HANKINS, EASTUP, DEATON, TONN & SEAY

A PROFESSIONAL CORPORATION CERTIFIED PUBLIC ACCOUNTANTS

P.O. BOX 977 - 902 NORTH LOCUST ST. DENTON, TX 76202-0977 (940) 387-8563

July 19, 2018

Rotary International - Denton PO Box 1622 Denton, TX 76202

Your 2016 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

2016 FEDERAL EXEMPT ORGANIZA	ATION TAX SU	MMARY (EZ)	PAGE 1
CLIENT D248 ROTARY INTERNATION	ONAL - DENTON		75-0533079
7/19/18			2:53 PM
	2016	2015	DIFF
FORM 990-EZ REVENUE CONTRIBUTIONS, GIFTS, AND GRANTS MEMBERSHIP DUES AND ASSESSMENTS INVESTMENT INCOME	2,211 89,632	4,031 95,712 4	-1,820 -6,080
NET INCOME (LOSS) - SPECIAL EVENTS	23,159	21,552	1,607
TOTAL REVENUE.	115,006	121,299	-6,293
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID PROFESSIONAL FEES/PYMT TO CONTRACTORS OTHER EXPENSES	31,768 9,856 77,166	38,560 10,035 70,196	-6,792 -179 6,970
TOTAL EXPENSES	118,790	118,791	-1
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR OTHER CHANGES IN NET ASSETS/FUND BAL NET ASSETS/FUND BAL. AT END OF YEAR	-3,784 75,587 -1 71,802	2,508 73,079 0 75,587	-6,292 2,508 -1 -3,785

2016

PREPARER E-FILE INSTRUCTIONS - FEDERAL

PAGE 1

CLIENT D248

ROTARY INTERNATIONAL - DENTON

75-0533079

7/19/18

02:53PM

THE ORGANIZATION'S 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 FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, 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, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

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

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

Form **8879-E**(

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2016, or fiscal year beginning	7/01	, 2016, and ending_	6/30_	, 20 2017_
► Do not send to t	he IRS. K	eep for your reco	rds.	

2016

OMB No 1545-1878

Department of the Treasury Internal Revenue Service

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

Name of exempt organization ROTARY INTERNATIONAL - DENTON Name and title of officer 75-0533079 RANDY SUDDERTH TREASURER 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 1 line in Part I. 2a Form 990-EZ check here X b Total revenue, if any (Form 990-EZ, line 9)..... 3a Form 1120-POL check here. b Total tax (Form 1120-POL, line 22). 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 5a Form 8868 check here b Balance Due (Form 8868, line 3c. 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 2016 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 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 X authorize HANKINS, EASTUP, DEATON, TONN & SEAY, PC, to enter my PIN 04248 las my signature Enter five numbers, but on the organization's tax year 2016 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 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 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 -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..... 75804933383 I certify that the above numeric entry is my PIN, which is my signature on the 2016 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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

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

Form **990-EZ**

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.

2016

OMB No., 1545-1150

Open to Public Inspection

2017

Department of the Treasury Internal Revenue Service

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning 7/01 , 2016, and ending

Ŗ.		f applicable: s change	Employer ide	ntification number
	Name o	hange ROTARY INTERNATIONAL - DENTON	75-053	
\vdash	Initial r	PO BOX 1622	Telephone nu	mber
F		DENTON, TX 76202	940-38	7-8563
Г	Amend	ed return	Group Exe	mption
	Applica	tion pending	Number	▶ 0573
G	Acco			rganization is not
l	Webs		to attach S	
J	Tax-ex	empt status (check only one) — \square 501(c)(3) \square 501(c) (4) \blacktriangleleft (insert no.) \square 4947(a)(1) or \square 527 (Form 9)	990, 990-EZ,	or 990-PF),
		of organization: Corporation Trust Association Other		
	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20 0,000 or more, or if t s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 -EZ	⊳ \$	122,553.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions fo	r Part I)
		Check if the organization used Schedule O to respond to any question in this Part L		
	1	Contributions, gifts, grants, and similar amounts received	-	2,211.
	2	Program service revenue including government fees and contracts.		272 1272
	3	Membership dues and assessments		89,632.
	4	Investment income.	4	4.
		Gross amount from sale of assets other than inventory 5a	115/61	
	AL .	Less: cost or other basis and sales expenses		
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
R E V		Gross income from gaming (attach Schedule G if greater than \$15,000)		
V E	b	Gross income from fundraising events (not including \$ of contributions		
E N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events 6c 7,54	17.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	23,159.
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).		
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		115,006.
	10	Grants and similar amounts paid (list in Schedule O)	10	31,768.
	11	Benefits paid to or for members		
E X	12	Salaries, other compensation, and employee benefits		2 256
EXPENS	13	Professional fees and other payments to independent contractors.		9,856.
N S	14	Occupancy, rent, utilities, and maintenance.	14	
S	15	Printing, publications, postage, and shipping.	16	77 166
	16	Other expenses (describe in Schedule O). SEE SCHEDULE O		77,166.
_	17	Total expenses. Add lines 10 through 16		118,790.
Α	18			-3,784.
NSET S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-years require)	/ear 19	75,587.
ΤĘ	20	figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	20	75,367.
S	111	Net assets or fund balances at end of year. Combine lines 18 through 20.		71,802.
_	21	Net assets of furid balances at end of year. Combine lines 16 through 20		Form 900 F7 (2016)

