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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)

▶ Sponsonng 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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calend	ar year, or tax year beginning	July 1	, 2011, and en	ding	une 30	, 20	12	
В	Check if ap	plicable	C Name of organization			D Emp	oyer id	entification numbe	er	
	Address cl	change Rotary International of Carrollton-Farmers Branch				75-6067740				
Ц	Name cha	PO Box 417  eminated City or town, state or country, and ZIP + 4			suite E Telep	E Telephone number				
H	Initial retur				1	972-824-2133				
H					F Gro	Group Exemption				
H	Amended return  Application pending  Carrollton, TX 75006				Number ▶					
_		ing Method						f the organization	o is not	
	Websit		.cfbrotary5810.org		<del></del>			ach Schedule B	ii is not	
			eck only one) — 501(c)(3) 501(c) (4	) 4 (insert no.) 1 494'	7(a)(1) or 5	- I '		D-EZ, or 990-PF).		
_										
	Check ►		e organization is not a section 509(a)(3) suppo 0. A Form 990-EZ or Form 990 return is not							
		-	oses to file a return, be sure to file a complet	•	aao-in (e-posici	ard) may be rec	luirea (	see instructions).	. Dut II	
	_		b, to line 9 to determine gross receipts. If gross		or more, or if tota	il assets (Part II				
			ow) are \$500,000 or more, file Form 990 instead				<b>.</b> .		E7 122	
							\$		57,132	
L	Part I		e, Expenses, and Changes in Net						[2]	
_	٠,		the organization used Schedule O to						<u>. [/]</u>	
	1		ons, gifts, grants, and similar amounts r						11,544	
	2	Program s	ervice revenue including government fe	es and contracts			2			
	3	Membersh	ip dues and assessments				3		40,532	
	4	Investmen	tincome				4		5	
	5a	Gross amo	ount from sale of assets other than inve	ntory	5a		級			
	b		or other basis and sales expenses		5b	· · · · · · · · · · · · · · · · · · ·				
	C	Gain or (lo	ss) from sale of assets other than inven	tory (Subtract line 5t	o from line 5a)		5c			
	6									
	a	Gross inc	ome from gaming (attach Schedule	G if greater than	1					
e	:	\$15,000)			6a	3,221				
Revenue	ь	Gross inco	ome from fundraising events (not includ	ina \$	0 of contr	butions				
ě			raising events reported on line 1) (attac							
	'		ch gross income and contributions exce		6b	1,830	1			
	c		ct expenses from gaming and fundraising		6c	420	25			
	d		e or (loss) from gaming and fundraising		6a and 6b a	nd subtract				
	-	line 6c)					6d		4631	
	7a	•	es of inventory, less returns and allowan		7a					
	Ь		of goods sold		7b	· · · · · · · · · · · · · · · · · · ·				
	c						7c			
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an				9		56,712	
_	10	Grants and	t similar amounts haid (list in Schedule	0)	<del></del>		10		16,889	
	11	Grants and similar amounts paid (list in Schedule O)  Benefits paid to or for members  Salanes, other compensation, and employee benefits  Professional fees and other payments to independent contractors.					11		10,000	
	1						12			
penses	12	Salaries, U	planes, other compensation, and employee benefits (							
ē	13	Profession								
FXD	7   1	Printing, publications, postage, and shipping NOV.					14		101	
							15		161	
	16						16		40,652	
	17		enses. Add lines 10 through 16 .	· / • • • • • • • • • • • • • • • • • •		<u> ▶</u>	17		57,702	
Net Assets	18		(deficit) for the year (Subtract line 17 fro	om jine 9			18		(990)	
	19		s or fund balances at beginning of year		ımn (A)) (must	agree with	1			
As		•	ar figure reported on prior year's return)				19		11,362	
ē	20		nges in net assets or fund balances (ex				20		320	
_	21	Net assets	or fund balances at end of year. Comb	oine lines 18 through	20	<u> ▶</u>	21		10,692	

