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Form **990-EZ**

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)

2012

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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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

Open to Public Inspection

			12, and ending	6/30		, 2013
$\overline{}$		f applicable C s change			- ' '	identification number
=	Name o	ROTARY CLUB OF KATY				064280
П	initial re	P.O. BOX 70			E Telephone	number
=	Termin	IKATY TX 77492			281-5	579-6064
Ħ	Amend	ed return			F Group E	vemotion
	Applica	ition pending			Number	
G	Acco	unting Method X Cash Accrual Other (specify) ►		H Check	< ► X if the	e organization is not
I	Webs	ite: KATYROTARY.COM				Schedule B (Form
J	Tax-ex	empt status (check only one) – \square 501(c)(3) \square 501(c) (4) \blacktriangleleft (insert no) \square 494	7(a)(1) or 527	990, 9	990-EZ, or 9	990-PF)
к	Checl	k ► ☐ if the organization is not a section 509(a)(3) supporting organizatio	n or a section 52	7 organiz	ation and it	s gross receipts are
		ally not more than \$50,000 A Form 990-EZ or Form 990 return is not requ	iired though Form			
		ictions) But if the organization chooses to file a return, be sure to file a co lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts		more or	ıf total	
_	asset	s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990	instead of Form	990-EZ	▶ \$	151,597.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund E	Balances (see	the ins	tructions	for Part I)
		Check if the organization used Schedule O to respond to any question in				X
	1	Contributions, gifts, grants, and similar amounts received		· · · · · ·	1	1,500.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	29,865.
	4	Investment income			4	388.
	5 a	Gross amount from sale of assets other than inventory	5 a		-	
	b	Less cost or other basis and sales expenses	5 b			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5 c	
	6	Gaming and fundraising events				
R	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a			
mczm <m3< td=""><td>b</td><td>Gross income from fundraising events (not including \$</td><td>of contribu</td><td>itions</td><td></td><td></td></m3<>	b	Gross income from fundraising events (not including \$	of contribu	itions		
N U		from fundraising events reported on line 1) (attach Schedule G if the sum				
Ě		of such gross income and contributions exceeds \$15,000)	6 b	113,7		
à	С	Less direct expenses from gaming and fundraising events	6 c	76,4	1/1.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a ar 6b and subtract line 6c)	nd		6 d	37,255.
	7 a	Gross sales of inventory, less returns and allowances	7 a		J-14	
	b	Less cost of goods sold	74550			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a		EIVE) 7 c	
	8	Other revenue (describe in Schedule O)	SEE SCHED	JLE O	O 8	6,118.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	SEE SCHEDO	4 2015	ည်း မြော	75,126.
	10	Grants and similar amounts paid (list in Schedule O)	SHE SCHED	alte ela e	0010	16,694.
	11	Benefits paid to or for members	AAAA		4 1	
E X P	12	Salaries, other compensation, and employee benefits	L_OGDE	<u>:N</u> . U	12	
Ę	13	Professional fees and other payments to independent contractors.			13	
E N S E S	14	Occupancy, rent, utilities, and maintenance			14	
E	15	Printing, publications, postage, and shipping			15	58.
3	16	Other expenses (describe in Schedule O)	SEE SCHED	ULE O	16	29,757.
	17	Total expenses. Add lines 10 through 16			▶ 17	46,509.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	28,617.
A S S E T S	19	Net assets or fund balances at beginning of year (from line 27, column (A	a)) (must agree w	vith end-o	f-year 19	F2 F14
ŤΕ	20	figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)	SEE SCHED	ULE O	20	53,514.
S	20 21	Net assets or fund balances at end of year Combine lines 18 through 20		•	► 21	84.
RΔ		r Paperwork Reduction Act Notice, see the separate instructions.				82,215. Form 990-EZ (2012)
UM.		. I aportion houseand not notice, see the separate histractions.				, oili 330-LE (2012)
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		TEEA0803L 12/07/12				ϵ_{\downarrow}

