Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	e 2018 calendar year, or tax year beginning Jul 1	, 2018, and ending	Jun 30	, 20 19		
В	Check if ap	applicable: C Name of organization			entification number		
	Address change Rotary Club of Cross Timbers Texas				2175		
Name change Number and street (or P.O. box, if mail is not delivered to street a		Number and street (or P.O. box, if mail is not delivered to stre	eet address) Room/suite	E Telephone n	umber		
\sqcup		nitial return 700 Parker Square 100A (97		(972)89	99-1250		
H	Final retur Amended	urn/terminated City or town, state or province, country, and ZIP or foreign po	ostal code	F Group Exe	oup Exemption		
H		Flower Mound, TX 75028		Number	•		
		nting Method:	Н	Check ▶ 🗙 i	if the organization is not		
	Website				ach Schedule B		
J 1	Гах-exen			•	0-EZ, or 990-PF).		
		of organization: 🗵 Corporation 🗌 Trust 🔲 Associa		·	,		
L	Add lines	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts	ots are \$200,000 or more, or if total	assets			
(Pa	art II, col	olumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-E	Z	▶ \$	46,393.		
_	Part I						
		Check if the organization used Schedule O to respond					
	1	Contributions, gifts, grants, and similar amounts received .					
	2	Program service revenue including government fees and co	ontracts	2			
	3	Membership dues and assessments		3	40,794.		
	4	Investment income		4			
	5a	Gross amount from sale of assets other than inventory .	5a				
	b	Less: cost or other basis and sales expenses	5b				
	С	Gain or (loss) from sale of assets other than inventory (Subt	tract line 5b from line 5a)	5с			
	6	Gaming and fundraising events:					
-	а	0 0 (eater than				
Revenue		\$15,000)	ба				
Š	b	· · · · · · · · · · · · · · · · · · ·	of contributions	8			
æ		from fundraising events reported on line 1) (attach Schedu					
		sum of such gross income and contributions exceeds \$15,0					
	C	1 5 5					
	d	3. 3. 3. 3.	(add lines 6a and 6b and sub				
	_	line 6c)	1 – 1	· · 6d			
	7a	ş.					
	b	3					
	C	- · · · · · · · · · · · · · · · · · · ·			- F - F - O - O		
	8	Other revenue (describe in Schedule O)			5,599.		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			46,393.		
	10	Grants and similar amounts paid (list in Schedule O)		10	67 020		
"	11	Benefits paid to or for members			67,232.		
ses	12	Professional fees and other payments to independent conti			6 000		
en	13 14	Occupancy, rent, utilities, and maintenance			6,000.		
Expenses	15	Printing, publications, postage, and shipping			251		
_	16	Other expenses (describe in Schedule O)			351.		
	17	Total expenses. Add lines 10 through 16			9,277. 82,860.		
_	40	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>	18	-36,467.		
ets	19	Net assets or fund balances at beginning of year (from line			30,407.		
SS		end-of-year figure reported on prior year's return)			-16,059.		
Net Assets	20	Other changes in net assets or fund balances (explain in Sc		1	10,000.		
Ne	21	Net assets or fund balances at end of year. Combine lines	-		-52,526.		