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

Par	Check if the organization used Sche	dule O to respond to any que	estion in this Part II		cro		X
	Oriote ii tilo organization assa sons			(A) Beginning of y	ea	r	(B) End of year
22	Cash, savings, and investments		444444444	84,43	3.	22	75,091.
23						23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE	0	5,59	3	24	7,509.
25				90,02			82,600.
26	Total assets	SEE SCHEDULE	0	14,43		_	10,798.
	Net assets or fund balances (line 27 of c	column (P) must agree with 1	ine 21)	75,58			71,802.
27					+	2/	Expenses
Pai	t III Statement of Program Service Ac Check if the organization used Sch	complishments (see the insu	luction in this Part	III	₹I	*** *********	35-0-14 M. 150-2002
100-4			uestion in this ran	Hit was constructed to the E		(Req	uired for section 501 and 501(c)(4)
What	is the organization's primary exempt purpose? SEE	SCHEDULE U	te three largest are	gram services as	-	orgai	nizations; optional
mea	cribe the organization's program service as sured by expenses. In a clear and concise efited, and other relevant information for e	e manner, describe the service ach program title.	ces provided, the ni	umber of persons		for o	thers.)
28	VARIOUS LOCAL AND INTERNA	TIONAL COMMUNITY S	ERVICE PROJE	ECTS			
					-		
	(Grants \$) If thi	is amount includes foreign gi	ants, check here.		T	28 a	
29	(Ciratis 5)	a amount morages releight g.	111111111111111111111111111111111111111		-1		
29							
		is amount includes foreign gi	conto obook hors		-	29 a	
	(Grants \$) If thi	is amount includes foreign gi	rants, check here	4.4.4.4.4.4.4.4.4.4.4	-4	ZJa	
30							
					_		
	(Grants \$) If th	is amount includes foreign gi	rants, check here	****		30 a	
31	The second second second second	edule 0)					
-	(Grants \$) If the	is amount includes foreign gr	rants, check here			31 a	
32	Total program service expenses (add lin				-	32	
Da	rt IV List of Officers, Directors,	Trustees and Key Emp	lovees (list each one	even if not compensated -	_ s	ee the	instructions for Part IV)
ra	Check if the organization used Sc	hedule O to respond to any o	uestion in this Par	t IV			X
	Check if the organization asca oc	197		ZaW 1 Leading leader			
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compens (Forms W-2/1099-MIS	ation (d) Health ben contributions to er benefit plans, and	nplo	yee	(e) Estimated amount of other compensation
	(a) Name and the	position	(if not paid, enter -0	compensation	วก	areu	Other compensation
-	, agueru e o						
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i di	tV 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			,
22	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		Х
54	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	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)?	35 a		х
h	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	: 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	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant			
37 a	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	36	low i	Х
	Did the organization file Form 1120-POL for this year?	37 b		X
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?	38 a		Х
b	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved	12,715	200, 2	**************************************
39	Section 501(c)(7) organizations. Enter:		y 34	
	Initiation fees and capital contributions included on line 9		U.S.	
	Gross receipts, included on line 9, for public use of club facilities 39b N/A		70.00	15
-	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A	1.3	uď,	
40 0	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	1114		
ŀ	Section $501(c)(3)$ $501(c)(4)$ and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess	1,50		
	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	40 b		X
	Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Enter amount of tax imposed on organization	1 21		120
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		SIG	
е	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	40		
				ΙX
	List the states with which a copy of this return is filed NONE	40 e		X
41 42 a	List the states with which a copy of this return is filed NONE The organization's books are in care of ROBERT SEAY Located at 902 N. LOCUST DENTON TX Telephone no. 940-3 ZIP + 4 76201			
41 42 a	List the states with which a copy of this return is filed NONE The organization's books are in care of ROBERT SEAY Located at 902 N. LOCUST DENTON TX At any time during the calendar year did the organization have an interest in or a signature or other authority over a	87-8	563 Yes	No
41 42 a	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► ROBERT SEAY Located at ► 902 N. LOCUST DENTON TX Telephone no. ► 940-3 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)?			
41 42 a	List the states with which a copy of this return is filed NONE The organization's books are in care of ROBERT SEAY Located at 902 N. LOCUST DENTON TX At any time during the calendar year did the organization have an interest in or a signature or other authority over a	87-8		No