Page 2

	Check if the organization used Sche	dule O to respond to any qu	estion in this Part II	l			X
				(A)	Beginning of year	ar	(B) End of year
	Cash, savings, and investments				53,589		78,737.
23	Land and buildings	SEE SCHEDULE	7 A			23	
24	Other assets (describe in Schedule O)	SEE SCHEDULI	2 0			. 24	3,478.
25	Total assets				53,514		82,215.
	Total liabilities (describe in Schedule O)				0	26	0.
	Net assets or fund balances (line 27 of c		'	1	53,514	. 27	82,215.
Pai	† III Statement of Program Service Ac Check if the organization used Sci			- 111	(X)	(Rea	Expenses uired for section 501
What	is the organization's primary exempt purpose? SEE		question in this Pari	. !!!		(c)(3) and 501(c)(4)
Desc	cribe the organization's program service a	complishments for each of	its three largest pro	oran	n services, as	organ	nizations and section (a)(1) trusts, optional
mea bene	cribe the organization's program service a sured by expenses. In a clear and concise efited, and other relevant information for e	e manner, describe the service ach program title	ces provided, the ni	ımbe	er of persons	for o	thers)
28	COLLECT AND PURCHASE TOYS		ITLDREN AS DE	TEL	RMINED BY		
	STAFF AT TWO ELEMENTARY S						
							