Page 2

Pa	rt II Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		
00	Cook covings and investments			., , ,	00	(B) End of year
22 23	Cash, savings, and investments			5,939.	22	-324.
24	Other assets (describe in Schedule O)			11	24	402
25	Total assets			11. 5,950.	25	-483. -807.
26				22,009.	26	51,719.
27	Net assets or fund balances (line 27 of column		⊢	-16,059.	27	-52,526.
	t III Statement of Program Service Accom	· /				32,320.
	Check if the organization used Schedule	•		,		Expenses
Wha		See Part III				uired for section
	cribe the organization's program service accompli			rogram services	,	c)(3) and 501(c)(4) nizations; optional for
as n	neasured by expenses. In a clear and concise months benefited, and other relevant information for each	nanner, describe the			othe	
			ange			
	student for one year	-				
	(Grants \$ 0.) If this amount	includes foreign gra	nts, check here .	▶ 🗌	28a	4,000.
29	Community Service - Engage is var	ious community	7			
	service needs in local service ar	ea				
	(Grants \$ 0.) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29a	1,000.
30	Rotary Youth Leadership Awards -	Send four high	1			
	school students to RYLA summer ca	mp				
		includes foreign gra		🕨 🗌	30a	850.
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	5,939.
Par	List of Officers, Directors, Trustees, and Key					· ·
	Check if the organization used Schedule	· ·	(c) Reportable	Part IV	<u></u>	
	(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 employ benefit plans, and	() c	Estimated amount of other compensation
Chu	ıck Elsey					
	esident	5.00	0.	0		0.
Gir	nger Eads					
Pre	esident-Elect	4.00	2,700.	0		0.
Phi	ll Geleske					
Vic	ce-President	3.00	0.	0		0.
She	elly Dodge					
	cretary	5.00	0.	C).	0.
Nic	cole Smith					
	easurer	5.00	0.	0	١.	0.
	ny Mowles					
	rgeant at Arms	2.00	0.	C).	0.
	ri Walker					
	st President	2.00	0.	C).	0.
	nna Hernandez					
	gal Counsel	2.00	0.	C).	0.
.Tin	n Moll	1				
	7		_		, l	
Fou	undation Chair	3.00	0.	C).	0.
Fou	Phillips					
For Bok Men	Phillips Mbership Chair	3.00	0.).	0.
Fou Bok Men Lor	Phillips Mbership Chair ri Fickling	3.00	0.	C).	0.
Fou Bok Men Lor	Phillips Mbership Chair			C		

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the expenientian engage in any cignificant pativity not provide a track to the IDC2 If "Vee " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
250	change on Schedule O. See instructions	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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30		×
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	400		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
41	List the states with which a copy of this return is filed ▶	40e		×
42a	The organization's books are in care of ▶ Ginger A. Eads, C.P.A. Telephone no. ▶ (972)	2)89	9-12	50
	Located at ▶ 700 Parker Square, Ste 100A, Flower Mound TX ZIP+4 ▶ 7502			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	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? . If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			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		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	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	45h		,

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								Yes	No
46		ne organization engage, directly or in							
D	_	ndidates for public office? If "Yes," c		Part I			. 46	6	×
Part '		Section 501(c)(3) Organizations	•	otiona 47 40h an	nd EO and	complete th	o tabloo	for lin	
		All section 501(c)(3) organizations 50 and 51.	s must answer que	Stions 47–490 an	ia 52, and	complete in	e tables	IOI IIII	ies
		Check if the organization used Sch	adula O to respond	to any question i	n thic Dart	M			
		Check if the organization used oci	icadic O to respond	to arry question in	ii tilis i ait	VI		Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ect during the	tax	103	110
		If "Yes," complete Schedule C, Part				_	. 47	,	
48	Is the	organization a school as described in	section 170(b)(1)(A)(i)? If "Yes," complet	te Schedule	eΕ	. 48		
49a		ne organization make any transfers to		•			. 49	а	
b	If "Ye	s," was the related organization a se	ction 527 organizatio	n?			. 49	b	
50		olete this table for the organization's							
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "	'None.'	"
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, ions to employee ans, and deferred appensation	(e) Estima	ated amo ompensa	
					331	пропосион			
f	Total	number of other employees paid over	er \$100,000	. ▶					
51	Comp	olete this table for the organization's	s five highest compe		ent contrac	— tors who eacl	n receive	d more	e than
	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	service	(c) Compensa	ation	
				1					
<u>۸</u>	Total	number of other independent contra	otore agab receiving	Over \$100 000					
52		the organization complete Schedu	•		ranizations	e must attacl			
-				(/(/				es 🗆	No
Under p	enalties	of perjury, I declare that I have examined this re		ying schedules and state	ements, and to	the best of my ki			, it is
true, cor	rect, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	rer has any kno	owledge.			-
		<u> </u>				<u> </u>			
Sign		Signature of officer				Date			
Here		Ginger A Eads, Past Page 1	resident						
		Type or print name and title	Duomonosite eterrit	Г	Date		DTV		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check X			0.0
Prep		Ginger A. Eads, C.P.A.	C D 7				yed P00	∠±5±5	70
Use (Only	Firm's name ► Ginger A. Eads Firm's address ► 700 Parker Squa		lower Mound 5	TX 75028	Firm's EIN ►	72)899	1_1251	n
Mav th	ne IRS	discuss this return with the preparer				Phone no. (9			

