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Form **990-EZ** 

Department of the Treasury

Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2012

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.

Open tổ Públic Inspection

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

Α	For the	2012 calend	ar year, or tax year beginning $07/01/12$ , and ending $06/30/13$				
В	Check if a		D Em	D Employer identification number			
+	Address of Name cha	•	Rotary International Galveston	7	74-0638015		
	Initial retu	· ·	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number		
П	Terminate	- 1		409-763-8688			
П	Amended	ì	P.O. Box 810  City or town, state or country, and ZIP + 4		F Group Exemption		
П		on pending	Galveston TX 77553		Number ▶ 0573		
G		nting Method:			x ▶ X if the organization is not		
ı		_			attach Sched		
J					990-EZ, or 99		
ĸ	Check		organization is not a section 509(a)(3) supporting organization or a section 527 organization and	l its gros	s receipts are	e normally	
	not mo	_	00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be r				
			oses to file a return, be sure to file a complete return.		•	·	
L	Add line	s 5b, 6c, and 7	b, 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) belo	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>&gt;</b>	\$	74,628	
F	árt I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions f	or Part I)		
		Check i	f the organization used Schedule O to respond to any question in this Part I		•	X	
	1	Contributions,	gifts, grants, and similar amounts received	1			
<b>,</b>	2	Program ser	vice revenue including government fees and contracts	2		45,773	
1	3	Membership	dues and assessments See Statement	3		28,855	
-	4	Investment ii	ncome	4			
i	5a	Gross amou		7]			
<i>S</i> 1	ь	Less: cost or	;	1			
Ĭ.	С	Gain or (loss) f	50	;			
	6	Gaming and					
Revenue MINISTER	а	Gross incom					
		\$15,000)	6a				
8	b	Gross incom		*			
		from fundrais					
			gross income and contributions exceeds \$15,000) 6b				
	С		expenses from gaming and fundraising events				
	d	Net income of					
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract  RECEIVED  of inventory, less returns and allowances	60	1		
	7a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>-</del>			
	b	Less: cost of		— 1 ′_			
	C	=	or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	1		
	8		ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  OGDEN, UT	8	<del></del>	74 600	
	9		· · · · · · · · · · · · · · · · · · ·	9		74,628	
	10		similar amounts paid (list in Schedule O)	10	1		
	11	•	d to or for members	11			
Ses	12		er compensation, and employee benefits	12			
Ĕ	13		fees and other payments to independent contractors	13		665	
Expenses	14	-	rent, utilities, and maintenance	14	1		
_	'		olications, postage, and shipping ses (describe in Schedule O)	15	1	81,921	
	16 17	•	·	<b>▶</b> 17		82,586	
_	18		ses. Add lines 10 through 16 eficit) for the year (Subtract line 17 from line 9)	18	<del></del>	-7 <u>,</u> 958	
əts	19	•	reflicit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (must agree with	- !*	<del></del> -	-,,,,,	
1556	'3		figure reported on prior year's return)	19	,	36,553	
Net Assets	20	=	es in net assets or fund balances (explain in Schedule O)	20	<del></del> -		
ž	21	=	or fund balances at end of year. Combine lines 18 through 20	▶ 21		28,595	
		. 101 493013 1	n rana paranggo at ona or toar. Compine mico 10 tilluturi 40	- 1 4		,	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Form 990-EZ (2012) Rotary Internation		n 74-06	38012		Page 2
Part II Balance Sheets (see the instructions	•				
Check if the organization used Schedul	e O to respond to any	T T			(D) Fod of wasa
O O o o o o o o o o o o o o o o o o o o		(A) Beg	36,553		(B) End of year
22 Cash, savings, and investments 23 Land and buildings			0 0	22	28,595
24 Other assets (describe in Schedule O)			<u>0</u>	24	
25 Total assets			36,553	25	28,595
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) mu	st agree with line 21)		36,553	27	28,595
Part III Statement of Program Service Ac	complishments (se	e the instructions for I	Part III)	•	Expenses
Check if the organization used Schedul	e O to respond to any	question in this Part I	II X	(Red	quired for section
What is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
See Schedule O					anizations and section
Describe the organization's program service accomplishmen					7(a)(1) trusts; optional
as measured by expenses. In a clear and concise manner, d	•	vided, the number of		for o	others)
persons benefited, and other relevant information for each pi 28 Pilots and Rosters - To inform community	·· <del>······</del>		-		
28 Pilots and Rosters - To inform community program Services.	and members or				
program services.					
(Grants \$ ) If this amount inc	ludes foreign grants, che	ck here	▶□	28a	17,007
29 Special projects:	ious roroigir granto, orio		<u> </u>		
Youth Leadership, Exchange Student, Rota	ry Foundation				
(Grants \$ ) If this amount inc	ludes foreign grants, che	ck here	<b>▶</b> □	29a	5,053
30 Expenses Related to Membership Services:	Convention,				
Rotary International assessment, Hospita	lity				
			. —		44 725
	ludes foreign grants, che	ck here	<b>P</b>	30a	44,735
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount inc	ludes foreign grants, che	ock hara	▶ □	31a	
32 Total program service expenses (add lines 28a through		ck nere		31a	66,795
Part IV List of Officers, Directors, Trustees, and	Key Employees List eac	h one even if not compe	nsated (see the		
Check if the organization used Schedule O		on in this Part IV (c) Reportable	(d) Heath has	-dit-	· <u> </u>
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Heath ben contributions to e	mployee	
	devoted to position	(If not paid, enter -0-)	benefit plans, deferred compe	nsation	other compensation
Kevin Herrington					
Pres Elect	1.00	0	,	0	0
Tom La Rue				_	
President	1.00	0		0	0
Neil Nathan Past Pres	1.00	0		0	o
Brett Kirkpatrick	1.00	0			0
Treasurer	1.00	0		0	0
Ruth Finkelstein Suhler					
Secretary	1.00	0		0	0
Stephen Duncan					
Serg at Arms	1.00	0		0	0
		ļ			
					<del> </del>
<del></del>	_				-
		<del> </del>			
DAA					Form <b>990-EZ</b> (2012)