	(Grants \$) If the	s amount includes foreign g	rants, check here			28 a	2,406.
29	PURCHASE ANIMALS IN THE K	ATY ISD FFA BARN S	SALE (ANIMALS	NO.	r_MAKING		
	IT TO THE AUCTION).						
			- - . -				
20		s amount includes foreign g			-	29 a	2,200.
30	PURCHASE ANIMALS AT KATY	<u>ISD FFA (FUTURE FAF</u>	RMERS OF AMER	RIC!	A) ANNUAL		
	AUCTION.	- 					
	(Grants \$) If thi	s amount includes foreign g	rants check here		╌╌╌╌┌┪	30 a	2 015
31	Other program services (describe in Sch					30 a	2,015.
٠.		s amount includes foreign g			► [X]	31 a	10,073.
32	Total program service expenses (add lir				<u> </u>	32	16,694.
	t IV List of Officers, Directors,		Inves List each or	00.00	n if not componented		
	Check if the organization used Sci	nedule O to respond to any o	question in this Part	IV	ii ii iiot compensateu	(See iii	le ilistructions for rait iv
		(b) Average hours per	(c) Reportable compensa	ation	(d) Health benefits	;,	(a) Falsacial access of
	(a) Name and Title	week devoted to	(Forms W 2/1099-MIS (If not paid, enter -0-	C) [contributions to emplo benefit plans, and defo		(e) Estimated amount of other compensation
D A I	LPH_BROCK	· · · · · · · · · · · · · · · · · · ·			compensation		
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	COLM JUNIOR						
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PRI DAV	COLM JUNIOR						0.
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PRI DAV SEC AL	LCOLM JUNIOR ESIDENT ELECT /ID LOESCH CRETARY ISON WILKINS EASURER	3		0.		0.	0.
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PRI DAV SEC AL TRI CAI SAI HAI	LCOLM JUNIOR ESIDENT ELECT /ID LOESCH CRETARY LSON WILKINS EASURER ROL LEVIN RGEANT @ ARMS ROLD BENNETT	3 6 4		0. 0. 0.		0. 0. 0.	0. 0. 0.
PRI DAV SEC AL TRI CAI SAI HAI	COLM JUNIOR ESIDENT ELECT /ID LOESCH CRETARY ESON WILKINS EASURER ROL LEVIN RGEANT @ ARMS ROLD BENNETT RECTOR	3 6 4		0.		0.	0. 0.
PRI DAV SEC AL] TRI CAI SAI HAI DII	COLM JUNIOR ESIDENT ELECT /ID LOESCH CRETARY ESON WILKINS EASURER ROL LEVIN RGEANT @ ARMS ROLD BENNETT RECTOR BERT NELSON	3 6 4 2		0. 0. 0.		0. 0. 0.	0. 0. 0. 0.
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PRI DAV SEC ALI TRI CAI SAI HAI DII ROI REI	COLM JUNIOR ESIDENT ELECT /ID LOESCH CRETARY ESON WILKINS EASURER ROL LEVIN RGEANT @ ARMS ROLD BENNETT RECTOR BERT NELSON RECTOR BECCA BLACKMON	3 6 4 2		0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0.
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ine instructions for Part VI	Check if the organization used So	rhedule O to respond to any	guestion in this Part V			1 1
33 Did the organization engage in			quodion in this rate v		Yes	No
provide a detailed description o	of each activity in Schedule O			33		X
34 Were any significant changes made to the			amended documents if they reflect	74		
35 a Did the organization have unrelate	herwise, explain the change on Schedule 0	•	husiness activities	34		<u>X</u>
•	s 2, 6a, and 7a, among others)?	or more during the year from	odamicas donvines	35 a		Х
-	ganization filed a Form 990-T for t	-	•	35 b		
c Was the organization a section	501(c)(4), 501(c)(5), or 501(c)(6) ements during the year? If 'Yes,' o	organization subject to sect	ion 6033(e) notice,	35 c		Χ
36 Did the organization undergo a	·		•	330		
disposition of net assets during	the year? If 'Yes,' complete appl	icable parts of Schedule N		36		X
37a Enter amount of political expen		ribed in the instructions	37 a 0.	37.		
b Did the organization file Form 138 a Did the organization borrow from	•	car director trustee or key	employee or were	37 b		X
any such loans made in a prior	year and still outstanding at the	end of the tax year covered	by this return?	38 a		Х
b If 'Yes,' complete Schedule L, F amount involved	Part II and enter the total		38 b N/A	<u> </u>	-	
39 Section 501(c)(7) organizations	Enter		N/A	١.	:	-
a Initiation fees and capital contri	ibutions included on line 9		39a N/A		1	
b Gross receipts, included on line	e 9, for public use of club facilities	ı	39 b N/A		EI 1	
40 a Section 501(c)(3) organizations	•	-	_		-::	
section 4911	N/A, section 4912 ►	N/A, section 4955				 - ;
transaction during the year or did	organizations. Did the organization organizations of the organization of the organizat	on engage in any section 45 action in a prior year that has	not been reported			: '
• •	r 990-EZ? If 'Yes,' complete Sche	-	·	40 b		<u>X</u>
c Section 501(c)(3) and 501(c)(4) managers or disqualified persor) organizations. Enter amount of t ns during the year under sections.	ax imposed on organization 4912, 4955, and 4958	• 0.			
) organizations Enter amount of t				7	
by the organization			0.	. :	1	
e All organizations At any time of shelter transaction? If 'Yes,' co	during the tax year, was the organ implete Form 8886-T	ization a party to a prohibite	ed tax	40 e		X
41 List the states with which a copy of this	•			L	ı	l
42 - The exception's						
42 a The organization's books are in care of ► ROBERT	NELSON		Telephone no ► 281-5	79-6	061	
		HOUSTON TX	Telephone no ► <u>281-5</u> ZIP + 4 ► <u>77084</u>			
books are in care of ► ROBERT Located at ► 16360 PARK T b At any time during the calendar vi	EN PLACE SUITE 105 ear, did the organization have an int	erest in or a signature or othe	ZIP + 4 ► 77084		061 Yes	 No
books are in care of PARET Located at 16360 PARET b At any time during the calendar ye financial account in a foreign co	EN PLACE SUITE 105 ear, did the organization have an intountry (such as a bank account, s	erest in or a signature or othe	ZIP + 4 ► 77084			No X
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books are in care of PARK T Located at 16360 PARK T b At any time during the calendar yr financial account in a foreign co If 'Yes,' enter the name of the f See the instructions for exceptions and c At any time during the calendar If 'Yes,' enter the name of the f 3 Section 4947(a)(1) nonexempt and enter the amount of tax-ex	ear, did the organization have an into ountry (such as a bank account, storeign country filling requirements for Form TD F 90-22 1 r year, did the organization maintatoreign country charitable trusts filling Form 990-Exempt interest received or accrued	erest in or a signature or other fecurities account, or other fecurities account accou	zIP + 4 > 77084 r authority over a rinancial account)? ancial Accounts. US? heck here	42 b		X X X N/A
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books are in care of PARK T Located at 16360 PARK T b At any time during the calendar yellinancial account in a foreign of lif 'Yes,' enter the name of the first calendar in the calendar i	ear, did the organization have an intountry (such as a bank account, storeign country filling requirements for Form TD F 90-22 1 r year, did the organization maintatoreign country charitable trusts filling Form 990-Exempt interest received or accrued a donor advised funds during the year or more hospital facilities during the	erest in or a signature or other fecurities account, or other fecurities account	zIP + 4 ► 77084 r authority over a rinancial account)? ancial Accounts. US? heck here Lagran 43	42 b 42 c 42 c	Yes	X N/A N/A N/A NO X X
books are in care of PARK T Located at 16360 PARK T b At any time during the calendar ye financial account in a foreign of lif 'Yes,' enter the name of the financial account in a foreign of lif 'Yes,' enter the name of the financial account in a foreign of lif 'Yes,' enter the name of the financial financial account in a foreign of lif 'Yes,' enter the name of the financial financi	ear, did the organization have an intountry (such as a bank account, storeign country) filling requirements for Form TD F 90-22 1 r year, did the organization maintatoreign country charitable trusts filling Form 990-Exempt interest received or accrued a donor advised funds during the year or more hospital facilities during the my payments for indoor tanning series.	erest in or a signature or other foreign Bank and Final ain an office outside of the later of th	zIP + 4 ► 77084 r authority over a rinancial account)? ancial Accounts. US? heck here Lagran 43	42 b 42 c	Yes	X N/A N/A N/A NO X
books are in care of PARK T Located at 16360 PARK T b At any time during the calendar ye financial account in a foreign of lif 'Yes,' enter the name of the financial account in a foreign of lif 'Yes,' enter the name of the financial account in a foreign of lif 'Yes,' enter the name of the financial financial account in a foreign of lif 'Yes,' enter the name of the financial financi	ear, did the organization have an intountry (such as a bank account, storeign country filling requirements for Form TD F 90-22 1 r year, did the organization maintatorieign country charitable trusts filling Form 990-Exempt interest received or accrued a donor advised funds during the year or more hospital facilities during the my payments for indoor tanning segments anization filed a Form 720 to repo	erest in or a signature or other foreign Bank and Final ain an office outside of the later of th	zIP + 4 ► 77084 r authority over a rinancial account)? ancial Accounts. US? heck here Lagran 43	42 b 42 c 42 c	Yes	X N/A N/A N/A NO X X
