

HANKINS EASTUP DEATON TONN SEAY & SCARBOROUGH LLC  
902 N. LOCUST ST.  
DENTON, TX 76201  
940-387-8563

May 9, 2025

DENTON LAKE CITIES ROTARY  
PO BOX 785  
DENTON, TX 76202

Dear Client:

Your 2023 Amended Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - 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 Seay

DENTON LAKE CITIES ROTARY

75-1934301

**FORM 990-EZ REVENUE**

CONTRIBUTIONS, GIFTS, AND GRANTS.....	3,488
MEMBERSHIP DUES AND ASSESSMENTS.....	36,294
INVESTMENT INCOME.....	95
NET INCOME (LOSS) - SPECIAL EVENTS.....	104,885
 TOTAL REVENUE.....	 144,762

**EXPENSES**

OTHER EXPENSES.....	136,905
 TOTAL EXPENSES.....	 136,905

**NET ASSETS OR FUND BALANCES**

EXCESS OR (DEFICIT) FOR THE YEAR.....	7,857
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	184,321
NET ASSETS/FUND BAL. AT END OF YEAR.....	192,178

**2023**

**GENERAL INFORMATION**

**PAGE 1**

**DENTON LAKE CITIES ROTARY**

**75-1934301**

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-EZ, SCH G, SCH O

**CARRYOVERS TO 2024**

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

#### **PRIOR TO TRANSMISSION OF THE RETURN**

**FORM 8868**

NO SIGNATURE IS REQUIRED WITH FORM 8868.

**EVEN RETURN**

NO PAYMENT IS REQUIRED.

#### **AFTER TRANSMISSION OF THE RETURN**

**RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

THE ORGANIZATION'S AMENDED FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### **PRIOR TO TRANSMISSION OF THE RETURN**

#### **FORM 990-EZ**

THE ORGANIZATION SHOULD REVIEW THEIR AMENDED FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### **PAPERLESS E-FILE**

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

#### **EVEN RETURN**

NO PAYMENT IS REQUIRED.

### **AFTER TRANSMISSION OF THE RETURN**

#### **RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.**

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR AMENDED FEDERAL ACKS.

**KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.**

#### **DO NOT MAIL:**

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION



Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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)

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.

OMB No. 1545-0047

**2023****Open to Public  
Inspection****A** For the **2023** calendar year, or tax year beginning 7/01, **2023**, and ending 6/30, **2024****B** Check if applicable: **C**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☒ Amended return  
☐ Application pending

DENTON LAKE CITIES ROTARY  
PO BOX 785  
DENTON, TX 76202

**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**H** Check ☒ if the organization is **not**  
required to attach Schedule B  
(Form 990).**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. \$ 173,002.**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	3,488.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	36,294.
	4	Investment income	4	95.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	133,125.
6c	Less: direct expenses from gaming and fundraising events	6c	28,240.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	104,885.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	144,762.	
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	
	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	136,905.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	136,905.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	7,857.
	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	184,321.
	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	192,178.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2023)

**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	184,687.	192,544.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	184,687.	192,544.
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)	184,321.	192,178.

**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	28a	89,513.
29		
(Grants \$ ) If this amount includes foreign grants, check here	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	89,513.

**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-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVE MARTIN PRESIDENT	4	0.	0.	0.
JOHN SMYERS DIRECTOR	4	0.	0.	0.
ALAN NELSON SECRETARY	4	0.	0.	0.
DARHYL RAMSEY TREASURER	4	0.	0.	0.
JOHN MACKENZIE DIRECTOR	4	0.	0.	0.
JOHN PIPER DIRECTOR	4	0.	0.	0.
ALLEN CHICK DIRECTOR	4	0.	0.	0.
HARRY PHILLIPS DIRECTOR	4	0.	0.	0.
PAT SMITH COMMUNITY SERV	4	0.	0.	0.
KEVIN CHRIST DIRECTOR	4	0.	0.	0.
SHARI TURNER DIRECTOR	4	0.	0.	0.
FRITZI FRANCIS DIRECTOR	4	0.	0.	0.
CATHY HENDERSON DIRECTOR	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. ☐

	Yes	No
<b>33</b> 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. ....		X
<b>34</b> 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. ....		X
<b>35a</b> 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)? .....		X
<b>b</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. ....		
<b>c</b> 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. ....		X
<b>36</b> 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. ....		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....		X
<b>38a</b> 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? .....		X
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved. .... <b>38b</b> 0.		
<b>39</b> Section 501(c)(7) organizations. Enter: .....		
<b>a</b> Initiation fees and capital contributions included on line 9. .... <b>39a</b> 0.		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. .... <b>39b</b> 0.		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911: 0.; section 4912: 0.; section 4955: 0.		
<b>b</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. ....		X
<b>c</b> 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. .... 0.		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. .... 0.		
<b>e</b> 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. ....		X
<b>41</b> List the states with which a copy of this return is filed: <u>NONE</u>		

<b>42a</b> The organization's books are in care of: <u>DARHYL RAMSEY</u> Telephone no. <u>940-387-8563</u> Located at: <u>PO BOX 785 DENTON TX</u> ZIP + 4 <u>76202</u>		
<b>b</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)? .....	Yes	No
If "Yes," enter the name of the foreign country: _____		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? .....		X
If "Yes," enter the name of the foreign country: _____		

<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. .... <b>43</b> N/A		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. ....	Yes	No
<b>b</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. ....		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? .....		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. ....		X
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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. ....		X



- 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.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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		
	DARHYL RAMSEY	TREASURER		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	ROBERT SEAY	ROBERT SEAY		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.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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BAA

Form 990-EZ (2023)

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

OMB No. 1545-0047

**2023**

**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.

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input type="checkbox"/> g Special fundraising events            |
| <input type="checkbox"/> d 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 <u>FLAGS</u> (event type)	(b) Event #2 <u>MISC FUNDRAISI</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
Revenue	1 Gross receipts .....	124,345.	8,780.		133,125.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	124,345.	8,780.		133,125.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	28,240.			28,240.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				28,240.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				104,885.

**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 .....				
	2 Cash prizes .....				
Direct Expenses	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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

DENTON LAKE CITIES ROTARY

Employer identification number

75-1934301

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

EXPENSES.....	\$	136,905.
TOTAL	\$	<u>136,905.</u>

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

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

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

COMMUNITY SERVICE