HANKINS, EASTUP, DEATON, TONN, SEAY & SCARBOROUGH

A LIMITED LIABILITY COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

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

May 11, 2023

Rotary International - Denton PO Box 1622 Denton, TX 76202

Your 2021 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,

Robert D. Seay

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2021 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)

ROTARY INTERNATION	NAL - DENTON		75=0533079.
	2021	2020	DIFF
FORM 990-EZ REVENUE CONTRIBUTIONS, GIFTS, AND GRANTS MEMBERSHIP DUES AND ASSESSMENTS NET INCOME (LOSS) - SPECIAL EVENTS	14,495 46,448 18,237	9,035 32,478 26,724	5,460 13,970 -8,487
TOTAL REVENUE	79,180	68,237	10,943
EXPENSES PROFESSIONAL FEES/PYMT TO CONTRACTORS OTHER EXPENSES	10,008 61,613	9,332 43,801	676 17,812
TOTAL EXPENSES	71,621	53,133	18,488
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	7,559 80,187 0 87,746	15,104 60,256 4,827 80,187	-7,545 19,931 -4,827 7,559

Short Form Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

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

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Name change Power		Address	change DOWNDY INTERNATIONAL - DENTON	75-05330)79
Family descriptions Part			PO BOX 1622		
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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. A third invariant the organization used Schedule O to respond to any question in this Part I. A third invariant the organization used Schedule O to respond to any question in this Part I. A third invariant the organization used Schedule O to respond to any question in this Part I. A third invariant the organization used Schedule O to respond to any question in this Part I. A third invariant the organization used Schedule O to respond to any question in this Part I. A document the organization used Schedule O to respond to the season of the part of the season of contributions or the part of the season of the part of the	<u></u>		empt status (check only one) =		
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21 Net assets of fund balances at end of year. Combine lines to through 20.	9	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-or-year figure reported on prior year's return)		80.187
21 Net assets of fund balances at end of year. Combine lines to through 20.	φ	200	Other changes in net assets or fund halances (explain in Schedule (1)		
Z1 Not doctor of faile believed	Ν̈́	20	Net assets or fund halances at end of year. Combine lines 18 through 20	▶ 21	87.746.

BAA

TEEA0812L 09/27/21

Form 990-EZ (2021)

Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		0.0.0.000	П
			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		X
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	34		X
35 a	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)?	35 a		<u>X</u>
Ŀ	of 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
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	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant	000		
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
ŧ	Did the organization file Form 1120-POL for this year?	37 b	20	<u>X</u>
38 a	a 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?	38 a		Х
ì	off 'Vos' complete Schedule I. Part II. and enter the total			
	amount involved			
39	Section 501(c)(7) organizations. Enter: A politication fees and capital contributions included on line 9			
č	i lilliation lees and capital contributions included on into			
	dioss receipts, included on line 3, for public dos of slas receives.			
40 :	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	* 4		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.	10.50		
!	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	40 b		X
,	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	L.		
	by the organization			
	All examplestions. At any time during the tay year, was the organization a party to a prohibited tax	40 -		X
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e		
	shelter transaction? If 'Yes,' complete Form 8880-1	40 e		
41	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE	40 e		
	shelter transaction? If 'Yes,' complete Form 8880-1	40 e		
41	List the states with which a copy of this return is filed NONE The organization's		563	1
41	a The organization's books are in care of ► ROBERT SEAY NONE NONE NONE Telephone no. ► 940-3		563	
41 42	a The organization's books are in care of PO2 N. LOCUST DENTON TX Shelter transaction? If Yes, complete Form 8886-1 NONE Telephone no. P 940-3 ZIP + 4 76201		563 Yes	No
41 42	a The organization's books are in care of PO2 N. LOCUST DENTON TX Shelter transaction? If Yes, complete Form 8886-1 NONE Telephone no. P 940-3 ZIP + 4 76201			
41 42	a The organization's books are in care of ▶ ROBERT SEAY Selected at ▶ 902 N. LOCUST DENTON TX bath 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)?	87-8		No
41 42	a The organization's books are in care of PO2 N. LOCUST DENTON TX Shelter transaction? If Yes, complete Form 8886-1 NONE Telephone no. P 940-3 ZIP + 4 76201	87-8		No
41 42	a The organization's books are in care of ▶ ROBERT SEAY Selected at ▶ 902 N. LOCUST DENTON TX bath 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)?	87-8		No
41 42	a The organization's books are in care of ▶ ROBERT SEAY Selected at ▶ 902 N. LOCUST DENTON TX bath 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)?	87-8		No
42	List the states with which a copy of this return is filed NONE Telephone no. 940-3 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	87-8		No X
42	List the states with which a copy of this return is filed NONE Telephone no. 940-3 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	87-8		No
42	List the states with which a copy of this return is filed NONE Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX BAT 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)? 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?	87-8 42 b		No X
42	List the states with which a copy of this return is filed NONE Telephone no. 940-3 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	87-8 42 b		No X
42	List the states with which a copy of this return is filed NONE Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX BAT 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)? 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?	87-8 42 b		No X
42	List the states with which a copy of this return is filed NONE a The organization's books are in care of ROBERT SEAY 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	87-8 42 b		No X
42	List the states with which a copy of this return is filed NONE a The organization's books are in care of ROBERT SEAY 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)? 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 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.	87-8 42 b		No X X
41 42	List the states with which a copy of this return is filed NONE a The organization's books are in care of ROBERT SEAY 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)? 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 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.	87-8 42 b	Yes	No X X X
41 42 43	List the states with which a copy of this return is filed NONE a The organization's books are in care of ROBERT SEAY ZIP + 4 76201 books are in care of ROBERT SEAY ZIP + 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 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? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43	87-8 42 b		No X X X
41 42 43	List the states with which a copy of this return is filed NONE Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX 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)? 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 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 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. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	87-8 42 b	Yes Yes	No X X X N/A N/A
41 42 43	Shelter transaction? If Yes, complete Form 88861 List the states with which a copy of this return is filled NONE a The organization's books are in care of ROBERT SEAY Telephone no. P940-3 Located at 902 N. LOCUST DENTON TX DATE of Table 1 Table 1 Table 1 Table 2 Tab	87-8 42 b	Yes Yes	No X X X
41 42 43	List the states with which a copy of this return is filed NONE a The organization's books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. TOCUST DENTON TX DATE: Books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. TOCUST DENTON TX ZIP + 4 76201 Both 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 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 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.	87-8 42 b	Yes	No X X X N/A N/A
41 42 43	List the states with which a copy of this return is filed NONE a The organization's books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. TOCUST DENTON TX DATE: Books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. TOCUST DENTON TX ZIP + 4 76201 Both 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 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 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.	87-8 42 b 42 c	Yes	No X X N/A N/A No X
41 42 43	List the states with which a copy of this return is filled NONE a The organization's books are in care of ROBERT SEAY Telephone no. 940–3 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 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 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 Lia 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? C Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c 44 a 44 b 44 c	Yes	No X X N/A N/A No X
41 42 43 44	List the states with which a copy of this return is filled NONE a The organization's books are in care of ROBERT SEAY 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)? 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 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 Telephone no. * 940-3 ZIP + 4 * 76201 To CUST DENTON TX If 'Yes,' enter the name of the foreign country * Section 1904 Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country * Section 4947(a)(1) nonexempt charitable trusts 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 To CUST DENTON TX Telephone no. * 940-3 ZIP + 4 * 76201 To CUST DENTON TX To Period at Park * Telephone no. * 240-3 Telephone no. * 240-3 To Elephone no. * 240-3	87-8 42 b 42 c	Yes	No X X N/A N/A No X X
41 42 43 44	List the states with which a copy of this return is filled NONE a The organization's books are in care of ROBERT SEAY Telephone no. 940–3 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 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 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 Lia 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? C Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c 44 a 44 b 44 c 44 d	Yes	No X X N/A N/A No X