books are in care of PARK T Located at 16360 PARK T b At any time during the calendar ye financial account in a foreign of lif 'Yes,' enter the name of the financial account in a foreign of lif 'Yes,' enter the name of the financial account in a foreign of lif 'Yes,' enter the name of the financial if 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift 'Yes,' enter the name of the financial in the lift '	ear, did the organization have an intountry (such as a bank account, storeign country) filing requirements for Form TD F 90-22 1 r year, did the organization maintatorieign country charitable trusts filing Form 990-Exempt interest received or accrued a donor advised funds during the year or more hospital facilities during the maintain payments for indoor tanning second payments for indoor tanning payments for indoor tanning second payments for indoor tanning	Report of Foreign Bank and Fina ain an office outside of the later of	r authority over a rinancial account)? ancial Accounts. U.S.? heck here 43 completed instead to be completed	42 b 42 c 42 c	Yes	X N/A N/A N/A NO X X
books are in care of PARK T Located at 16360 PARK T b At any time during the calendar ye financial account in a foreign of If 'Yes,' enter the name of the financial account in a foreign of If 'Yes,' enter the name of the financial account in a foreign of If 'Yes,' enter the name of the financial If 'Yes,' enter the name	ear, did the organization have an intountry (such as a bank account, storeign country) filling requirements for Form TD F 90-22 1 rayear, did the organization maintatoring country charitable trusts filling Form 990-Beempt interest received or accrued a donor advised funds during the year or more hospital facilities during the maintain payments for indoor tanning second schedule O	Report of Foreign Bank and Final and an office outside of the later of	r authority over a rinancial account)? ancial Accounts. U.S.? heck here 43 completed instead to be completed	42 b 42 c 42 c 44 a 44 b 44 c 44 d	Yes	X N/A N/A N/A X X X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 4 b If 'Yes,' was the related organization a section 527 organization? 4 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 (b) Average hours (c) Reportable compensation (d) Health benefits, contributions to employee (e) Estir	bles Yes	N N
All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the ta for lines 50 and 51 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 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 4 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 of there is none, enter 'None' (a) Name and title of each employee paid more than \$100,000 (b) Average hours per week devoted (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred other other	Yes 7 8 9 a 9 b	N N
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the ta for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 17 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 18 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 19 a Did the organization make any transfers to an exempt non-charitable related organization? 19 b If 'Yes,' was the related organization a section 527 organization? 20 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 (Forms W 2/1099 MISC) (c) Reportable compensation (Forms W 2/1099 MISC)	Yes 7 8 99a 99b	ount o
7 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 8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 9 a Did the organization make any transfers to an exempt non-charitable related organization? 4 b If 'Yes,' was the related organization a section 527 organization? 4 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 (Forms W 2/1099 MISC)	7 8 9 a 9 b	ount o
complete Schedule C, Part II 8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 9 a Did the organization make any transfers to an exempt non-charitable related organization? 4 b If 'Yes,' was the related organization a section 527 organization? 4 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 (c) Reportable compensation form the organization be employee only to be perfectly plans, and deferred other other other.	7 8 9 a 9 b	ount o
8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 9 a Did the organization make any transfers to an exempt non-charitable related organization? 4 b If 'Yes,' was the related organization a section 527 organization? 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 (Forms W 2/1099 MISC) (c) Reportable compensation (A) Health benefits, contributions to employee other than officers, and deferred other other was not described.	18 19 a 19 b	
9 a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization? 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 (Forms W 2/1099 MISC) (c) Reportable compensation (Forms W 2/1099 MISC)	9 a 9 b	
b If 'Yes,' was the related organization a section 527 organization? 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 of there is none, enter 'None' (a) Name and title of each employee paid more than \$100,000 (b) Average hours per week devoted (Forms W 2/1099 MISC) (c) Reportable compensation (Forms W 2/1099 MISC)	mated amo	
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 paid more than \$100,000 (c) Reportable compensation (Forms W 2/1099 MISC) (d) Health benefits, contributions to employee benefit plans, and deferred other		
(a) Name and title of each employee per week devoted per		
f Total number of other employees paid over \$100,000	,	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 compensation from the organization. If there is none, enter 'None'	of	
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) C	Compensati	ion
d Total number of other independent contractors each receiving over \$100,000		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt	Yes	
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	
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 here 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	Yes	
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 deepenalties 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 it, correct, and complete begaration of preparer (other than afficer) is based on all information of which preparer has any knowledge	Yes	
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 mader 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 executed to the performance of preparer (other than afficer) is based on all information of which preparer has any knowledge Signature. Date	Yes	
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 order 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 expected, and complete Benjation of preparer (other than efficer) is based on all information of which preparer has any knowledge ign ROBERT NELSON Type or print name and title	Yes	<u></u>
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 Inder 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 use, correct, and complete Bethration of preparer (other than afficer) is based on all information of which preparer has any knowledge ROBERT NELSON Type or print name and title PrimType preparer's name Priparer's signature Date Check if PTIN Check if contents 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 bes		
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 Index 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 use, correct, and complete betrication of preparer (other than afficer) is based on all information of which preparer has any knowledge ROBERT NELSON Type or print name and title Prim Type preparer's name and title NON-PAID PREPARER Date Check if self-employed This print is perfectly and the print pr		
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 Index 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 use, correct, and complete. Betheaton of preparer (other than afficer) is based on all information of which preparer has any knowledge. Index 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 use, correct, and complete. Betheaton of preparer (other than afficer) is based on all information of which preparer has any knowledge. Index 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 based on all information of which preparer has any knowledge. Index 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 based on all information of which preparer has any knowledge. Index 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 based on all information of which preparer has any knowledge. Index 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 based on all information of which preparer has any knowledge. Index 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 based on all information of which preparer has any knowledge. Index penalties of perjury, I declare that I have examined this return, including accompanying sc		
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 Index 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 use, correct, and complete becompanion of preparer (other than officer) is based on all information of which preparer has any knowledge Substitution of preparer (other than officer) is based on all information of which preparer has any knowledge ROBERT NELSON CURRENT TREASURER		

