

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,

A handwritten signature in black ink, appearing to read 'R. Seay', with a long horizontal stroke extending to the right.

Robert D. Seay

ROTARY INTERNATIONAL - DENTON

75-0533079

	2021	2020	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	14,495	9,035	5,460
MEMBERSHIP DUES AND ASSESSMENTS.....	46,448	32,478	13,970
NET INCOME (LOSS) - SPECIAL EVENTS.....	18,237	26,724	-8,487
TOTAL REVENUE.....	79,180	68,237	10,943
EXPENSES			
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	10,008	9,332	676
OTHER EXPENSES.....	61,613	43,801	17,812
TOTAL EXPENSES.....	71,621	53,133	18,488
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	7,559	15,104	-7,545
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	80,187	60,256	19,931
OTHER CHANGES IN NET ASSETS/FUND BAL.....	0	4,827	-4,827
NET ASSETS/FUND BAL. AT END OF YEAR.....	87,746	80,187	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)

OMB No. 1545-0047

2021

▶ 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

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

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	C ROTARY INTERNATIONAL - DENTON PO BOX 1622 DENTON, TX 76202	D Employer identification number <u>75-0533079</u> E Telephone number <u>940-387-8563</u> F Group Exemption Number ▶ <u>0573</u>
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CLIENT'S COPY

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

I Website: ▶ HTTP://WWW.DENTONROTARY.COM/

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

H Check if the organization is not required to attach Schedule B (Form 990).

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 ▶ \$ 90,164.

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	14,495.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments	3	46,448.
	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	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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).....	6b	29,221.
c Less: direct expenses from gaming and fundraising events.....	6c	10,984.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	18,237.	
7a Gross sales of inventory, less returns and allowances.....	7a		
b Less: cost of goods sold.....	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).....	7c		
8 Other revenue (describe in Schedule O).....	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,180.	
Expenses	10 Grants and similar amounts paid (list in Schedule O).....	10	
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	10,008.
	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	61,613.
17 Total expenses. Add lines 10 through 16	17	71,621.	
18 Excess or (deficit) for the year (subtract line 17 from line 9).....	18	7,559.	
Net Assets	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	80,187.
	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	87,746.

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

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 columns. Rows include questions 33 through 41 regarding organizational activities, financials, and tax reporting.

42 a The organization's books are in care of ROBERT SEAY Telephone no. 940-387-8563 Located at 902 N. LOCUST DENTON TX ZIP + 4 76201

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42 b and 42 c regarding foreign financial accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44 a through 45 b 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

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/1099-NEC)	(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: RYAN MAYER Date: _____
 Type or print name and title: 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 & SCARBO
 Firm's address ▶ 902 N. LOCUST ST. DENTON, TX 76201
 Firm's EIN ▶ 92-1159566
 Phone no. (940) 387-8563

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

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

2021

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL - DENTON

Employer identification number

75-0533079

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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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	
		FLAG PROJECT (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	24,590.		24,590.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,590.		24,590.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,299.		4,299.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				4,299.
	11	Net income summary. Subtract line 10 from line 3, column (d)				20,291.

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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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.....	13 a	%
b An outside facility.....	13 b	%

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

Name ▶ -----

Address ▶ -----

15 a 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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL - DENTON

Employer identification number

75-0533079

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

ADMINISTRATIVE.....	\$	31,010.
BAD DEBTS.....		3,856.
MEMBERSHIP DUES.....		6,619.
MISCELLANEOUS.....		365.
VARIOUS SERVICE PROJECTS.....		19,763.
TOTAL	\$	61,613.

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 11,570.	\$ 793.
TOTAL	\$ 11,570.	\$ 793.

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 1,843.	\$ 501.
TOTAL	\$ 1,843.	\$ 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

<u>NAME AND TITLE</u>	<u>AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u>	<u>ESTIMATED AMOUNT OF OTHER COMPEN.</u>
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- UTION 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		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

ROTARY INTERNATIONAL - DENTON

75-0533079

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	FILING CABINETS	6/01/05		1,507							1,507	1,507	S/L	HY	3	0
2	LAPTOP, PROJECTOR, ETC	7/21/11		1,342							1,342	1,342	S/L	HY	5	0
3	TABLETOP LECTERN	8/04/11		593							593	593	S/L	HY	5	0
TOTAL FURNITURE AND FIXTURE																
				3,442		0	0	0	0	0	3,442	3,442				0
TOTAL DEPRECIATION																
				3,442		0	0	0	0	0	3,442	3,442				0
GRAND TOTAL DEPRECIATION																
				3,442		0	0	0	0	0	3,442	3,442				0