41 42 a	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► ROBERT SEAY Located at ► 902 N. LOCUST DENTON TX Telephone no. ► 940-3 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)?	87-8		No
41 42 a	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► ROBERT SEAY Located at ► 902 N. LOCUST DENTON TX Telephone no. ► 940-3 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)?	87-8		No
41 42 a	The organization's books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX 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)? If 'Yes,' enter the name of the foreign country:	87-8		No
41 42 a	The organization's books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	87-8		No
41 42 a	The organization's books are in care of ROBERT SEAY Telephone no. P940-3 Located at 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	87-8 42b		No X
41 42 a	The organization's books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	87-8 42b		No X
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41 42 a b	The organization's books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country:	87-8 42b 42c		No X
41 42 a b	The organization's books are in care of ROBERT SEAY Telephone no. P940-3 Located at P902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	87-8 42b 42c		No X
41 42 a b	The organization's books are in care of ROBERT SEAY Telephone no. 940-3 Located at 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country:	87-8 42b 42c		No X X
41 42 z	The organization's books are in care of PROBERT SEAY Telephone no. P940-3 Located at P902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: P 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. 4 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	87-8 42b 42c	Yes	No X N/A N/A N/A
41 42 £ £ £ £ £ 43	Telephone no. > 940-3 Located at > 90.2 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country:> 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. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	87-8 42b 42c	Yes	No X X
41 42 £ £ £ £ £ 43	Telephone no. 940–3 Located at 902 N. LOCUST DENTON TX 2IP + 4 76201 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: 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. 1 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42b 42c	Yes	No X N/A N/A N/A NO X
41 42 a b b c c c c c c c c c c c c c c c c c	Telephone no. > 940-3 Located at > 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?. If 'Yes,' enter the name of the foreign country:> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?. If 'Yes,' enter the name of the foreign country:> 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. Page 13 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42b 42c 44a 44a	Yes	No X N/A N/A N/A NO X
41 42 £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £	Telephone no. A The organization's books are in care of ROBERT SEAY Located at 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: 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. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42b 42c	Yes	No X N/A N/A N/A NO X
41 42 £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £	Telephone no. 940-3 Located at 902 N. Locust DENTON TX 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: 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. 3 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 3 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 4 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 5 Did the organization receive any payments for indoor tanning services during the year? 4 Did the organization receive any payments for indoor tanning services during the year? 4 Did the organization receive any payments for indoor tanning services during the year?	42b 42c 44a 44a	Yes	No X N/A N/A N/A NO X
41 42 a b b c c c c c c c c c c c c c c c c c	List the states with which a copy of this return is filed NONE The organization's books are in care of ROBERT SEAY Located at 902 N. LOCUST DENTON TX 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: 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. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 44a 44b 44c	Yes	No X N/A N/A N/A NO X
41 42 a b b c c c c c c c c c c c c c c c c c	Telephone no. 940-3 Located at 902 N. Locust DENTON TX 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country: 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. 3 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 3 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 4 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 5 Did the organization receive any payments for indoor tanning services during the year? 4 Did the organization receive any payments for indoor tanning services during the year? 4 Did the organization receive any payments for indoor tanning services during the year?	42b 42c 44a 44b 44c 44d	Yes	NO X N/A N/A NO X X