SCHEDULE G (Form'990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

OMB No 1545 0047

2012

Open to Public Inspection

	organization						Employer identifica		
<u>ROTARY</u>	CLUB OF KATY						74-6064280	0	
Part I	Fundraising Activities. Comp Form 990-EZ filers are not re	quired to comp	lete this p	art					
1 India	cate whether the organization i	raised funds thr	ough any	of the foll	owing activities Check	all that	apply		
а	Mail solicitations			е	Solicitation of non-	governm	ent grants		
b 🗍	Internet and email solicitations	5		f	Solicitation of gove	rnment	grants		
c 🗂	Phone solicitations			q	Special fundraising				
<u> </u>	In-person solicitations			9					
	the organization have a written of	r oral aaraamaat		aduudual (naludina officara, diractar	+	aa ar kau		
emp	oloyees listed in Form 990, Par	t VII) or entity i	in connect	ion with p	rofessional fundraising	services	7	Yes N	0
com	es,' list the ten highest paid indivipensated at least \$5,000 by the	iduals or entities le organization	(fundraise	ers) pursua	nt to agreements under v	vhich the	fundraiser is to	be	
(i) Nam	ne and address of individual	(II) Activity	(III) Did	fundraiser	(iv) Gross receipts	(v) An	nount paid to	(vi) Amount paid to	,
	or entity (fundraiser)		of contr	dy or control ibutions?	from activity	fundra	etained by) aiser listed in olumn (i)	(or retained by) organization	
			Yes	No					_
1									
			-						
2									
3									
4									
5									
6									
7									_
8									
9							·		
10							•		
Total				•					_
3 List	all states in which the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified i	t is exempt from	registration	_
	g								
								 	_
									_
									_
									_
									-
									-
									-
									-
		 -							-
		 -			- 				-
			-						_
					_ .				_