46 E	Did th	e organization	engage, directly or indirec	tly, in political campai	gn activities	on behalf o	f or in or	position to			Yes	
C	candic	lates for public	office? If 'Yes,' complete	Schedule C, Part I				<u></u>		46		X
Part	VI]	Section 501 All section 50 for lines 50	I(c)(3) Organizations 501(c)(3) organization and 51.	s Only ns must answer qu	uestions 4	7-49b and	d 52, aı	nd complete	e the t	table	S	
		Check if the	e organization used S	Schedule O to resp	ond to an	y questio	n in thi	s Part VI				
			ngage in lobbying activities o						[47	Yes	No
			school as described in se							48		
			make any transfers to an						}	49 a		
			ted organization a section							49 b		Щ.
50 (ompi emplo	ete this table for yees) who each	the organization's five high received more than \$100,00	lest compensated emplo 10 of compensation from	the organiza	tion. If there	is none,	enter 'None.'	key			
		(a) Name and title of	of each employee	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2/ 1099-	1099-MISC/	contributi benefit pla	ealth benefits, ons to employee ans, and deferred npensation		stimate er com		
	·-											
				**								
								=			520	
									ļ			
f ·	Total	number of othe	er employees paid over \$1	00,000			<u> </u>					
51	Compl	lete this table for	r the organization's five high the organization. If there is	nest compensated indepe	endent contra	ictors who ea	ach receiv	ed more than \$	\$100,00	0 of		
			ess address of each independent co		T	(b) Type	of service		(c) Comp	ensatio	
	•	ay romo una sasmo	as dation of door, mapping it of		<u> </u>	(7)		3	 			
									-			,
												•
•									-			
d	Total	number of othe	er independent contractors	s each receiving over	\$100,000							
			complete Schedule A? No A				ittach a			Yes	. [No
			te that I have examined this return, ration of preparer (other than office				ne best of m	y knowledge and b	elief, it is		<u> </u>	
true, co	rrect, a	nd complete. Declar	ation of preparer (other than office	r) is based on all information	of which prepare	er has any know	rledge.					
Sian	Î	Signature of of	fficer				Date	1891		-		
Sign Here	•	RYAN MA					TREAS	URER				
		Type or print r Print/Type prepare		Preparer's signature		Date	1	 	PTIN			
		ROBERT D.	_	1 Topara 3 Signature		Bute		Check Lif	P0034	4457	5	
Paid Prepa	arer	Firm's name ►	HANKINS EASTUP	DEATON TONN SE	AY & SCA	ARBO		_ z z.mp.oyou	_ 000.	1-1J [<u> </u>	
Use C		Firm's address ►	902 N. LOCUST S					Firm's EIN	20	1159		
£			DENTON, TX 7620							387 <u>-</u>		1
		S discuss this r	return with the preparer st	nown above? See instr	ructions					X Yes		No
BAA									Fo	rm 99	0-EZ	(2021)

SCHEDULE G (Form 990)

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

and of the arrestination						Employer identifica	tion number			
OTARY INTERNATIONAL - DENTON 75-0533079										
Part I. Fundraising Activities. Compl	ete if the organ	ization ans	wered 'Ye	s' on Form 990, Part IV	/, line 17	7.				
1 Indicate whether the organization ra a Mail solicitations	aised funds thro	ough any c	of the follow e f	wing activities. Check al Solicitation of non-g Solicitation of gover	jovernm	ent grants				
c Phone solicitations d In-person solicitations			g	Special fundraising	events					
2 a Did the organization have a written employees listed in Form 990, Part b If 'Yes,' list the 10 highest paid ind compensated at least \$5,000 by the	ividuals or entit	ies (fundra	ny individu on with pro iisers) purs	ial (including officers, di fessional fundraising se suant to agreements un	irectors, ervices? ider whic	trustees, or ke	Yes No			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custoo of contr	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization			
1		Yes	No							
2										
- 3										
4										
5										
6										
7										
8										
9			į							
10						-				
Total										
List all states in which the organize or licensing.	zation is registe	red or lice	nsed to so	licit contributions or has	s been n	otified it is exer	mpt from registration			

75-0533079 ROTARY INTERNATIONAL - DENTON

Part II 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. (d) Total events (c) Other events (b) Event #2 (a) Event #1 (add column (a) through column (c)) NONE FLAG PROJECT (event type) (event type) (total number) Revenue 24,590. Gross receipts..... 24,590 Less: Contributions..... 24,590. 24,590. Gross income (line 1 minus line 2)..... Noncash prizes..... Direct Expenses Rent/facility costs..... 4,299. 4,299. Other direct expenses..... 4,299 Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (b) Pull tabs/instant (add column (a) bingo/progressive bingo (c) Other gaming (a) Bingo Revenue through column (c)) Gross revenue..... Direct Expenses Noncash prizes..... Rent/facility costs..... Other direct expenses..... Yes Yes Yes No No Volunteer labor..... No Net gaming income summary. Subtract line 7 from line 1, column (d)..... 9 Enter the state(s) in which the organization conducts gaming activities: No a Is the organization licensed to conduct gaming activities in each of these states?..... b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... Yes b If 'Yes,' explain:

