

**Short Form**

**Return of Organization Exempt From Income Tax**

**2018**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2018 calendar year, or tax year beginning** Jul 1 , 2018, and ending Jun 30 , 2019

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Rotary Club of Cross Timbers Texas		<b>D</b> Employer identification number 47-4222175
	Number and street (or P.O. box, if mail is not delivered to street address) 700 Parker Square	Room/suite 100A	<b>E</b> Telephone number (972) 899-1250
	City or town, state or province, country, and ZIP or foreign postal code Flower Mound, TX 75028		<b>F</b> Group Exemption Number ▶ 0573
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ <a href="http://www.crosstimbersrotary.com">www.crosstimbersrotary.com</a>			
<b>J</b> Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
<b>L</b> 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 . . . . . ▶ \$ 46,393.			

**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 . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																											
	2	Program service revenue including government fees and contracts . . . . .																											
	3	Membership dues and assessments . . . . . 40,794.																											
	4	Investment income . . . . .																											
	5a	Gross amount from sale of assets other than inventory . . . . .																											
	b	Less: cost or other basis and sales expenses . . . . .																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																											
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																											
c	Less: direct expenses from gaming and fundraising events . . . . .																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																												
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) . . . . .																												
8	Other revenue (describe in Schedule O) . . . . . See Line 8 Stmt. . . . . 5,599.																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ 46,393.																												
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																											
	11	Benefits paid to or for members . . . . . 67,232.																											
	12	Salaries, other compensation, and employee benefits . . . . .																											
	13	Professional fees and other payments to independent contractors . . . . . 6,000.																											
	14	Occupancy, rent, utilities, and maintenance . . . . .																											
	15	Printing, publications, postage, and shipping . . . . . 351.																											
	16	Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt. . . . . 9,277.																											
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ 82,860.																												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . -36,467.																											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . -16,059.																											
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ -52,526.																											

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	5,939.	<b>22</b> -324.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)	11.	<b>24</b> -483.
<b>25</b> Total assets	5,950.	<b>25</b> -807.
<b>26</b> Total liabilities (describe in Schedule O)	22,009.	<b>26</b> 51,719.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	-16,059.	<b>27</b> -52,526.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> Youth Exchange Program - Host one foreign exchange student for one year		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	4,000.
<b>29</b> Community Service - Engage is various community service needs in local service area		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	1,000.
<b>30</b> Rotary Youth Leadership Awards - Send four high school students to RYLA summer camp		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	850.
<b>31</b> Other program services (describe in Schedule O) <u>4 Way Speech Contest/Interact</u>		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	89.
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	5,939.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Chuck Elsey President	5.00	0.	0.	0.
Ginger Eads President-Elect	4.00	2,700.	0.	0.
Phil Geleske Vice-President	3.00	0.	0.	0.
Shelly Dodge Secretary	5.00	0.	0.	0.
Nicole Smith Treasurer	5.00	0.	0.	0.
Tony Mowles Sergeant at Arms	2.00	0.	0.	0.
Lori Walker Past President	2.00	0.	0.	0.
Donna Hernandez Legal Counsel	2.00	0.	0.	0.
Jim Moll Foundation Chair	3.00	0.	0.	0.
Bob Phillips Membership Chair	3.00	0.	0.	0.
Lori Fickling Club Administration Chair	3.00	0.	0.	0.
See Part IV Stmt	33.00	3,300.	0.	0.

Part 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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and controlled entities.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	x

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Ginger A Eads, Past President	
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Ginger A. Eads, C.P.A.				P00215198
	Firm's name ▶ Ginger A. Eads, C.P.A.	Firm's EIN ▶			
	Firm's address ▶ 700 Parker Square, Ste 100A, Flower Mound, TX 75028	Phone no. (972) 899-1250			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

## 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.
	<b>33.00</b>	<b>3,300.</b>	<b>0.</b>	<b>0.</b>

**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.
<b>Total</b>	<b>5,599.</b>

**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.
<b>Total</b>	<b>9,277.</b>

**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)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Rotary Club of Cross Timbers Texas

Employer identification number

47-4222175

Pt I, Line 8:

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 of 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 Year: \$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.
<b>Total</b>	<b>40,794.</b>

### 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.
<b>Total</b>	<b>67,232.</b>

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

#### Line 13

#### Itemization Statement

Description	Amount
Accounting	2,700.
Administration	3,300.
<b>Total</b>	<b>6,000.</b>

### 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.
<b>Total</b>	<b>5,939.</b>



## 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.
<b>Total</b>	<b>-324.</b>