Schedule G (Form 990 or 990-EZ) 2012 ROTARY CLUB OF KATY 74-6064280 Page 2 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 (d) Total events **(b)** Event #2 (c) Other events (a) Event #1 (add column (a) WILD WEST BREW NONE through column (c)) (event type) (event type) (total number) 113,726. 1 Gross receipts 113,726. 2 Less Charitable contributions Gross income (line 1 minus line 2) 113,726 113,726. Cash prizes Noncash prizes Rent/facility costs 8,638 8,638. Food and beverages 7,198. Entertainment 7,198 Other direct expenses 60,635 60,635. 76,471. 10 Direct expense summary Add lines 4 through 9 in column (d) 37,255. Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo bingo/progressive bingo REVERUE (add column (a) through column (c) Gross revenue 2 Cash prizes DIRECT 3 Non-cash prizes Rent/facility costs Other direct expenses 용 Yes Yes Yes No No 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine lines 1, column (d) and line 7 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? No Yes b If 'No,' explain

Yes

No

b If 'Yes,' explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2012 ROTARY CLUB OF KATY	74-60642	280 Page 3
11 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 administer charitable gaming?	or other entity formed to	Yes No
13 Indicate the percentage of gaming activity operated in	1 1	
a The organization's facility	13 a	ુ
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 •		
15 a Does the organization have a contact 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 co	ontractor	
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gamin state gaming license?	ng proceeds to retain the	_ Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year ► \$	organizations or spent in the	
Part IV Supplemental Information. Complete this part to provide the e columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16 this part to provide any additional information (see instructions	5, and 17b, as applicable. Al	I, line 2b, so complete
SCHEDULE G - ADDITIONAL INFORMATION		
THE ROTARY CLUB OF KATY HAD ONE FUNDRAISER DURING FIS		
IT WAS OUR 2ND ANNUAL ONE DAY WILD WEST BREW FEST WHE		
BEER TO BE SAMPLED BY ADULTS WHO PURCHASE A PUNCH CAR		
EXAMPLE BANDS, GAMES, CONTESTS) AND FOOD ARE PART OF		
AUCTION IS ALSO AVAILABLE. THE PRIMARY SOURCES OF IN TICKET SALES.	ICOME AKE SPUNSUKSHIPS	AND
TICKET SALES.		
· · · · · · · · · · · · · · · · · · ·		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 74-6064280 ROTARY CLUB OF KATY FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE ROTARY IS AN ORGANIZATION OF BUSINESS AND COMMUNITY LEADERS WHO COME TOGETHER TO CREATE POSITIVE, LASTING CHANGE IN OUR COMMUNITY AND AROUND THE WORLD. KATY ROTARY CLUB'S PRIMARY EMPHASIS IS CHILDRENS' WELFARE AND EDUCATION.

2012 SCHEDULE C	O - SUPPLEMENTAL INFORMATION	PAGE 2
	ROTARY CLUB OF KATY	74-6064280
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE GOOD/BAD NEWS DONATIONS GUEST LUNCHES TOY DRIVE DONATIONS	\$ TOTAL \$	2,423. 1,054.
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PA	• •	
DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	SEE PART III AND SCHEDULE O UNRELATED	\$ 16,694.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
BANK SERVICE CHARGES BOARD & COMMITTEE MEETINGS CLUB MEETING LUNCHES CLUB RUNNER SOFTWARE MEMBER & SPECIAL AWARDS OFFICER TRAINING PROGRAMS ROTARY DISTRICT 5890 DUES ROTARY DISTRICT MEETINGS ROTARY INTERNATIONAL DUES ROTARY SUPPLIES STORAGE COSTS	total ₹	518. 18,724. 359. 1,339. 1,661. 950. 1,000. 2,578. 508. 2,084.
FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OF	R FUND BALANCES	
NET UNREALIZED GAINS AND LOSSE	S ON INVESTMENTS \$ TOTAL \$	84. 84.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS		
PREPAID EXPENSES AND DEFERRED	CHARGES $ \begin{array}{c} & \underline{\text{BEGINNING}} \\ & 5 & -75. \\ \hline \text{TOTAL} \end{array} $	\$ 3,478. \$ 3,478.

