

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 20 2020

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

DENTON LAKE CITIES ROTARY

Name and title of officer

DARHYL RAMSEY

TREASURER

Employer identification number

75-1934301

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | |
|---|-------------------------------------|--|------------|-----------------|
| 1 a Form 990 check here | <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1 b | |
| 2 a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2 b | <u>121,283.</u> |
| 3 a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3 b | |
| 4 a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b | |
| 5 a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5 b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HANKINS, EASTUP, DEATON, TONN & SEAY to enter my PIN 08743 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Daryl Ramsey

Date ▶

2/5/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

8070933383

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

W. G. ...

Date ▶

2/4/2021

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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 1, 2021

DENTON LAKE CITIES ROTARY
PO BOX 785
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,



Robert D. Seay

DENTON LAKE CITIES ROTARY

75-1934301

| | 2019 | 2018 | DIFF |
|---|---------|---------|---------|
| FORM 990-EZ REVENUE | | | |
| CONTRIBUTIONS, GIFTS, AND GRANTS..... | 18,051 | 7,281 | 10,770 |
| MEMBERSHIP DUES AND ASSESSMENTS..... | 27,868 | 30,074 | -2,206 |
| NET INCOME (LOSS) - SPECIAL EVENTS..... | 75,364 | 85,065 | -9,701 |
| TOTAL REVENUE..... | 121,283 | 122,420 | -1,137 |
| EXPENSES | | | |
| PROFESSIONAL FEES/PYMT TO CONTRACTORS.... | 0 | 300 | -300 |
| PRINTING, PUBLICATIONS, AND POSTAGE..... | 0 | 65 | -65 |
| OTHER EXPENSES..... | 111,568 | 91,933 | 19,635 |
| TOTAL EXPENSES..... | 111,568 | 92,298 | 19,270 |
| NET ASSETS OR FUND BALANCES | | | |
| EXCESS OR (DEFICIT) FOR THE YEAR..... | 9,715 | 30,122 | -20,407 |
| NET ASSETS/FUND BAL. AT BEG. OF YEAR..... | 100,532 | 70,410 | 30,122 |
| NET ASSETS/FUND BAL. AT END OF YEAR..... | 110,247 | 100,532 | 9,715 |

**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

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

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable: Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C **DENTON LAKE CITIES ROTARY**
PO BOX 785
DENTON, TX 76202

CLIENT COPY

D Employer identification number 75-1934301

E Telephone number 940-387-8563

F Group Exemption Number 0573

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.DENTONMORNINGROTARY.ORG

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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. ▶ \$ 139,439.

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.

| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 18,051. |
|--|---|------------|----------|
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 27,868. |
| | 4 Investment income | 4 | |
| | 5 a Gross amount from sale of assets other than inventory | a | |
| | 5 b Less: cost or other basis and sales expenses | 5 b | |
| | 5 c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5 c | |
| | 6 Gaming and fundraising events: | | |
| | 6 a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6 a | |
| | 6 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) | 6 b | 93,520. |
| 6 c Less: direct expenses from gaming and fundraising events | 6 c | 18,156. | |
| 6 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6 d | 75,364. | |
| Expenses | 7 a Gross sales of inventory, less returns and allowances | 7 a | |
| | 7 b Less: cost of goods sold | 7 b | |
| | 7 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7 c | |
| | 8 Other revenue (describe in Schedule O) | 8 | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 121,283. |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| Net Assets | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 111,568. |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 111,568. |
| | 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | 9,715. |
| 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) | 19 | 100,532. | |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 110,247. | |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

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 |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 100,713. | 110,613. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 185. | |
| 25 Total assets | 100,898. | 110,613. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 366. | 366. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 100,532. | 110,247. |

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 SCHEDULE O

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.)

| | | |
|---|------|---------|
| 28 VARIOUS SERVICE PROJECTS THROUGHOUT THE LOCAL COMMUNITY AND INTERNATIONALLY. | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 28 a | 56,496. |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 29 a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 30 a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/> | 31 a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 56,496. |

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 |
|--------------------|--|--|---|--|
| BRIAN GLENN | | | | |
| PRES ELECT | 4 | 0. | 0. | 0. |
| JOHN SMYERS | | | | |
| PRES NOMINEE | 4 | 0. | 0. | 0. |
| ALAN NELSON | | | | |
| SECRETARY | 4 | 0. | 0. | 0. |
| DARHYL RAMSEY | | | | |
| TREASURER | 4 | 0. | 0. | 0. |
| GRADY RAY | | | | |
| PRESIDENT | 4 | 0. | 0. | 0. |
| LARRY TUBBS | | | | |
| VOC. SERVICES | 4 | 0. | 0. | 0. |
| ALLEN CHICK | | | | |
| PAST PRESIDENT | 4 | 0. | 0. | 0. |
| HARRY PHILLIPS | | | | |
| FUND RAISING | 4 | 0. | 0. | 0. |
| TOM MUEHLENBECK | | | | |
| COMMUNITY SERV | 4 | 0. | 0. | 0. |
| CATHY HENDERSON | | | | |
| INTL SERVICES | 4 | 0. | 0. | 0. |
| SHARI TURNER | | | | |
| YOUTH SERVICES | 4 | 0. | 0. | 0. |
| TIM SMITH | | | | |
| CLUB ADMIN | 4 | 0. | 0. | 0. |
| KAREN SEVERANCE | | | | |
| MEMBERSHIP | 4 | 0. | 0. | 0. |
| SHARI TURNER | | | | |
| FOUNDATION | 4 | 0. | 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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of DARHYL RAMSEY Telephone no. 940-387-8563 Located at PO BOX 785 DENTON TX ZIP + 4 76202

