



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



Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 36,278 | 22 | 38,518 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 Total assets | 36,278 | 25 | 38,518 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 36,278 | 27 | 38,518 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

The Bryan Rotary Club is a service oriented club which raises funds for various community, national and international projects that range from providing mini-Grants of \$250 each to innovative teachers in the local schools for implementation of innovative teaching concepts to providing funds to the Rotary Foundation in an effort to support the various projects carried out worldwide by the Foundation including the efforts to eradicate polio. The Club recognizes and presents awards to local businesses that are among the fastest growing and most successful in the community and to adult leaders who have been chosen for their outstanding contributions. Additionally, the Club provides manpower to assist with organizations such as the Salvation Army, Habitat for Humanity, the Brazos Valley Food Bank and the schools' programs to work with children in need of assistance, companionship and role models as well as others as the need arises.

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

| | | | |
|--|---|------------|---|
| (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) | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 0 |

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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
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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b 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, section 4912, section 4955
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Mike Southerland Telephone no (979) 260-4151 Located at 1200 Briarcrest Dr Suite 2200 Bryan, TX ZIP + 4 77802
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | 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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

| | | |
|-----|-----|----|
| | Yes | No |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

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 as 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?

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 title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and 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 _____ Date 2013-07-11
 Shelley Nelson President
 Type or print name and title _____

Paid Preparer Use Only

| | | | | |
|--|--|------|---|-------------------|
| Print/Type preparer's name | Preparer's signature James D Trotter CPA PC | Date | Check <input type="checkbox"/> if self-employed | PTIN P01381996 |
| Firm's name James D Trotter CPA PC | | | Firm's EIN 74-2505429 | |
| Firm's address 2501 Ashford Drive Suite 100 College Station, TX 77840 | | | Phone no (979) 764-6633 | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Bryan Rotary Club

Employer identification number

36-3982007

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|--|--------------|--|------------------|-------------------------------|
| | | (event type) | Flags Across Bryan/Field of Valor (event type) | (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | | 29,788 | | 29,788 |
| | 2 Less Contributions | | 0 | | |
| | 3 Gross income (line 1 minus line 2) | | 29,788 | | 29,788 |
| Direct Expenses | 4 Cash prizes | | 0 | | |
| | 5 Noncash prizes | | 0 | | |
| | 6 Rent/facility costs | | 0 | | |
| | 7 Food and beverages | | 0 | | |
| | 8 Entertainment | | 0 | | |
| | 9 Other direct expenses | | 9,800 | | 9,800 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | (9,800) |
| 11 Net income summary Combine line 3, column (d), and line 10 ▶ | | | | 19,988 | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|---|---|---|------------------|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate 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 gaming? Yes No

13 Indicate the percentage of gaming activity operated in

| | | |
|--------------------------------------|------------|--|
| a The organization's facility | 13a | |
| b An outside facility | 13b | |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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

2012

Open to Public Inspection

Name of the organization
Bryan Rotary Club

Employer identification number

36-3982007

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| Other Investment Income | Form 990-EZ, Part I, Line 4 | Interest Income - Prosperity Bank 22 |
| Payments to Affiliates | Form 990-EZ, Part I, Line 10 | Affiliate Name Youth Leadership Affiliate Address c/o Doris A Lockey 308 Harbor Circle Montgomery, TX 77356 Purpose of Payment Rotary Youth Leadership Awards Amount of Payment 1,750 |
| Payments to Affiliates | Form 990-EZ, Part I, Line 10 | Affiliate Name International Projects Affiliate Address One Rotary Center 1560 Sherman Avenue Evanston, IL 60201 Purpose of Payment Rotary Foundation Polio Plus Amount of Payment 1,175 |
| Payments to Affiliates | Form 990-EZ, Part I, Line 10 | Affiliate Name Rotary Foundation Annual Fund Affiliate Address One Rotary Center 1560 Sherman Avenue Evanston, IL 60201 Purpose of Payment Worldwide Rotary Projects Amount of Payment 12,255 Total included on Form 990-EZ, line 10 15,180 |
| Grants and Similar Amounts Paid | Form 990-EZ, Part I, Line 10 | Activity Classification Mini-Grants for Local Teaching Innovation Grantee Name Bryan ISD Grantee Address 101 N Texas Bryan, TX 77801 Grantee Relationship None Property Description Cash Date of Gift 01/08/13 Amount Given 5,500 |
| Grants and Similar Amounts Paid | Form 990-EZ, Part I, Line 10 | Activity Classification Adult Leadership Award Grantee Name Brazos Adult Leadership Association Grantee Address 7607 Eastmark Dr, Suite 101A College Station, TX 77840 Grantee Relationship None Property Description Cash Date of Gift 07/30/12 Amount Given 500 Total included on Form 990-EZ, line 10 6,000 |
| Other Expenses | Form 990-EZ, Part I, Line 16 | Description Meals for Meetings Amount 57,774 Description Fellowship Events Amount 154 Description District Assembly & Mid-Year Amount 460 Description Chamber of Commerce Dues Amount 225 Description Initiation Fees Amount 56 Description Rotary District & International Dues Amount 12,052 Description Meeting Music Amount 1,200 Description President's Supplies & Registrations Amount 3,704 Description Secretary Fees & Supplies Amount 3,537 Description Centennial Project Expenses Amount 151 Description Group Study Exchange Sending/Receiving Amount 1,106 Description Awards Amount 316 Description Processing & Bank Fees Amount 569 Description P O Box Rental Amount 124 Description New man 10 Awards Ceremony Amount 12,326 Description District Governor Expenses Amount 4,127 Description Website Maintenance Amount 1,439 Total to Form 990-EZ, line 16 99,320 |

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: Bryan Rotary Club

EIN: 36-3982007

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.

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------------------|---|--|--|---|
| Stephanie Simpson Co-Treasurer | 2 00 | 0 | 0 | 0 |
| Mike Southerland Co-Treasurer | 2 00 | 0 | 0 | 0 |
| Janie Williams Secretary | 4 00 | 0 | 0 | 0 |
| Holly Rees Sergeant at Arms | 1 00 | 0 | 0 | 0 |
| Joe Cerami Director | 1 00 | 0 | 0 | 0 |
| Cathy Hastedt Director | 1 00 | 0 | 0 | 0 |
| Deborah Cowman Director | 1 00 | 0 | 0 | 0 |
| Walter Hinkle Vice President | 1 00 | 0 | 0 | 0 |
| Jennifer Pratt Director | 1 00 | 0 | 0 | 0 |
| Bruce Norton Past President | 1 00 | 0 | 0 | 0 |
| David Johnson Director | 1 00 | 0 | 0 | 0 |
| Steven Krusie Director | 1 00 | 0 | 0 | 0 |

Additional Data

Software ID:
Software Version:
EIN: 36-3982007
Name: Bryan Rotary Club

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 Funds were provided to one local public school district for use in implementing innovative teaching concepts as proposed by teachers (Grants \$ 5,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 0 |
| 29 Funds were provided to sponsor local high school students to the annual Rotary Youth Leadership Program (Grants \$ 1,750) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 29a | 0 |
| 30 Funds were provided to the Rotary Foundation for use in international projects including the efforts to eradicate polio worldwide (Grants \$ 13,430) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 30a | 0 |
| The Club sponsors the 4-H Gold Star Award which is given to the year's outstanding adult leader (Grants \$ 500) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 0 |