2012

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

ROTARY CLUB OF KATY

74-6064280

FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
SUPPORT THROUGH ROTARY INTERNATIONAL AN ACQUISITION OF MAMOGRAM MACHINE AND RELATED PROGRAM IN BRAZIL. INCLUDES FOREIGN GRANTS: YE	ES	2,000.
PROVIDE FUNDS TO THE KATY ISD MUSIC DEPARTMENT TO PURCHASE INSTRUMENTS FOR USE BY STUDENTS WHO WOULD OTHERWISE NOT HAVE THE OPPORTUNITY TO PARTICIPATE IN BAND/ORCHESTRA. INCLUDES FOREIGN GRANTS:	E NO	1,850.
PROCESS ANIMALS PURCHASED FROM KATY ISD FFA AND CONTRIBUTE MEAT TO KATY CHRISTIAN MINISTRIES FOOD PANTRY. INCLUDES FOREIGN GRANTS: 1	E NO	1,805.
CONTRIBUTIONS TO KATY CHRISTIAN MINISTRIES FOR THEIR FOOD PANTRY AND SCHOOL BACKPACKS DRIVE INCLUDES FOREIGN GRANTS: 1	NO	1,160.
PROVIDE A HAMBURGER COOKOUT FOR FFA STUDENTS PARTICIPATING IN THEIR ANNUAL ANIMAL AUCTION DURING THE DAY OF PREPARATION AND JUDGING. INCLUDES FOREIGN GRANTS: 1	g NO	1,093.
PROVIDE FUNDS TO HUTSELL ELEMENTARY SCHOOL TO SUPPORT A FAMILY FISHING DAY IN CONJUNCTION WITH THE TEXAS WILDLIFE ASSOCIATION. INCLUDES FOREIGN GRANTS: 1	NO	1,000.
SUPPORT KATY-WEST HOUSTON ROTARACT ORGANIZATION. INCLUDES FOREIGN GRANTS: 1	NO	500.
PAINT A COLOR MAP OF THE UNITED STATES AT ELEMENTARY SCHOOLS IN THE KATY ISD ON CONCRETE IN AN AREA SELECTED BY THE SCHOOL. INCLUDES FOREIGN GRANTS: I	Y	490.
CLUB CONRIBUTION TO THE ROTARY FOUNDATION POLIO IRRADICATION PROJECT. INCLUDES FOREIGN GRANTS: 1	NO	175.
TOTA	AL <u>\$ 0.</u>	\$ 10,073.

2012	FEDERAL SUPPORTING DETAIL			PAGE 1
	ROTARY CLUB OF KATY			74-6064280
CONTRIBUTIONS, GI OTHER CONTRIBUTI ROTARY DISTRICT	ONS, GIFTS, GRANTS, ETC.	TOTAL	\$ \$	1,500. 1,500.
FUNDRAISING AND OF GROSS RECEIPTS WILD WEST BREW FOR SPONSORS TICKET SALES BOOTH FEES SILENT AUCTION OPEN CASE BEER SO	EST (WWBF)	TOTAL	\$	54,467. 47,169. 6,400. 4,550. 1,140. 113,726.
FUNDRAISING AND OUTHER DIRECT EXPONILD WEST BREW FOR THE PROPOSE OF THE PROPOSE O	ENSES FEST (WWBF) G & PROMOTION D FEES ICKETING SUPPLIES TION TS & SUPPLIES ISING ON	TOTAL	\$	15,316. 2,001. 630. 2,901. 2,276. 1,320. 2,405. 4,686. 1,686. 2,499. 600. 6,500. 1,845. 1,046. 2,097. 4,532. 4,450. 3,444. 401. 60,635.
FUNDRAISING AND ENTERTAINMENT WILD WEST BREW F BANDS STEP & REPEAT PH GAMES & OTHER EN	FEST (WWBF)	TOTAL	\$	2,600. 1,372. 3,226. 7,198.

2012	FEDERAL SUPPORTING	G DETAIL	PAGE 2
	ROTARY CLUB OF KAT	гү	74-6064280
BALANCE SHEET PREPAID EXPENSI PREPAID DUES UNDEPOSITED FUN	ES AND DEFERRED CHARGES	\$ TOTAL <u>\$</u>	-215. 140. -75.
BALANCE SHEET PREPAID EXPENSI PREPAID RI DUES UNDEPOSITED FUN	ES AND DEFERRED CHARGES	\$	1,208.
		TOTAL <u>\$</u>	2,270. 3,478.

