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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 black lung benefit trust or private foundation)**

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning 07-01-2011 , and ending 06-30-2012**

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C	Name of organization ROTARY CLUB OF WACO TEXAS
Number and street (or P O box, if mail is not delivered to street address)	Room/suite 1716 N 42ND STREET
City or town, state or country, and ZIP + 4 WACO, TX 76710	

D	Employer identification number 74-1010437
E	Telephone number (254) 776-2115
F	Group Exemption Number ► 0573

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:** ► N/A**J Tax-Exempt status** (check only one) — 501(c)(3) 501(c)(4) ► (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 105,791

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 ►

1	Contributions, gifts, grants, and similar amounts received	1	2,967
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	102,300
4	Investment income	4	62
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)	8	462
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	105,791
10	Grants and similar amounts paid (list in Schedule O)	10	25,514
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	21,054
13	Professional fees and other payments to independent contractors	13	1,925
14	Occupancy, rent, utilities, and maintenance	14	9,600
15	Printing, publications, postage, and shipping	15	2,640
16	Other expenses (describe in Schedule O)	16	20,922
17	Total expenses. Add lines 10 through 16	17	81,655
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,136
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	33,654
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	57,790

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	33,954	22	58,455
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	33,954	25	58,455
26 Total liabilities (describe in Schedule O)	300	26	665
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	33,654	27	57,790

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

COMMUNITY SERVICE ORGANIZATION

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)

28 See Additional Data Table(Grants \$) If this amount includes foreign grants, check here **28a****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** 13,195**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the 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? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No
- 34** 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) 34 Yes No
- 35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a Yes No
- 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)? 35b Yes No
- 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 35c Yes No
- 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 36 Yes No
- 36** 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 37a Yes No
- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Yes No
- b** Did the organization file **Form 1120-POL** for this year? 38a Yes No
- 38a** 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? 38b Yes No
- b** If "Yes," complete Schedule L, Part II and enter the total amount involved 39a Yes No
- 39** *Section 501(c)(7) organizations.* Enter 39b Yes No
- a** Initiation fees and capital contributions included on line 9 40a Yes No
- b** Gross receipts, included on line 9, for public use of club facilities 40b Yes No
- 40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40c Yes No
- b** *Section 501(c)(3) and 501(c)(4) 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 40d Yes No
- c** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e Yes No
- d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40f Yes No
- e** *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 40g Yes No
- 41** List the states with which a copy of this return is filed TX
- 42a** The organization's books are in care of THE ORGANIZATION Telephone no (254) 776-2115
1716 NORTH 42ND STREET
Located at WACO, TX ZIP + 4 76710
- 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)?
If "Yes," enter the name of the foreign country 42b Yes No
- See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Yes No
- If "Yes," enter the name of the foreign country 43 Yes No
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43 Yes No
- and enter the amount of tax-exempt interest received or accrued during the tax year
- 44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.* 44a Yes No
- 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* 44b Yes No
- c** Did the organization receive any payments for indoor tanning services during the year? 44c Yes No
- d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Yes No
- 45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No
- 45b** 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)* 45b 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

	Yes	No
46		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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 described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(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 VICKI MENARD PRESIDENT Type or print name and title	2012-10-26 Date
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> NANCY A TOUPS Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> JAYNES REITMEIER BOYD & THERRELL PC 5400 BOSQUE BLVD STE 500 WACO, TX 767104459	Date 2012-10-26 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions) P00044678 EIN <input type="checkbox"/> 74-2533381 Phone no <input type="checkbox"/> (254) 776-4190