Pe	iff ♥ 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			
	instructions for 1 are 47 check in the organization used confedure of to respond to any question in this 1 are 4		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		X
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		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			v
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1 20		х
27.	during the year? If "Yes," complete applicable parts of Schedule N	36		₩₽
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a	┥""᠄		x
ъ 38а	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		
Jua		38a	•	х
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	30a		1.5
39	Section 501(c)(7) organizations Enter	┥, ネ		47
а	Initiation fees and capital contributions included on line 9	11	Ĺ	·
b	Gross receipts, included on line 9, for public use of club facilities  39b	$\dashv$		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	7 /		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
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		x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		7	7
	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		ĺ	·
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ Harold L. Fattig Telephone no ▶ 40	9-76	3 - 8	68
	PO Box 810			
	Located at ▶ Galveston TX ZIP + 4 ▶ 7	7553		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	At any time during the colonder year, did the exceptions mountain an effice cutoide the U.S.2	420	ŧ	х
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country.	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	-		▶ [
73	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>	1.05	1110
	completed instead of Form 990-EZ	44a	Ì	Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		<u> </u>	<u> </u>
	completed instead of Form 990-EZ	44b	1	х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	,,,,		<del></del>
-	explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1		1
	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	1	X

Form	990-EZ (2012)	Rotary	<u>International</u>	<u>l Galvesto</u>	n	74-06	38015			Р	age 4
								<del>-</del>		Yes	No
46	Did the organ	ization engage, di	rectly or indirectly, in politic	al campaign activitie	s on beha	If of or in oppo	sition		32.		
	to candidates	for public office?	If "Yes," complete Schedule	e C, Part I					46		X
Pa	rt VI Se	ction 501(c)(3	3) organizations only								
	All	section 501(c)(	3) organizations must an	swer questions 47	–49b and	d 52, and cor	nplete the	tables for li	nes		
		and 51									
	Ch	eck if the organ	ization used Schedule O	to respond to any	question	in this Part	<u>/ </u>				_Ц
47	Did the organ	uzation engage in	Johnwana activities or have a	section 501(h) elec	tion in offe	act during the t	av			Yes	No
71								47			
48	•	•	described in section 170(b)	/1)//\/\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	omplete C	abadula E			48		<del>                                     </del>
<del>1</del> 0 49а			transfers to an exempt non-						49a		
b	_		zation a section 527 organiz		yanızatıdı	1,			49b		
50		-	anization's five highest com		(athor the	an officers dire	otoro truo	ooo and kay	490	<u> </u>	
30			more than \$100,000 of cor								
	employees/ w	viio eacii received	Thore than \$100,000 of cor				,		1		