Rotary Club of Cross Timbers Texas 47-4222175

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

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

Continuation Statement

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Susie Carter				
Public Relations Chair	3.00	0.	0.	0.
Andy Eads				
Leadership Council Chair	2.00	0.	0.	0.
David Hodges				
Community Service Chair	3.00	0.	0.	0.
Will Carlton				
International Service Chair	3.00	0.	0.	0.
Mike Walker				
Youth Services Chair	3.00	0.	0.	0.
Tracee Elrod				
Vocational Chair	3.00	0.	0.	0.
Robert Bird				
At-Large	1.50	0.	0.	0.
Lisa Pierce-Johnson				
At-Large	3.00	0.	0.	0.
Russ Webb				
At-Large	1.50	0.	0.	0.
Cheryl Close				
Executive Secretary	10.00	3,300.	0.	0.
	33.00	3,300.	0.	0.

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

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

Line 8: Other Revenue

Continuation Statement

Description	Amount
Club Clothing	250.
Fellowship Income	3,860.
Happy Jar	1,489.
Total	5,599.

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

Continuation Statement

Description	Amount
4-Way Speech Contest/Interact	89.
Computer, Website	1,143.
Credit Card Fees	1,055.
Gifts/Prizes	654.
Meals/Entertainment	354.
RYLA	850.
Sponsorships	1,000.
Suspense	132.
Youth Exchange Program	4,000.
Total	9,277.

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

Part III: Purpose Continuation Statement

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. In particular the
Corporation shall use its revenues to fund

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Rotary Club of Cross Timbers Texas	47-4222175
Pt I, Line 8:	
rc 1, mile 0.	
Description: Club Clothing \$250	
Description: Fellowship Income \$3,860	
Description: Happy Jar \$1,489	
Pt I, Line 16:	
Description: 4-Way Speech Contest/Interact \$89	
Description: Computer, Website \$1,143	
Description: Credit Card Fees \$1,055	
Description: Gifts/Prizes \$654	
Description: Meals/Entertainment \$354	
Description: RYLA \$850	
Description: Sponsorships \$1,000	
Description: Suspense \$132	
Description: Youth Exchange Program \$4,000	
Pt II, Line 24:	
Description: Accounts Receivable Beginning of Year: \$11 End o	f Year: -\$483
Pt II, Line 26:	
Description: N/P Cross Timbers Rotary Club Charities Beginning of Year	: \$21,279 End of Year: \$47,131
Description: Paul Harris Due to Rotary International Beginning of Ye	ear: \$730 End of Year: \$4,588

Additional information from your 2018 Federal Exempt Tax Return

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

Line 3 Itemization Statement

Description	Amount
Dues Credit	-934.
Initial Membership Fees	500.
Meetings Income	31,360.
Quarterly Membership Dues	9,929.
Unapplied Payment	-61.
Total	40,794.

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

Line 11 Itemization Statement

Description	Amount
Clothing	160.
Club Supplies	3,527.
Committee Expense	1,439.
Conference, Convention, Meeting	5,660.
District Dues	3,150.
Facility/Meals	36,329.
Fellowship	4,846.
International Dues	8,630.
Special Events/Luncheons	3,491.
Total	67,232.

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

Line 13 Itemization Statement

Description	Amount
Accounting	2,700.
Administration	3,300.
Total	6,000.

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

Itemization Statement

Description	Amount
Independent Bank Operating	5,654.
Petty Cash	71.
Undeposited Funds	214.
Total	5,939.

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

Itemization Statement

Description	Amount
Independent Bank	-424.
Petty Cash	100.
Total	-324.