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2011)

Cat No 106421

Pa	Balance Sheets. (see the instructions			5		_
	Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year	<del>,</del>	
22	Cook soupes and investments			<del></del>	<del></del>	(B) End of year
23	Cash, savings, and investments			10,796	23	
24	Other assets (describe in Schedule O)		`	6,673	-	
25	Total assets			17,469	_	
26	Total liabilities (describe in Schedule O)			6,107	-	<del> </del>
27	Net assets or fund balances (line 27 of column			11,362	-	<del></del>
Par					121	10,692
	Check if the organization used Schedule				1	Expenses
Wha	is the organization's primary exempt purpose?				4 (1/16	equired for section 1(c)(3) and 501(c)(4)
						ganizations and section
as m	inbe the organization's program service accomplist leasured by expenses. In a clear and concise materials on the concise materials and other relevant information for each	anner, describe the				47(a)(1) trusts, optional others)
	Dues paid to support Rotary International, which sup		otary clubs worldwi	de. includina	+-	-1
	(Grants \$ \$5,094) If this amount		ints, check here .	<u> ▶ □</u>	28	a 0
29	Tuition paid so that 5 students from the local commi					
	week long leadership camp for students entering th	eir senior year of hig	h school.		1	ł
					1	
	(Grants \$ 3,540) If this amount				29	a 0
30	Dues paid to support Rotary District 5810, which sup	ports the local Rotar	ry clubs in the Dalla	s area.	1	
					100	
	(Grants \$ 2,545) If this amount				30	a 0
31	Other program services (describe in Schedule O)	24	a 0			
20	(Grants \$ 5,710) If this amount Total program service expenses (add lines 28a				31	
						<u> </u>
Par	Check if the organization used Schedule					
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		· · · · · ·
	(a) Name and address	(b) Title and average hours per week	compensation (Forms W-2/1099-MIS)		yee (e	<ul> <li>e) Estimated amount of other compensation</li> </ul>
	(4)	devoted to position	(if not paid, enter -0-		on .	outer compensation
Rau	Paredes	President		<del> </del>	十	
	1 George St, Farmers Branch, TX 75234	President		o	o	0
	Cunningham	President Elect	<del>                                     </del>	·	$\neg$	
	Keller Springs Rd #120, Addison, TX 75001	President cicot		o	0	0
	uller	Secretary			$\neg$	
3723	Valley View Ln, Farmers Branch, TX 75028	Jecreury		o	0	0
	am Messer	Treasurer			$\neg$	
1119	Ryan Ave, Carrollton, TX 75006			0	0	0
Shai	nna Simms-Braddish	Director			$\top$	
1300	0 William Dodson Pkwy, Farmers Branch, TX 75234			0	0	0
Eliza	beth Villanfranca	Director			T	
1326	0 Josey Lane, Farmers Branch, TX 75234			0	0	0
Mari	Sutherland	Director				
1120	Metrocrest, Ste. 200, Carrollton, TX 75006			0	0	0
Pete	Cross	Director				
1300	Osceola Trail, Carrollton, TX 75006		<u> </u>	0	이	0
Davi	d Hale	Director				
3723	Valley View Ln, Farmers Branch, TX 75028			0	0	0
	3exley	Director				
~	LBJ Frwy, Suite 130, Dallas, TX 75234		<del> </del>	0	이	0
	l Dingman	Director		_		
	3 Glad Acres Dr, Dalias, TX 75234		ļ <u>.</u>	0	0	0
	Mecker	Director				_
3935	Wentworth Drive, Arlington, TX 76001	j	ı	01	01	0