2012

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

ROTARY CLUB OF KATY

74-6064280

REQUEST TO ABATE LATE FILING PENALTY

ROTARY CLUB OFFICERS CHANGE ANNUALLY. THE TREASURER, WHO IS OFTEN A CPA, GENERALLY PREPARES OR HAS THE ANNUAL TAX RETURN PREPARED. THE TREASURER FOR THE FISCAL YEAR ENDING JUNE 30, 2014 CHANGED JOBS AND HAD TO RESIGN FROM THE KATY ROTARY CLUB IN DECEMBER 2013. I WAS ASKED TO TAKE OVER IN JANUARY 2014 TO COMPLETE HER YEAR AND CONTINUE FOR THE FOLOWING FISCAL YEAR. THE PRIOR YEAR TREASURER SAID ALL RECORDS WERE UP TO DATE AT THE END OF DECEMBER. I UNDERSTOOD THAT TO ALSO MEAN THE TAX RETURN HAD BEEN FILED BUT WHEN I BEGAN TO PREPARE THE RETURN FOR JUNE 30, 2014, I COULD NOT FIND A COPY OF THE 2012, YE JUNE 30, 2013, TAX RETURN. I CONTACTED THE PRIOR TREASURER. SHE SAID AN EXTENSION WAS FILED BUT SHE HAD NOT PREPARED THE RETURN BECAUSE SHE ASKED ME TO DO IT. THERE WAS A MISCOMMUNICATION IN THE TRANSFER OF INFORMATION. AN ABATEMENT OF THE LATE FILING PENALTY FOR THE FORM 990EZ IS RESPECTFULLY REQUESTED DUE TO REASONABLE CAUSE.

THE TEXAS

REVISED BYLAWS OF THE ROTARY CLUB OF KATY, TEXAS

Article I Definitions

- 1. Board: The Board of Directors of this Club.
- 2. Director: A Member of this Club's Board of Directors.
- 3. Member: A member, other than an honorary member, of this Club.
- 4. RI: Rotary International
- 5. Year: The twelve-month period that begins on 1 July.
- 6. Club: The Rotary Club of Katy, Texas

Article 2 Board

The governing body of this Club shall be the Board consisting of ten (10) members of this club, namely, four (4) directors elected in accordance with Article 3, Section 1, of these Bylaws, and the President, Vice President (or president-nominee, if no successor has been elected), Secretary, Treasurer, Sergeant At Arms, and the immediate Past President. It is provided however, if there is a President Elect who is not otherwise a Director, such President Elect shall also serve as a Director until assuming the office of President.

Article 3 Election of Directors and Officers

Section 1 – At a regular meeting one month prior to the meeting for election of officers, the presiding officer shall ask for nominations by members of the Club for President, Vice President, Secretary, Treasurer, and four (4) Directors. The nominations shall be presented by a nominating committee and may further be made by members from the floor, by either or by both. The nominating committee shall be appointed by the President. The nominations duly made shall be placed on a ballot in alphabetical order under each office and shall be voted for at the Annual Meeting. The candidates for President, Vice President, Secretary, and Treasurer receiving a majority of the votes shall be declared elected to their respective offices. The four (4) candidates for Director receiving a majority of the votes shall be declared elected as Directors. The candidate for President elected in such balloting shall be the President-Elect and serve as a Director until assuming the office of President on the first day of July immediately following that year.

Section 2 – The Officers and Directors, so elected, together with the Sergeant at Arms and immediate Past President shall constitute the board. Within one week after their election, the President shall select some member of the club to act as Sergeant-at-Arms.

Section 3 - A vacancy in the Board or any office, except for the Sergeant at Arms (which office shall be filled by the President), shall be filled by action of the remaining directors.

Section 4 – A vacancy in the position of any officer-elect or director-elect (except for the position of Sergeant at Arms) shall be filled by action of the remaining directors-elect.

2ND REVISED CONSTITUTION OF THE ROTARY CLUB OF KATY, TEXAS

Article 1 Definitions

As used in this Constitution, unless the context otherwise clearly requires, the words in this Article I shall have the following meanings:

1. Board:

The Board of Directors of this Club.

2. Bylaws

The Bylaws of this Club.

3. Director:

A Member of this Club's Board of Directors.

4. Member:

A Member, other than an Honorary Member, of this Club.

5. RI:

Rotary International.

6. Year:

The twelve-month period which begins on 1 July.

7. District

Means RI District No. 5890

Article 2 Name

The name of this organization shall be Rotary Club of Katy, Texas (Member of Rotary International)

Article 3 Locality Of The Club

The locality of this Club is as follows: the boundaries of the Katy Independent School District.

Article 4 Object

The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster: First. The development of acquaintance as an opportunity for service; Second-High ethical standards in business and professions; the recognition of the worthiness of all useful occupations; and the dignifying of each Rotarian's occupation as an opportunity to serve society; Third The application of the ideal of service in each Rotarian's personal, business, and community life; Fourth. The advancement of international understanding, goodwill, and peace through a world fellowship of business and professional persons united in the ideal of service.

Article 5 Meetings

Section 1 Regular Meetings.

(a) Day and Time. This Club shall hold a regular meeting once each week on the day and at the time provided in the Bylaws.