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Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceUnder 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.

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

**A** For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 20 13**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**Rotary International--Abilene**

Number and street (or P.O. box, if mail is not delivered to street address)

**P.O. Box 7108**

City or town, state or country, and ZIP + 4

**Abilene, Texas 79608-7108****D** Employer identification number**75-0101565****E** Telephone number**325-437-3142****F** Group ExemptionNumber ► **0573****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **abilenerotaryclub.com****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **4** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**Check if the organization used Schedule O to respond to any question in this Part I ☐

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>105.00</b>
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	<b>21,098.34</b>
	<b>4</b>	Investment income	<b>4</b>	<b>6.78</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b>	Gross income from fundraising events (not including \$ <b>105.00</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>25,096.92</b>
<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>1,556.53</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>23,540.39</b>	
<b>Expenses</b>	<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b>	Less: cost of goods sold	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	<b>-869.96</b>
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>43,880.55</b>
	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>19,552.63</b>
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>Net Assets</b>	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>299.98</b>
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>512.37</b>
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	<b>11,353.54</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>31,718.52</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>12,162.03</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>32,522.42</b>	
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>44,684.45</b>	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2012)

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**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
<b>22</b> Cash, savings, and investments . . . . .	<b>30,422.42</b>	<b>22 42,584.45</b>
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	<b>2,100.00</b>	<b>24 2,100.00</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>32,522.42</b>	<b>25 44,684.45</b>
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>32,522.42</b>	<b>27 44,684.45</b>

**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? community & world service

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.

<b>28</b> SEE ATTACHED		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	

**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
<b>Kent Brown</b> P.O. Box 7108, Abilene, TX 79608	President, 3 hours	-0-	-0-	-0-
<b>Jennifer Kent</b> P.O. Box 7108, Abilene, TX 79608	Pres. Elect, 1 hour	-0-	-0-	-0-
<b>Kayla Christianson</b> P.O. Box 7108, Abilene, TX 79608	Past Pres, 1 hour	-0-	-0-	-0-
<b>Mary Beth Kilgore</b> P.O. Box 7108, Abilene, TX 79608	Exec Secretary, 20 hours	-0-	-0-	-0-
<b>Peter Agnell</b> P.O. Box 7108, Abilene, TX 79608	Treasurer, 10 hours	-0-	-0-	-0-
<b>Austin King</b> P.O. Box 7108, Abilene, TX 79608	Director, 1 hour	-0-	-0-	-0-
<b>Paul Thomas</b> P.O. Box 7108, Abilene, TX 79608	Director, 1 hour	-0-	-0-	-0-
<b>Riley Griffith</b> P.O. Box 7108, Abilene, TX 79608	Director, 1 hour	-0-	-0-	-0-
<b>Michael Thornton</b> P.O. Box 7108, Abilene, TX 79608	Director, 1 hour	-0-	-0-	-0-
<b>Bruce Lambert</b> P.O. Box 7108, Abilene, TX 79608	Director, 1 hour	-0-	-0-	-0-
<b>Kelly Thompson</b> P.O. Box 7108, Abilene, TX 79608	Director, 1 hour	-0-	-0-	-0-

**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 ☐

	Yes	No
<b>33</b> 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 . . . . .	<b>33</b>	✓
<b>34</b> 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) . . . . .	<b>34</b>	✓
<b>35a</b> 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)? . . . . .	<b>35a</b>	✓
<b>b</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 . . . . .	<b>35b</b>	✓
<b>c</b> 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 . . . . .	<b>35c</b>	✓
<b>36</b> 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 . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	✓
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>Peter Agnell</b> . . . . . Telephone no. ▶ <b>325-437-3142</b> Located at ▶ <b>465 Cypress Street #3</b> . . . . . ZIP + 4 ▶ <b>79601-000</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: ▶ . . . . . See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	✓
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	✓

- 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 . . . . .

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

**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 . . . . . ☐

- 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 . . . . .

	Yes	No
<b>47</b>		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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- 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 . . . . .

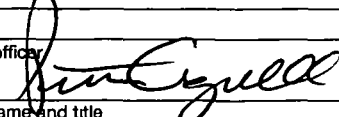
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

<b>Sign Here</b>	Signature of officer 	Date <b>10/28/2013</b>
	Type or print name and title <b>PETER AGNEW Treas.</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

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

☐ Yes ☐ No

# ROTARY INTERNATIONAL

## Rotary Club of Abilene - Supplemental Schedule

Taxpayer ID # 75-0101565

Form 990-EZ FYE 6-30-13

<b>Part I - Revenue - Line 6b Special Events - Schedule G:</b>	<b>Gross Revenue</b>	<b>Direct Expenses</b>	<b>Net Income</b>
1 Flag Project	\$ 3,965.00	\$ 237.14	\$ 3,727.86
2 Taste of Abilene	16,755.92	-	16,755.92
3 Dealing for Dollars	1,466.00	279.00	1,187.00
4 Mayor Disc Golf Tourn	2,910.00	1,040.39	1,869.61
<b>TOTAL</b>	<b>\$ 25,096.92</b>	<b>\$ 1,556.53</b>	<b>\$ 23,540.39</b>

<b>Part 1 - Revenue - Line 8 Meals - Schedule O:</b>	<b>\$24,099.00</b>	<b>\$24,968.96</b>	<b>(\$869.96)</b>
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**Part I - Expenses - Line 10 Grants - Schedule O:**

1 Youth Exchange	\$ 837.09
2 Abilene Hope Haven	1,000.00
3 Taylor County Adult Literacy	350.00
4 Alzheimer's Association	500.00
5 Rotary Reads	140.54
6 Adult Protective Services	500.00
7 Rotary Rose Bowl Float	200.00
8 Abilene Disc Golf Association	500.00
9 Big Country Retired Services	1,500.00
10 End Polio Now	2,500.00
11 Big Brothers/ Big Sisters	1,000.00
12 Caring for Children	2,000.00
13 Celebration Singers	500.00
14 Chorus Abilene	500.00
15 Hill Crest Church of Christ	25.00
16 International Rescue	1,000.00
17 Faithworks of Abilene	1,000.00
18 Meals on Wheels	500.00
19 Cancer Services Network	500.00
20 Memory Men	500.00
21 New Horizons	500.00
22 Noah Project	500.00
23 Texas Family Institute	1,750.00
24 West Texas Innovation	750.00
25 Young Audience of Abilene	500.00
<b>TOTAL</b>	<b>\$ 19,552.63</b>

**Part I - Other Expenses - Line 16**

1 Registration for District Assembly	\$ 190.00
2 Rotary International Dues	5,753.48
3 Rotary District Dues	2,016.00
4 Gifts, Flowers, and Awards	739.71
5 Supplies (Name Tags, Flags, Etc)	574.42

# ROTARY INTERNATIONAL

## Rotary Club of Abilene - Supplemental Schedule

Taxpayer ID # 75-0101565

Form 990-EZ FYE 6-30-13

6	Credit Card Expense	200.53
7	Electronic Software License	1,079.40
8	President Elect Training	800.00

TOTAL

\$ 11,353.54

### Part II - Balance Sheet - Line 22 - Cash/Savings - June30,2013

1	Cash Box	\$ 100.00
2	Operating Account	11,187.66
3	Community Service Account	29,425.94
4	Misc. Acct	1,870.85
TOTAL		<u>\$ 42,584.45</u>

### Part II - Balance Sheet - Line 24 - Other Assets

1	Printer	\$ 500.00
2	Copier	500.00
3	Laptop Computer	500.00
4	PowerPoint Projector	500.00
5	Desk, Table and Filing Cabinet	100.00
		<u>\$ 2,100.00</u>

### Part III, Organization's Primary Exempt Purpose:

To encourage and foster the ideal of community and international service of worthy enterprise

### Additional Detail - Line 28: (This includes no foreign grants)

In addition to monetary grants, club members volunteer at State School Halloween Carnival, 'Ring the Bell' to help the Salvation Army, read to students at Jane Long Elementary School and to help other non-profit Organizations.