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

Yes No

Additional Data

Software ID:
Software Version:
EIN: 74-1010437
Name: ROTARY CLUB OF WACO TEXAS

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 PUBLICATION OF MONTHLY BULLETINS TO ANNOUNCE ROTARY PROGRAMS, ROTARY EVENTS, CLUB ACTIVITIES, INDUCTIONS OF NEW MEMBERS, ETC APPROXIMATELY 6,660 COPIES WERE DISTRIBUTED TO CLUB MEMBERS AND OTHER ROTARY CLUBS (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		2,640
29 PUBLICATION OF ROTARY CLUB ROSTER FOR MEMBERSHIP AND DISTRIBUTION OF THE ROTARIAN MAGAZINE TO MEMBERS (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		3,578
30 LOCAL ROTARY CLUB MEETINGS, INCLUDING CLUB SERVICE EXPENSE (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		4,286
SUPPORT OF THE ROTARY YOUTH SERVICE FUND (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		2,691

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEWART R KELLY PO BOX 5618 WACO, TX 76708	IMMED PAST PRES 4 00	0	0	0
JUDGE VICKI MENARD PO BOX 5618 WACO, TX 76708	PRESIDENT 4 00	0	0	0
CHRISTOPHER DECLUITT PO BOX 5618 WACO, TX 76708	VICE PRES/PRES-ELECT 4 00	0	0	0
GEORGE CHASE III PO BOX 5618 WACO, TX 76708	SECRETARY-TREASURER 4 00	0	0	0
ASHLEY ALLISON PO BOX 5618 WACO, TX 76708	DIRECTOR 2 00	0	0	0
HARRY HARELIK PO BOX 5618 WACO, TX 76708	DIRECTOR 2 00	0	0	0
EVAN KLARAS PO BOX 5618 WACO, TX 76708	DIRECTOR 2 00	0	0	0
WILLIAM H DIETZ JR PO BOX 5618 WACO, TX 76708	DIRECTOR 2 00	0	0	0
CARR DUPUY PO BOX 5618 WACO, TX 76708	DIRECTOR 2 00	0	0	0
VIRGINIA DUPUY PO BOX 5618 WACO, TX 76708	DIRECTOR 2 00	0	0	0
NANCY GRAYSON PO BOX 5618 WACO, TX 76708	DIRECTOR 2 00	0	0	0

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**Name of the organization
ROTARY CLUB OF WACO TEXAS**Employer identification number**

74-1010437

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 62
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 462
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY CLUB INTERNATIONAL PURPOSE OF PAYMENT DUES TO THE PARENT ORGANIZATION OF WHICH THIS CLUB IS A CHAPTER AMOUNT OF PAYMENT 22,823
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GENERAL GRANTEE NAME ROTARY CLUB OF WACO YOUTH SERVICE FUND GRANTEE ADDRESS 1716 N 42ND STREET WACO, TX 76710 DATE OF GIFT 03/01/12 AMOUNT GIVEN 2,691
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CLUB SERVICE AND CATERING SUBSIDY AMOUNT 2,250 DESCRIPTION COUNCIL ON LEGISLATION AMOUNT 299 DESCRIPTION DIRECTORS & COMMITTEES AMOUNT 2,141 DESCRIPTION CHARITABLE GIFTS AMOUNT 500 DESCRIPTION INSURANCE AMOUNT 1,962 DESCRIPTION MISCELLANEOUS AMOUNT 124 DESCRIPTION OFFICE EXPENSE AMOUNT 1,615 DESCRIPTION PAYROLL TAXES AMOUNT 4,084 DESCRIPTION PROGRAMS & MUSIC AMOUNT 2,036 DESCRIPTION ROTARIAN MAGAZINE AMOUNT 3,578 DESCRIPTION TELEPHONE AMOUNT 896 DESCRIPTION PRESIDENT-ELECT SEMINAR AMOUNT 482 DESCRIPTION BANK FEES AMOUNT 182 DESCRIPTION DISTRICT MEETINGS AMOUNT 419 DESCRIPTION ELECTRONIC MEDIA AMOUNT 354 TOTAL TO FORM 990-EZ, LINE 16 20,922
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 300 END OF YEAR AMOUNT 665

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF WACO TEXAS

EIN: 74-1010437

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.