00	0.	0.	0.
Tony Mowles				
Community Service Chair	3.00	0.	0.	0.
Will Carlton				
International Service Chair	3.00	0.	0.	0.
Peggy Krueger				
Youth Services Chair	3.00	0.	0.	0.
Lisa Pierce-Johnson				
Vocational Chair	3.00	0.	0.	0.
Shelli Gomes				
At-Large	3.00	0.	0.	0.
Kay Trotter				
At-Large	3.00	0.	0.	0.
David Hodges				
At-Large	3.00	0.	0.	0.
Cheryl Close				
Executive Secretary	10.00	6,500.	0.	0.
	37.00	6,500.	0.	0.

Continuation Statement

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax		
Line 8: Other Revenue Continuation Staten		
Description	Amount	
Fellowship Income	3,290.	
Total	3,290.	

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Description	Amount
Computer, Website	3,161.
Credit Card Fees	2,200.
Meals/Entertainment	365.
Office Supplies	85.
Service Projects	368.
Sponsorships	500.
Tota	d 6,679.

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

Organization's Primary Exempt Purpose The corporation is organized for charitable, religious, scientific, literary, or educational purposes within the meaning of Section 501(c)(4)of the IRC.

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Continuation Statement

Continuation Statement

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Name of the organization Employer identific	
Rotary Club of Cross Timbers Texas	47-4222175

Pt I, Line 8:
Description: Fellowship Income \$3,290
Pt I, Line 10:
Description: Donation
Class of activity: Donation
Grantee's name: Salvation Army
Grantee's address: 206 W. Main Street Lewisville TX 75057
Grantee's relationship: Nonprofit Organization
Amount given: \$627
Pt I, Line 16:
Description: Computer, Website \$3,161
Description: Credit Card Fees \$2,200
Description: Meals/Entertainment \$365
Description: Office Supplies \$85
Description: Service Projects \$368
Description: Sponsorships \$500
Pt II, Line 26:
Description: N/P Cross Timbers Rotary Club Charities Beginning of Year: \$50,129 End of Year: -\$311
Description: Paul Harris Due to Rotary International Beginning of Year: -\$407 End of Year: \$4,248

Additional information from your 2020 Federal Exempt Tax Return

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

Line 1		Itemization Statement	
	Description		Amount
Contributions			589.
Happy Jar			2,886.
		Total	3,475.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 3

Description	Amount
Credit Dues	-1,900.
Initial Membership Fees	2,000.
Meetings Income	300.
Quarterly Membership Dues	108,422.
Total	108,822.

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

	iterinization Statement
Description	Amount
Club Supplies	4,729.
Conference, Convention, Meeting	2,260.
District Dues	3,795.
Facility/Meals	13,569.
Fellowship	2,043.
Gifts/Prizes	1,506.
International Dues	10,605.
Special Events/Luncheons	3,128.
Total	41,635.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 13

Description	Amount
Accounting	5,100.
Administration	6,500.
Total	11,600.

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

Line 22, Column (A)

Itemization Statement

Itemization Statement

Description	Amount
Independent Operating	12,810.
Petty Cash	100.

Itemization Statement

1

Itemization Statement

Line 22, Column (A)	Itemization Statement
Description	Amount
Undeposited Funds	825.
Total	13,735.

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

Description	Amount
Independent Financial Operating	21,946.
Petty Cash	100.
Undeposited Funds	950.
Total	22,996.

47-4222175

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Itemization Statement