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts.

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. 43

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

46 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.....

| | Yes | No |
|----|-----|----|
| 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.

47 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.....

| | Yes | No |
|----|-----|----|
| 47 | | |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....

| | | |
|----|--|--|
| 48 | | |
|----|--|--|

49a Did the organization make any transfers to an exempt non-charitable related organization?.....

| | | |
|-----|--|--|
| 49a | | |
|-----|--|--|

b If 'Yes,' was the related organization a section 527 organization?.....

| | | |
|-----|--|--|
| 49b | | |
|-----|--|--|

50 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.

Sign Here
 Signature of officer: *Darhyl Ramsey*
 Date: _____
 Type or print name and title: **DARHYL RAMSEY** **TREASURER**

Paid Preparer Use Only
 Print/Type preparer's name: **ROBERT D. SEAY**
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: **P00344575**
 Firm's name ▶ **HANKINS, EASTUP, DEATON, TONN & SEAY**
 Firm's address ▶ **902 N LOCUST ST**
DENTON, TX 76201
 Firm's EIN ▶ **75-1333383**
 Phone no. **(940) 387-8563**

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

BAA

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

2019

Open to Public Inspection

Name of the organization

DENTON LAKE CITIES ROTARY

Employer identification number

75-1934301

Part I 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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a 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? Yes No
- 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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

- 3 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.
-
-
-
-

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.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|----|---|--------------|------------------------|-------------------------------------|---------|
| | | FLAGS (event type) | (event type) | NONE (total number) | (add column (a) through column (c)) | |
| REVENUE | 1 | Gross receipts..... | 93,520. | | 93,520. | |
| | 2 | Less: Contributions..... | | | | |
| | 3 | Gross income (line 1 minus line 2)..... | 93,520. | | 93,520. | |
| DIRECT EXPENSES | 4 | Cash prizes..... | | | | |
| | 5 | Noncash prizes..... | | | | |
| | 6 | Rent/facility costs..... | | | | |
| | 7 | Food and beverages..... | | | | |
| | 8 | Entertainment..... | | | | |
| | 9 | Other direct expenses..... | 18,156. | | 18,156. | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d)..... ▶ | | | | 18,156. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d)..... ▶ | | | | 75,364. |

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming | |
|---------|---|---|---|---|------------------|--|
| | | (add column (a) through column (c)) | | | | |
| REVENUE | 1 | Gross revenue..... | | | | |
| | EXPENSES | 2 | Cash prizes..... | | | |
| | | 3 | Noncash prizes..... | | | |
| | | 4 | Rent/facility costs..... | | | |
| | | 5 | Other direct expenses..... | | | |
| 6 | Volunteer labor..... | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d)..... ▶ | | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d)..... ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If 'Yes,' explain: _____

11 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 formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

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 retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

DENTON LAKE CITIES ROTARY

75-1934301

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|---------------------------------|-----------|-----------------|
| ADMINISTRATIVE EXPENSE..... | \$ | 27,787. |
| CLUB ADMINISTRATION..... | | 2,708. |
| COMMUNITY SERVICE..... | | 26,660. |
| INTERNATIONAL SERVICES..... | | 7,202. |
| MEMBERSHIP..... | | 198. |
| MISCELLANEOUS..... | | 184. |
| PRES. OFFICE EXPENSES..... | | 20,896. |
| PUBLIC RELATIONS/PROMOTION..... | | 1,801. |
| ROTARY FOUNDATION..... | | 1,498. |
| VOCATIONAL SERVICES..... | | 12,489. |
| YOUTH SERVICES..... | | 10,145. |
| TOTAL | \$ | 111,568. |

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

| | <u>BEGINNING</u> | <u>ENDING</u> |
|------------------------|------------------|---------------|
| OTHER RECEIVABLES..... | \$ 185. | \$ 0. |
| TOTAL | \$ 185. | \$ 0. |

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

| | <u>BEGINNING</u> | <u>ENDING</u> |
|--|------------------|----------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES..... | \$ 366. | \$ 366. |
| TOTAL | \$ 366. | \$ 366. |

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

COMMUNITY SERVICE