Schedule G (Form	990) 2021	ROTARY INTER	RNATIONAL - DENTON	75-0533079	Page 3
			onmembers?,	Ye	es No
12 Is the organi administer cl	zation a grantor, be naritable gaming? .	eneficiary or trustee of	a trust, or a member of a partnership	or other entity formed to	es No
13 Indicate the	percentage of gami	ing activity conducted i	n:	1_1	
a The organiza	ation's facility			13 a	<u> </u>
b An outside fa	acility			13b	%
14 Enter the na Name ►			res the organization's gaming/special		
Address ►					
b If 'Yes,' entered of gaming recorded to the complete of the complete	er the amount of ga evenue retained by er name and addres	ming revenue received the third party ► \$_ss of the third party:		and the amount	
Name ► Address ►					Ī
	nager information:				
Name ► _					
Gaming man	nager compensatio	n ▶ \$			
Description	of services provide	d ►			
Director	/officer	Employee	Independent contrac	tor	
17 Mandatory	distributions:				
state gamin b Enter the ar	g license? mount of distribution		charitable distributions from the gamine law to be distributed to other exemperar		Yes No
Part IV Sup	nlemental Info	rmation. Provide t , 9b, 10b, 15b, 15	he explanations required by F c, 16, and 17b, as applicable.	Part I, line 2b, columns (iii) Also provide any additiona	and (v); al
				-	
ВАА			TEEA3703L 07/12/21	Schedule G	(Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ROTARY INTERNATIONAL - DENTON

Employer identification number 75-0533079

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
ADMINISTRATIVE BAD DEBTS. MEMBERSHIP DUES. MISCELLANEOUS. VARIOUS SERVICE PROJECTS. TOTAL	31,010. 3,856. 6,619. 365. 19,763. 61,613.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	$_{\rm BE}$	<u>GINNING</u>	<u>EMI</u>)TNG
ACCOUNTS RECEIVABLE	\$	11,570.	\$	793.
	\$	11,570.	\$	793.

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

			BEGTINI	ATMG _	
ACCOUNTS PAYABLE AND A	ACCRUED :	EXPENSESTOTAL	\$ 1 \$ 1	,843. ,843.	501. 501.

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

COMMUNITY SERVICE

FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
JENNIFER MEARS TREASURER	1	\$ 0.	\$ 0.	\$ 0.
RANDI SKINNER DIRECTOR	1	0.	- 0.	0.
VINCE BAUGHER DIRECTOR	1	0.	0.	0.
RON ALDRIDGE PAST PRES	1	0.	0.	0.
MAX MORLEY PRESIDENT	3	0.	0.	0.

Name of the organization

ROTARY INTERNATIONAL - DENTON

Employer identification number

75-0533079

FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
BROOKE MOORE DIRECTOR	1	\$ 0.	\$ 0.	\$ 0.
PAUL MELTZER PRES ELECT	1	0.	0.	0.
GINA ANDERSON DIRECTOR	1	0.	0.	0.
PETE BRADBURY DIRECTOR	1	0.	0.	0.
TOM PHILLIPS PAST PRESIDENT	1	0.	0.	0.
PENNY GEE DIRECTOR	1	0.	0.	0.
RICK WOOLFOLK DIRECTOR	1	0.	0.	0.
JENNIFER EBERT SECRETARY	1	0.	0.	0.
DICK PITROFF DIRECTOR	1	0.	0.	0.
HERB PROUTY DIRECTOR	. 1	0.	0.	0.
RYAN MAYER DIRECTOR	1	0.	0.	0.
PAM USLAN DIRECTOR	1	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

6/30/22	2021	2021 FEDERAI		X DEF	BOOK DEPRECIATION SCHEDULE	HOL	SCHE	DULE				PAGE 1
		R		VTERNA	ROTARY INTERNATIONAL - DENTON	DENTON						75-0533079
NO. DESCRIPTION	DATE DATE ACOUIRED SOLD	COST/ B BASIS P	CUR BUS. 179 PCT. BONIS	SPECIAL DEPR. AI I OW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAĞ /BASIS REDUCT.	DEPR. BASIS.	PRIOR	METHOD LIFE RATE	FE_RATE_	CURRENT DEPR
FORM 990/990-PF												
FURNITURE AND FIXTURES												
1	6/01/05	1,507						1,507	1,507	S/L HY	വ	0
2 LAPTOP, PROJECTOR, ETC. 3 TABLETOP LECTERN	8/04/11	593	į					593	593	S/L HY	2	0
TOTAL FURNITURE AND FIXTURE		3,442		0	0	0 0	0	3,442	3,442			0
TOTAL DEPRECIATION		3,442						3,442	3,442			0
GRAND TOTAL DEPRECIATION		3,442		0	0	0	0	3,442	3,442			0
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