

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)

2020

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning Jul 1 , 2020, and ending Jun 30 , 2021

| | | | |
|--|---|--------------------|---|
| 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 Name of organization Rotary Club of Cross Timbers Texas | | D 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 | E Telephone number 9728991250 |
| | City or town, state or province, country, and ZIP or foreign postal code Flower Mound, TX 75028 | | F Group Exemption Number ▶ 0573 |
| | G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ | | |

I Website: ▶ www.crosstimbersrotary.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, 990-EZ, or 990-PF).

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 ▶ \$ 115,587.

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 | 3,475. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 108,822. |
| | 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 | | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 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) See Line 8 Stmt. | 8 | 3,290. | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 115,587. | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 627. |
| | 11 Benefits paid to or for members | 11 | 41,635. |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 11,600. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) See Line 16. Stmt. | 16 | 6,679. |
| 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 60,541. | |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | 55,046. |
| | 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 | -35,987. |
| | 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 | 19,059. |

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 | 13,735. | 22 22,996. |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | 13,735. | 25 22,996. |
| 26 Total liabilities (describe in Schedule O) | 49,722. | 26 3,937. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -35,987. | 27 19,059. |

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.)

| | | |
|--|------------|------|
| 28 Donations - Collections from members to donate to nonprofit organizations (Grants \$ 627.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 627. |
| 29 Community Service - Engage is various community service needs in local service area (Grants \$ 368.) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 368. |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 995. |

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 |
|---|--|--|---|--|
| Donna Hernandez President | 5.00 | 0. | 0. | 0. |
| Shelly Dodge President-Elect | 4.00 | 0. | 0. | 0. |
| Jim Moll Vice-President | 3.00 | 0. | 0. | 0. |
| Tracee Elrod Secretary | 5.00 | 0. | 0. | 0. |
| Bruce Schultes Treasurer | 5.00 | 0. | 0. | 0. |
| Melissa Nobles Sergeant at Arms | 3.00 | 0. | 0. | 0. |
| Ginger Eads Past President | 3.00 | 5,100. | 0. | 0. |
| Chuck Elsey Legal Counsel | 3.00 | 0. | 0. | 0. |
| Andy Eads Foundation Chair | 3.00 | 0. | 0. | 0. |
| Bob Phillips Membership Chair | 3.00 | 0. | 0. | 0. |
| Nicole Smith Club Administration Chair | 3.00 | 0. | 0. | 0. |
| See Part IV Stmt | 37.00 | 6,500. | 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 response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and controlled entities.

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

| | | |
|--|------------|-----------|
| | Yes | No |
| 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 | 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 Ginger A Eads, Past President | Date |
| | ▶ Type or print name and title | |

| | | | | | |
|-------------------------------|--|----------------------|------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Ginger A. Eads, C.P.A. | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN 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 |
|---|--|--|---|--|
| Lori Fickling Public Relations Chair | 3.00 | 0. | 0. | 0. |
| Lori Walker Leadership Council Chair | 3.00 | 0. | 0. | 0. |
| Tony Mowles Community Service Chair | 3.00 | 0. | 0. | 0. |
| Will Carlton International Service Chair | 3.00 | 0. | 0. | 0. |
| Peggy Krueger Youth Services Chair | 3.00 | 0. | 0. | 0. |
| Lisa Pierce-Johnson Vocational Chair | 3.00 | 0. | 0. | 0. |
| Shelli Gomes At-Large | 3.00 | 0. | 0. | 0. |
| Kay Trotter At-Large | 3.00 | 0. | 0. | 0. |
| David Hodges At-Large | 3.00 | 0. | 0. | 0. |
| Cheryl Close Executive Secretary | 10.00 | 6,500. | 0. | 0. |
| | 37.00 | 6,500. | 0. | 0. |

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 |
|-------------------|---------------|
| Fellowship Income | 3,290. |
| Total | 3,290. |

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

Line 16: Other Expenses

Continuation Statement

| Description | Amount |
|---------------------|---------------|
| Computer, Website | 3,161. |
| Credit Card Fees | 2,200. |
| Meals/Entertainment | 365. |
| Office Supplies | 85. |
| Service Projects | 368. |
| Sponsorships | 500. |
| Total | 6,679. |

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. |

**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 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Rotary Club of Cross Timbers Texas

Employer identification number

47-4222175

Pt I, Line 8:

Description: Fellowship Income \$3,290

Pt I, Line 10:

Description: Donation

Class of activity: Donation

Grantee's name: Salvation Army

Grantee's address: 206 W. Main Street Lewisville TX 75057

Grantee's relationship: Nonprofit Organization

Amount given: \$627

Pt I, Line 16:

Description: Computer, Website \$3,161

Description: Credit Card Fees \$2,200

Description: Meals/Entertainment \$365

Description: Office Supplies \$85

Description: Service Projects \$368

Description: Sponsorships \$500

Pt II, Line 26:

Description: N/P Cross Timbers Rotary Club Charities Beginning of Year: \$50,129 End of Year: -\$311

Description: Paul Harris Due to Rotary International Beginning of Year: -\$407 End of Year: \$4,248

Additional information from your 2020 Federal Exempt Tax Return

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

Line 1

Itemization Statement

| Description | Amount |
|---------------|---------------|
| Contributions | 589. |
| Happy Jar | 2,886. |
| Total | 3,475. |

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

Line 3

Itemization Statement

| Description | Amount |
|---------------------------|-----------------|
| Credit Dues | -1,900. |
| Initial Membership Fees | 2,000. |
| Meetings Income | 300. |
| Quarterly Membership Dues | 108,422. |
| Total | 108,822. |

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

Line 11

Itemization Statement

| Description | Amount |
|---------------------------------|----------------|
| Club Supplies | 4,729. |
| Conference, Convention, Meeting | 2,260. |
| District Dues | 3,795. |
| Facility/Meals | 13,569. |
| Fellowship | 2,043. |
| Gifts/Prizes | 1,506. |
| International Dues | 10,605. |
| Special Events/Luncheons | 3,128. |
| Total | 41,635. |

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

Line 13

Itemization Statement

| Description | Amount |
|----------------|----------------|
| Accounting | 5,100. |
| Administration | 6,500. |
| Total | 11,600. |

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

Line 22, Column (A)

Itemization Statement

| Description | Amount |
|-----------------------|---------|
| Independent Operating | 12,810. |
| Petty Cash | 100. |

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

Line 22, Column (A)

Itemization Statement

| Description | Amount |
|-------------------|----------------|
| Undeposited Funds | 825. |
| Total | 13,735. |

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

Line 22, Column (B)

Itemization Statement

| Description | Amount |
|---------------------------------|----------------|
| Independent Financial Operating | 21,946. |
| Petty Cash | 100. |
| Undeposited Funds | 950. |
| Total | 22,996. |