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the ergonization engage in any significant activity not provided to the IDS2 If "Vee " provide a		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		✓
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		✓
35 <sub>a</sub>	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		<u> </u>
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	35b		
	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		
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 $\dots \dots \dots \dots \dots \dots \dots$	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		× √
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		<b>√</b>
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		<b>√</b>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization o books are in our or	(972) 2		50
	Located at ► 3033 Primrose Ln, Dallas, TX  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	/5/	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	If "Yes," enter the name of the foreign country: ▶			Ť
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		_✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44:	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		Ť
	completed instead of Form 990-EZ	44b 44c	<del> </del>	1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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			1
	Form 990-EZ (see instructions)	45b	<u> </u>	<u> </u>

Form 99	90-EZ (2011)				Page 4		
46 Part	Did the organization engage, directly or in to candidates for public office? If "Yes,"  VI Section 501(c)(3) organizations 501(c)(3) organizations and sect and 52, and complete the tables Check if the organization used Sc	complete Schedule C s and section 4947 ion 4947(a)(1) none for lines 50 and 51	c, Part I	charitable trus ests must answ	ts only. All section		
47 48 49a b 50	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers the "Yes," was the related organization as a Complete this table for the organization's employees) who each received more than	Schedule E  cation?  ier than officers, nization. If there	g the tax 47 48 49a 49b directors, trustees and key 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benef contributions to em benefit plans, and d compensation	ployee (e) Estimated amount of eferred other compensation		
f	Total number of other employees paid ov	ver \$100,000	. •				
51 	Complete this table for the organization \$100,000 of compensation from the organization from the organization part and address of each independent contractor part of the contractor pa	's five highest comp anization. If there is no	ensated independent		(c) Compensation		
	Total number of other independent contr			<b>-</b>			
true, co	Did the organization complete Schedule nonexempt charitable trusts must attach penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other that I have examined the prect, and complete. Declaration of preparer (other that I have examined this prect, and complete. Declaration of preparer (other than I have examined this prect, and complete.)	a completed Schedu return, including accompar in phicer) is based on all info	le A	ents, and to the best	▶ ☐ Yes ☐ No of my knowledge and belief, it is		
Sign Here		16HAM, F	RESIDENT				

Paid

Preparer Use Only

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

Yes No

Check If self-employed

Firm's EIN ▶

Phone no

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer Identification number Rotary International of Carrollton - Farmers Branch 75-6067740 Form 990-EZ, Part I, Line 10, List of Grants and Similar Amounts Paid. Amounts paid to Rotary International District 5810 - Camp RYLA Scholarships, \$1,300; Camp RYLA Student Tuition, \$3,540; District 5810 Dues, \$2,545; Operation Veteran Support Contributions, \$1,610. Amounts paid to Rotary International - Rotary International Dues, \$5,094 Form 990-EZ, Part I, Line 20, Explanation for other changes in Net Assets: The other change in net assets represents a prior period adjustment to record the club's petty cash balance due to a change in policy implemented by the new treasurer requiring that the petty cash balance be recorded on the balance sheet. Form 990-EZ, Part II, Line 24, Description of Other Assets: Other Assets represents receivables due from members for quarterly dues and meal purchases. Form 990-EZ, Part II, Line 26, Description of Liabilities' Liabilities represents expenses incurred by the club that were not settled in cash prior to year end such as meals, former executive secretary compensation, and OVS contributions. Also included in liabilities as of June 30, 2012 was \$200 in contributions to the Rotary Foundation collected from members that were not remitted to the Rotary Foundation as of year end. Form 990-EZ, Part III, Line 31, Description of Other Program Services: The Other Program Services includes contributions to other local community non-profit organizations - \$2,250, contributions to Rotary District 5810 Operation Veteran Support - \$1,610, contributions to Rotary District 5810 Camp RYLA to fund 2 scholarships - \$1,300, and amounts paid to local high school student who participated in the 4-Way Speech Contest - \$550. Form 990-EZ, Part IV, List of additional Directors: Steven Patrick, 6650 N MacArthur Blvd, Irving, TX 75039 - No form of compensation or benefits paid Jeanell Spearman, 1715 E. Branch Hollow Dr. Carrollton, TX 75007 - No form of compensation or benefits paid