



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Application pending

**F** Group Exemption  
Number  0573

**J Tax-Exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II

Balance Sheets

Check 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 27 of column (B) must agree with line 21) . | 33,654                | 27              | 57,790 |

Part III

Statement of Program Service Accomplishments

Check 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

| 28 See Additional Data Table |   | Expenses<br>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |        |
|------------------------------|---|---|--------|
| (Grants \$ )                 | If this amount includes foreign grants, check here <input type="checkbox"/>         | 28a   |        |
| 29                           |   |   |        |
| (Grants \$ )                 | If this amount includes foreign grants, check here <input type="checkbox"/>         | 29a   |        |
| 30                           |   |   |        |
| (Grants \$ )                 | If this amount includes foreign grants, check here <input type="checkbox"/>         | 30a   |        |
| 31                           | Other program services (describe in Schedule O) <input type="checkbox"/>            |   |        |
| (Grants \$ )                 | If this amount includes foreign grants, check here <input type="checkbox"/>         | 31a   |        |
| 32                           | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 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

☒

|     |   |     |    |
|-----|---|-----|----|
|     |   | Yes | No |
| 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  | 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  | No |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .  |     |    |
| 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)?  | 35a | No |
| b   | If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .  | 35b |    |
| 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 . . . . .  | 35c | 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 . . . . .   | 36  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0   |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   | 37b |    |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .  | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter  |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . .  | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .   | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____  |     |    |
| 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 . . . . .   | 40b | 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 . . . . . 0   |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 0   |     |    |
| 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 . . . . .  | 40e | No |
| 41  | List the states with which a copy of this return is filed <input type="checkbox"/> TX   |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no <input type="checkbox"/> (254) 776-2115<br>1716 NORTH 42ND STREET<br>Located at <input type="checkbox"/> WACO, TX ZIP + 4 <input type="checkbox"/> 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)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____  | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 43   |     |    |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.   | 44a | 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 | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?  | 44c | 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 |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a | 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 |     |    |
| 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

|     |  |     |    |
|-----|--|-----|----|
|     |  | 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 |     |    |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?  |     |    |
| 49b | 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   | *****<br>Signature of officer                                 |   | 2012-10-26<br>Date |                        |  |        |
|   | VICKI MENARD, PRESIDENT<br>Type or print name and title       |   |                    |                        |  |        |
| Paid Preparer's Use Only  | Preparer's signature  | NANCY A TOUPS   | Date<br>2012-10-26 | Check if self-employed | Preparer's taxpayer identification number<br>(See instructions)<br>P00044678 |        |
|   | Firm's name (or yours if self-employed), address, and ZIP + 4 | JAYNES REITMEIER BOYD & THERRELL PC<br>5400 BOSQUE BLVD STE 500<br>WACO, TX 767104459 |                    |                        | EIN 74-2533381   |        |
|   |   |   |                    |                        | Phone no (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<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |       |
|---|--|-------|
| <b>28</b> PUBLICATION OF MONTHLY BULLETINS TO ANNOUNCE ROTARYPROGRAMS, ROTARY EVENTS, CLUB ACTIVITIES, INDUCTIONS OF NEW MEMBERS, ETC APPROXIMATELY 6,660 COPIES WERE DISTRIBUTED TO CLUB MEMBERS AND OTHER ROTARY CLUBS<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | <b>28a</b>   | 2,640 |
| <b>29</b> PUBLICATION OF ROTARY CLUB ROSTER FOR MEMBERSHIP ANDDISTRIBUTION OF THE ROTARIAN MAGAZINE TO MEMBERS<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>   | <b>29a</b>   | 3,578 |
| <b>30</b> LOCAL ROTARY CLUB MEETINGS, INCLUDING CLUB SERVICE EXPENSE<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>   | <b>30a</b>   | 4,286 |
| SUPPORT OF THE ROTARY YOUTH SERVICE FUND<br>(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**

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

OMB No 1545-0047

**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.