

**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)

**2013**

▶ 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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b></p> <p>ROTARY INTERNATIONAL - DENTON                  PO BOX 1622                  DENTON, TX 76202</p>	<p><b>D</b> Employer identification number 75-0533079</p> <p><b>E</b> Telephone number 940-387-8563</p> <p><b>F</b> Group Exemption Number..... ▶ 0573</p>
---	---	--

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [HTTP://WWW.DENTONROTARY.COM/](http://WWW.DENTONROTARY.COM/)

**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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 113,747.

**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 .....

<b>R E V E N U E</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received.....	<b>1</b>	2,738.
	<b>2</b>	Program service revenue including government fees and contracts.....	<b>2</b>	
	<b>3</b>	Membership dues and assessments.....	<b>3</b>	82,020.
	<b>4</b>	Investment income.....	<b>4</b>	4.
	<b>5 a</b>	Gross amount from sale of assets other than inventory.....	<b>5 a</b>	
	<b>5 b</b>	Less: cost or other basis and sales expenses.....	<b>5 b</b>	
	<b>5 c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	<b>5 c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>6 a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000).....	<b>6 a</b>	
	<b>6 b</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).....	<b>6 b</b>	28,985.
<b>6 c</b>	Less: direct expenses from gaming and fundraising events.....	<b>6 c</b>	8,721.	
<b>6 d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	<b>6 d</b>	20,264.	
<b>7 a</b>	Gross sales of inventory, less returns and allowances.....	<b>7 a</b>		
<b>7 b</b>	Less: cost of goods sold.....	<b>7 b</b>		
<b>7 c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	<b>7 c</b>		
<b>8</b>	Other revenue (describe in Schedule O).....	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	<b>9</b>	105,026.	
<b>E X P E N S E S</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O).....	<b>10</b>	25,755.
	<b>11</b>	Benefits paid to or for members.....	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits.....	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors.....	<b>13</b>	9,745.
	<b>14</b>	Occupancy, rent, utilities, and maintenance.....	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping.....	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O).....	<b>16</b>	57,616.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16..... ▶	<b>17</b>	93,116.	
<b>A S S E T S</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9).....	<b>18</b>	11,910.
	<b>19</b>	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).....	<b>19</b>	40,324.
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O).....	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20..... ▶	<b>21</b>	52,234.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

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 [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 [X]

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 and section 4947(a)(1) trusts; optional for others.)

Table with 3 columns: Description, 28a, 29a, 30a, 31a, 32. Row 28: VARIOUS LOCAL AND INTERNATIONAL COMMUNITY SERVICE PROJECTS AND GRANTS TO LOCAL CHARITIES. Total program service expenses (add lines 28a through 31a) = 25,755.

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 [X]

Table with 5 columns: (a) Name and Title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: SEE SCHEDULE O, 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.

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
38 a 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?
39 Section 501(c)(7) organizations. Enter:
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
41 List the states with which a copy of this return is filed

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

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)?
42 b Yes No X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
42 c Yes No X

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 N/A

44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45 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)?

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    
 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a    
 b If 'Yes,' was the related organization a section 527 organization? 49 b

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 and 4947(a)(1) nonexempt charitable trusts 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: RANDY SUDDERTH Date: \_\_\_\_\_  
 Type or print name and title: TREASURER

**Paid Preparer Use Only**  
 Print/Type preparer's name: ROBERT D. SEAY Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's name ▶ HANKINS, EASTUP, DEATON, TONN & SEAY, PC, CPA'S Check  if self-employed PTIN: P00344575  
 Firm's address ▶ PO BOX 977 Firm's EIN ▶ 75-1333383  
DENTON, TX 76202-0977 Phone no. (940) 387-8563

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

**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' to Form 990, Part IV, lines 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. ▶ See separate instructions.  
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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' to 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 ten 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						
<b>Total</b> .....						

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' to 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	
		GRAPEFRUIT SAL (event type)	FLAG PROJECT (event type)	NONE (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	15,192.	12,693.	27,885.	
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	15,192.	12,693.	27,885.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,986.	1,735.	8,721.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				8,721.
	11	Net income summary. Subtract line 10 from line 3, column (d)				19,164.

**Part III Gaming.** Complete if the organization answered 'Yes' to 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))
		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 operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate 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 operate 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 operated in:

a The organization's facility.	<b>13 a</b>	%
b An outside facility.	<b>13 b</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 contact 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

**2013**

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 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Name of the organization

ROTARY INTERNATIONAL - DENTON

Employer identification number

75-0533079

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

COMMUNITY SERVICE



CLIENT D248COPY

ROTARY INTERNATIONAL - DENTON

75-0533079

7/26/15

11:39AM

**FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CASH AMOUNT GIVEN: \$ 25,755.

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

AWARDS.....	\$	729.
BAD DEBTS.....		3,638.
BANK CHARGES.....		108.
CLUB ADMINISTRATION.....		2,562.
CLUB SUPPLIES.....		2,186.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		4,228.
DEPRECIATION.....		387.
DISTRICT AND NATIONAL DUES.....		9,404.
SOCIALS AND MEETINGS.....		33,849.
SPEECH CONTEST.....		525.
<b>TOTAL</b>	<b>\$</b>	<b><u>57,616.</u></b>

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

	<u>BEGINNING</u>		<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 8,547.	\$	4,159.
FURNITURE AND FIXTURES.....	1,356.		969.
<b>TOTAL</b>	<b>\$ 9,903.</b>	<b>\$</b>	<b><u>5,128.</u></b>

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

	<u>BEGINNING</u>		<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 6,470.	\$	9,630.
<b>TOTAL</b>	<b>\$ 6,470.</b>	<b>\$</b>	<b><u>9,630.</u></b>

**FORM 990-EZ, PART IV  
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.
MELANIE VEST DIRECTOR	1	\$	0. \$	0. \$
			0. \$	0.

CLIENT D248COPY

ROTARY INTERNATIONAL - DENTON

75-0533079

7/26/15

11:39AM

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.
RON ALDRIDGE DIRECTOR	1	\$ 0.	\$ 0.	\$ 0.
PETE BRADBURY PAST PRESIDENT	1	0.	0.	0.
RANDY SUDDERTH TREASURER	2	0.	0.	0.
APRIL CAIN DIRECTOR	1	0.	0.	0.
DICK PITTROFF DIRECTOR	1	0.	0.	0.
ROB SEAY PRESIDENT ELECT	1	0.	0.	0.
DOUG HAY DIRECTOR	1	0.	0.	0.
COURTNEY KENNEDY DIRECTOR	1	0.	0.	0.
MARK RAGSDALE DIRECTOR	1	0.	0.	0.
COLT EDWARDS DIRECTOR	1	0.	0.	0.
JERRY HOLBERT SECRETARY	2	0.	0.	0.
DOREEN RUE PRESIDENT	3	0.	0.	0.
KAREN DICKSON PAST PRESIDENT	1	0.	0.	0.
PENNY GEE DIRECTOR	1	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.