Farm 00	O EZ COMES DOMADY INMEDIATIONA	AT DEMEGN			75-05	33079	ı	Page 4
Form 99	O-EZ (2016) ROTARY INTERNATIONA	AL - DENION			73-03	33013	Yes	
46 Did	I the organization engage, directly or indire	ctly, in political campa	aign activities	on behalf o	of or in opposition to	119	103	110
car	ndidates for public office? If 'Yes,' complete	e Schedule C, Part I			Si20	4	6	Х
Part V	Section 501(c)(3) organizations	only						
	All section 501(c)(3) organization	ons must answer o	questions 4	7-49b an	d 52, and complet	e the ta	bles	
	for lines 50 and 51.							
	Check if the organization used Schedu	le O to respond to any	question in t	his Part VI.	MARKET PROPERTY OF PROPERTY.			
	the organization engage in lobbying activities					4	Yes	No
	the organization a school as described in s						8	
	I the organization make any transfers to ar						9 a	
	Yes,' was the related organization a section						9 b	
50 Cor	mplete this table for the organization's five hig ployees) who each received more than \$100,0	hest compensated empl	oyees (other th	nan officers,	directors, trustees and			
		(b) Average hours	(c) Reportable	compensation	(d) Health benefits, contributions to employee	(a) Estir	nated amou	unt of
	(a) Name and title of each employee	per week devoted to position	(Forms W-2/	1099-MISC)	benefit plans, and deferred compensation		compensat	
		0.000-1000-011			13300 (60-11033051)			
		-						
·						-		
		-						
51 Co	tal number of other employees paid over \$ mplete this table for the organization's five hig mpensation from the organization. If there	hest compensated indep	pendent contra	ctors who ea	ach received more than	\$100,000	of	
	(a) Name and business address of each independent of			(b) Type	of service	(c) (Compensati	ion
	(a) France and Basiness address of each independent	on a decide						
			-					
			-					
			-					
			_					
	tal number of other independent contractor							
	I the organization complete Schedule A? N						Yes	No
	Ities of perjury, I declare that I have examined this return t, and complete. Declaration of preparer (other than office							
true, correc	it, and complete. Declaration of preparer (other than office	er) is based on all information	or which preparer	nas any know	reuge			
Cia	Signature of officer				Date			
Sign Here	RANDY SUDDERTH				TREASURER			
11616	Type or print name and title				TURNOUNDIN			
	Print/Type preparer's name	Preparer's signature		Date		PTIN		
ъ	ROBERT D. SEAY			7/19/1	Check L—I if self-employed	P00344	575	
Paid	ANDLINA D. DUITA	DELEGAL MAN		DC CD	210	_ 000 - 1	- Colonia	

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2016)

► 75-1333383

Phone no. (940) 387-8563

Firm's EIN

HANKINS, EASTUP, DEATON, TONN & SEAY,

DENTON, TX 76202-0977

Firm's name ►

Firm's address ► PO BOX 977

Preparer

Use Only

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Open to Public Inspection

ROTARY INTERNATIONAL - DE					75-053307	9
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organiza	ation answ	ered 'Yes'	on Form 990, Part IV, line	e 17 ₈₈	
1 Indicate whether the organization				owing activities. Check	all that apply.	
a Mail solicitations			е			
b Internet and email solicitations	3		f	Solicitation of gove	rnment grants	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations						
2a Did the organization have a written o	r oral agreement	t with any i	ndividual (i	including officers, directo	rs, trustees, or key	□v _a , □N _a
employees listed in Form 990, Par b If 'Yes,' list the 10 highest paid inc						
compensated at least \$5,000 by the	ne organization.	illes (Iuliu	iaiseis) pu	arsuant to agreements t	ander which the fandra	301 13 10 00
		CIIIN Diel	Titled edition		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
→ W EXT(02.500)			ibutions?		column (i)	organization
		Yes	No			
1				1		
2						
_						
3						
4						
4						
5						
6						
7						
8						
0				,		
9						
10						
Total			1			
Total. 3 List all states in which the organization			DEDCUOSOCIOCE	ontributions or has been	notified it is exempt from	registration
or licensing.	on is registered i	or neerised	to solicit t	וססט במון וט בווטוטטעוהוויט	Hothrod it is exempt from	, rogionation

		more than \$15,000 of fundraising List events with gross receipts gre	event contributions	s and gross income	011 F01111 990-EZ,	ines i and ob.
R			(a) Event #1 FLAG PROJECT (event type)	(b) Event #2 GRAPEFRUIT SAL (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
#E>EZU	1	Gross receipts	23,132.	7,574.		30,706.
Ē	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	23,132.	7,574.	1	30,706.
	4	Cash prizes.				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
X	8	Entertainment				
EXPERSES	9	Other direct expenses	4,514.	3,033.		7,547.
S	10	Direct expense summary. Add lines 4 thr				
-	11	Net income summary. Subtract line 10 frogaming. Complete if the organization	om line 3, column (d)	al an Form 000 Pai	d IV lino 19 or re	23, 159.
Par	tIII	\$15,000 on Form 990-EZ, line 6a.	illon answered Te	S Off Form 990, Fai	t IV, little 19, of te	Jorted more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1	Gross revenue				
Е	2	Cash prizes				
D X I P R E	3	Noncash prizes				
D P E N C T S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes 8	D. See Cal
	7	Direct expense summary. Add lines 2 thr	rough 5 in column (d)			
	8	Net gaming income summary. Subtract I	ine 7 from line 1, colun	nn (d)	*************	
	als t	er the state(s) in which the organization or he organization licensed to conduct gamin No,' explain:	g activities in each of th	nese states?		
		re any of the organization's gaming license (es,' explain:				