	(a)	Name and title of e		(b) Average hours per week	cóm	Reportable pensation	contribution	Ith benefits, as to employee	(e) Estimate		
		paid more than \$	5100,000	devoted to position	(Forms W	7-2/1099-MISC)		plans, and compensation	other com	npensat	ion
					1	<u>-</u>					
								·	<u> </u>	_	
								-			
				j							
			-								
f	Total number	of other employe	es paid over \$100,000	•	•	<b>&gt;</b>			•		
51	Complete this	s table for the orga	anization's five highest com	pensated independe	nt contract	tors who each	received m	- ore than			
	\$100,000 of c	compensation from	n the organization If there is	s none, enter "None	»						
	(a) Name and	d address of each in	dependent contractor paid mor	e than \$100,000		<b>(b)</b> Typ	e of service		(c) Compe	ensation	j
								_			
								·			
			· <del></del> ·- · ·								
d	Total number	of other independ	dent contractors each receive	ung over \$100,000	•				_		
52	Did the organ	nization complete	Schedule A? Note. All secti	on 501(c)(3) organiz	ations and	4947(a)(1)					
	nonexempt cl	haritable trusts mi	ust attach a completed Scho	edule A					Yes	<b>S</b>	No
			have examined this return, inc						edge and beli	ef, it is	
true,	correct, and com	nplete Declaration o	f preparer (other than officer) is	s based on all informati	on of which	preparer has ar	y knowledg	e			
<b>6</b> 7.	_   • _			^							
Sigr	י   🏲 s	signature of officer	D 12 11/10	_		Da	ite 🖈 /	1.//	, ,		
Here		Navion	34-	- Mario			4//	<u> 4/~0,</u>	15		
		ype or print name and t	~ NACOUNTE JA	SECKETARY	<u> </u>		T =	<del>- 1</del>	<del> </del>		
		pe preparer's name		Preparer's signature		11.	Date	Check	i I PTIN	1	
Paic	Willi	am C. Ansell,	CPA	WIL	Mo	w	08/	09/13 self-e	mployed P00	75814	8
Prep	parer Firm's n.	ame ▶ DR	DA, PLLC					Firm's EIN	76-02	2298	52
Use	Only Firm's a	ddress ▶ 10	11 Tremont								
		Ga	lveston, TX	77550	_			Phone no 4	09-765	-93	11
May	the IRS discus		the preparer shown above?							es	No
									Form 99	0-EZ	(2012)

## 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

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Inspection

Name of the organization

Rotary International Galveston

Employer identification number 74 – 0638015

Form	990-EZ,	Part	I,	Line	16	-	Other	Expenses
------	---------	------	----	------	----	---	-------	----------

Description	Amount						
Expenses							
P.E.T.S. Conference	\$	672					
District Conference	\$	2,697					
International Convention	\$	4,990					
Rotary INTL Per Capita As	\$	7,163					
Roster	\$	2,285					
Career Development Commit	\$	500					
District Dues Assessment	\$	3,434					
Program	\$	599					
Vulnerable Populations Co	\$	1,397					
Youth Leadership Awards -	\$	1,925					
International Youth Excha	\$	3,257					
Rotary International Foun	\$	11,375					
Galveston Rotary Foundati	\$	8,500					
Secretarial Services	\$	12,000					
Office Supplies & Expense	\$	3,126					
Public Relations	\$	300					
Web Development Commitee	\$	25					
World Comm Service Commit	\$	500					
Roteract	\$	1,200					
UNBUD Items-Contingencies	\$	3,454					
Literacy	\$	96					
2013 Committee/Celebratio	\$	12,426					

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Name of the organization

Rotary International Galveston

Employer identification number 74-0638015

Total \$

81,921

Form 990-EZ, Part III - Primary Exempt Purpose

Encourage and foster the ideal of service as a basis of worthy enterprise.