Sche	edule G (Form 990 or 990-EZ) 2016 ROTARY INTERNATIONAL - DENTON	0-0533079	Page 3
	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 garning?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
a	The organization's facility.	13a	%
Ŀ	An outside facility	13b	ક
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address ►		
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization s and		No
	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
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year ► \$	the	
Par	t IV Supplemental Information, Provide the explanations required by Part I, line 2b, co	umns (iii) and (v):
1.04	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an	y additional	105.5
	information. See instructions		

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

OMB No. 1545-0047

75-0533079 ROTARY INTERNATIONAL - DENTON FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000 CASH AMOUNT GIVEN: \$ 31,768. FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES 5,119. BAD DEBTS. 2,809. CLUB ADMINISTRATION.... 610. CLUB SUPPLIES 15,220. CONFERENCES, CONVENTIONS, AND MEETINGS..... 194. DEPRECIATION... 10,871. DISTRICT AND NATIONAL DUES.... 37,876. MEETINGS. 2,000. MISCELLANEOUS 1,000. 1,467. PUBLIC AWARNESS.... 77,166. TOTAL \$ FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES DEPRECIATION ADJ TOTAL FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENDING 5,398. \$ 7,509. ACCOUNTS RECEIVABLE 195. 0. FURNITURE AND FIXTURES ,509. TOTAL \$ 5,593. FORM 990-EZ, PART II, LINE 26 **TOTAL LIABILITIES** BEGINNING ENDING 14,439. 10,798. ACCOUNTS PAYABLE AND ACCRUED EXPENSES 10,798. 14,439. TOTAL FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

COMMUNITY SERVICE

Name of the organization

ROTARY INTERNATIONAL - DENTON

Employer identification number

75-0533079

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- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
ADAM REESE DIRECTOR	1	\$ 0.	\$ 0.	\$ 0.
RITA BURLESON DIRECTOR	1	0	0	0.
MIKE POPE DIRECTOR	1	0	0.	0
RANDY SUDDERTH TREASURER	2	2 0	. 0	0 .
MAX MORLEY SECRETARY	1	0	. 0.	0
DICK PITTROFF DIRECTOR	1	L 0	0	0.
JACK KEARNEY DIRECTOR	1	0	0	0.
TODD PRICE PRESIDENT	3	3 0	0.	0 .
RICHARD BROWN DIRECTOR	1	0	. 0.	0
CONDELL GARDEN DIRECTOR	1	L 0	0.	0.
RANDY ROBINSON DIRECTOR	1	L 0	0.	0.
DEAN PERKINS DIRECTOR	1	L 0	. 0.	0.
JIM ENGELBRECHT PRES-ELECT	1	L 0	. 0.	0.
RANDI SKINNER DIRECTOR	1	L 0	. 0.	0.
JACK THOMPSON PAST PRESIDENT	1	0	. 0.	0
	TOTAL	\$ 0	\$ 0.	\$ 0.

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PAGE	75-0533079	02:53PM CURRENT DEPR.		(2)		131	52			
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		T HIT		w 12 m						
		METHOD		S/L HY S/L HY						
		PRIOR DEPR.		1,507	3,248	3,248	3,248			
JULE		DEPR. BASIS		1,507	3,442	3,442	3,442			
SHEI		SALVAG /BASIS REDUCT			0					
N S	LON				0		0			
TIC	DEN	PRIOR DEC. BAL DEPR.			0	1 01	0			
RAL BOOK DEPRECIATION SCHEDULE	ROTARY INTERNATIONAL - DENTON	PRIOR 179/ BONUS/ SP. DEPR								
DEP	ERNAT	SPECIAL DEPR. ALLOW.			0	0	0			
SOOK	RY INT	CUR 179 BONUS			0	0	0			
\LE	ROTA	BUS. PCI.			th.		#			
JER/	æ	COST/ BASIS		1,507	3,442	3,442	3,442			
2016 FEDE										
201(DATE								
		DATE ACOUIRED		6/01/05 7/21/11						
6/30/17	CLIENT D248	7/19/18 NO. DESCRIPTION	FORM 990/990-PF	1 FILING CABINETS 2 LAPTOP, PROJECTOR, ETC 3 TARI FTOP I ECTERN		TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION			