

## 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



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•			1		Short Form			<u>_</u>	L	OMB No. 1545-1160
Form	99	10-EZ		eturn of Organizat				Tax		2012
				Under aection 601(e), 627 (except black lun	r, or 4947(s)(1) of the l g benefit trust or priv	intermal Reve ate foundatio	nus Code ญี	]	L	Z ( ) 1 Z
			Sponse and car	ng organizations of donor advised in controlling organizations as del	funde, organizations Trad in section 513(b)	that operate (13) must file	one or more Form 960 (s	sė įraspuotic Hospital fac	illider. Histori	Open to Public
Dame	riment c	f the Treasury	All	har organizations with gross rece	iptel (ees then \$200,00 of the year may use t	C and total a	leets lees th	000,00 <b>30</b>		Inspection
Intern	al Rever	nus Bervice		e organization may have to use a	copy of this return to	selfoly state				
				tex year beginning	July 1	, 2012,	and ending		une 30	<u> </u>
_	heck if ep			organization				DEMP	•	ntification number
	ddress c fama cha		Number	ernetional of Carrollton-Ferme distrect for P.O. box. If mall is not de	<b>Institution of the street addre</b>		Pipom/sults	E Telep	hone hu	-6067740 mbar
_	netigii resturi		РО ВОХ	17	, , ,	•		'	972	2-824-2133
_	erminate mended	_	City or to	n, state or country, and ZIP + 4			_	F Grou	ıp Exen	
=		n pending	Септой	. TX 75006				Nun	iber 🕨	
		ing Method:		Acorusi Other (apsoil	<i>^</i> ▶					the organization is not
		DOWN.				45 451 MAX		, , ,		ch Schedule B
				) — 501(a)(3) V 501(c) ( 4			527			-EZ, or 990-PF).
	heok P			on is not a section 509(a)(3) supp 290-EZ or Form 990 return is no						
				a return, be sure to file a compi	1 -	···· •••••••••••••••••••••••••••••••••	- Inches de maria		lanam (e	
	_			to determine gross receipts. If gro		000 or more,	or if total ass	ets (Part H,		
lin	ie 25, c			,000 or more, file Form 990 insta		1		<u> </u>	<b>►</b> §	44,834
P;	nt I			1899, and Changes in Ne						
_				nization used Schedule O t		guestion	<u>In thia Par</u>	<u>tl</u>		. , <u></u>
	1			grants, and similar amounts				• -	1	
	2			enue including government i		· · · ·		1	3	
	8		•	nd assessments				1	4	46,831
	4 5a	investmen		sale of assets other than inv	enion:	.   5e		1		
	b			sais and saies expenses .				<del> </del>		
				ale of assets other then inve			ine 5a) .		ão.	
	6	Gaming ar	nd fundr	aing evente			•			
43				n gaming (sttach Schedul	e G If greater	1 _	1			
를		\$15,000)		fundraising events (not inclu	dinja 🕏	· <u>6a</u>	f contribut	lone		
Ě	P			ents reported on line 1) (atta			Coridibul	W 19		
Œ		sum of suc	oh gross	ncome and contributions ex	eeds \$15,000) .	. вь	1			
		Less: direc	ct expen	ss from garning and fundrals	ing events	. 6c		1		
	d	Net Incom	te or (lo	) from gaming and fundrals	ing events (add i	ines 6a an	d 6b and	aubtract		
		line 6c)			* 1 * * * *			<b>}</b> • •	<u>6d</u>	<del></del>
	1 -			itory, less returns and allows	nces	76		+		
	b	Lage: cost	or good	sold				+ -	70	
	8	Other reve	(네스 (네스 1차 이 (108	r nom seres of inventory (out	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		SC		8	
		Total reve	anuel Ar	ribe in Schedule () lines 1, 2, 3, 4, 5c, 6d, 7o, 6	nd BISI APR	08 201			9	46,82
_	10	Grents an	d şimilar	mounts paid (list in Schedul	0) 4		- 12		10	13,21
	11	Benefits p	ald to or	or members	OG	DEN, U		<b>}</b> • •	11	
8	12			pensation, and employee be				· ·	12	
8	13			d other payments to indepe	·		• • • •	· · ·	13	
Expenses	14			(lities, and maintenance .	• • • • •			· · ·	14	<u> </u>
щ	16 16			s, poetage, and shipping . scribe in Schedule Q)					16	37.03
	17			id lines 10 through 16				▶	17	50.14
_	18	Excess or	(deficit)	or the year (Subtract line 17)	nom (Ine 9)				18	(3,503
	19	Net asset	s or fun	balances at beginning of ye	ear (from line 27,	column (A)	) (must ag			
Ž	1	and-of-ye	ar figure	sported on prior year's return	n) (			· · ·	19	10,69
Net Assets	20			et assets or fund balances (e				· · ·	20	60
_	21			palances at end of year. Con				<u> </u>	21_	7.78°
For	· Paper	rwork Reduc	tion Act	otice, see the separate instru	TIONS.	Cat	t, No. 108421	1		ram <b>ಚಚ್ಚ−=≤.</b> (2012



C 24	PO-EZ (2012)							Page 2
Pan		s (see the instructions for	or Part II)		-			
T SH	Check if the over	anization used Schedule	O to spenond to an	w question in this P	art	n		
	Check if the org	U IIZALIOTI USBU SCIINCUIB	O to leaborid to El	19 900000000000000000000000000000000000	ΔB	egirming of year	•	(B) End of year
	<b></b>	 		<del></del>	<del>-</del>	3,704	90	7,064
22	Cash, savings, and im			$\cdot$ $\cdot$ $\cdot$ $\cdot$ $\vdash$	-			
23	Land and buildings .			· · · · ⊢		6		
24	Other gasets (describe	in Schedule Q)				12,089		5,325
25	Total assets			_	_	15,793		12,389
26	Tutal listilities (desci		, , , , , , ,			5,101		4,600
27	Net assets or fund be	isness (line 27 of column	(B) must agree with	(Ine 21)		10,692	27	7,789
Part	III Statement of P	rogram Service Accomp	dishments (see th	e instructions for Pa	¥.	(1)	1	Expenses
	Check if the ord	anization used Schedule	O to reappond to ar	ry question in this P	art	₩ 🗆	(Bu	Guired for section
What				mmunity and Rotary is				(q)(3) and 501(c)(4)
								enizations and section
aa m	essured by expenses.	rogram servica accomplis n a clear and concise m relevant information for ea	enner describe the	a services provided,	ti	'number of		17(a)(1) trusts; optional others.)
		ery District 5810, which sup		v Clube in the Dallas	Lei			
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	(A	\$5,078) if this amount	inaludba foreian am	ints, check here	_	. ▶ □	28	a) n
	(Grants \$	\$5,078) IT THIS APPROUNT	IIICIUO68 TOTAIGIT GIG	er accept officer the Contract			<del> </del> ==	<del>"</del>
29	Tuition and scholarships	paid so that é students fron	u ann local comminis	A CORIG STANDS MORELA	DR	Mict of 10		
	Camp RYLA, a week long	leadership camp for studer	nes riedi gaineirsen	for Aest of uside school	21.			
			;			. –	1	_
	(Grants \$	\$4,903) If this amount	includes foreign gra	inta, check here .	•	<u>▶ □</u>	28	<u>e                                     </u>
30	Amounts paid to various	local community service on	penizations.				1	
			•					
							1	
	(Greats \$	\$3,239) If this amount	includes foreign are	ants, check here .		. ▶ □	30	
	Other present persons	(describe in Schedule O)						
31	· . =	(Costinos II do lectora C)	includes foreign gn	ente abenk here		l ▶ 🗆	81	a a
	(Grenta \$	expenses (add lines 28a	theoret (1a)	aris, ericon note	<u> </u>		1 3	
_32	Total program service	expenses (add lines 26s	andugiro iaj	b such Mark sone		oted (see the i		
Par	List of Officers,	Prestore, Trustees, and Key	A EMBROAGE LIST REC	ar an eastern in this collis		- N/	i i ou t	
	Check If the en	anization used Schedule	O to respond to a	(o) Reportable	-	d) Health banelite.	<del>-</del> +	<u> </u>
	<del></del>		(b) Averege	(of traportation	oon	ributions to emple	, ,	(a) Estimated smount of
	(a) Name	end title	devoted to position	(Forms W-2/1099-MISC)		benefit plans, and		other compensation
				(Il not paid, enter -0-)	0.0	ferred compensati	On	
Ban	Cunningham, President				l			
			12	0			0	0
<u> </u>	Fuller, President Elect						- 1	
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Metz	Wenthold, Treasurer	<u> </u>			, l	1	ام	•
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Rau	Paredes, Director	<u> </u>		1		1	1	!
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Form 981	D-EZ (2012)					ago 3
Part	Other Informs	tion (Note the Schedule A and personal benefit contract staten	ent requirements	in the	<b>ð</b> .	
	instructions for	Part V) Check if the organization used Schedule O to respond to a	ny question in this	Part \	<u>,                                    </u>	
	man a min		FWas II neodda a - [	$\rightarrow$	Yes	No
<b>83</b>	Did the organization of	ngage in any significant activity not previously reported to the IRS? If each activity in Schedule O	i es, piovide a	33		~
34	Were any elanificant a	hanges made to the organizing or governing documents? If "Yes," at	ech a conformed			<u> </u>
<b>9</b> -	noov of the amended	documents if they reflect a change to the organization's name. Other	rwise, explain the		l	
	change on Schedule (	(ees instructions) , , , , , , , , , , , , , , , , , , ,		34	!	~
35a	Did the organization i	ave unrelated business gross income of \$1,000 or more during the y	ear from business		_	
	activities (such as tho	se reported on lines 2, 6a, and 7a, among others)?		36a		
b	If "Yes," to line 35m, has	the organization filed a Form 990-T for the year? If "No," provide an explanati	on in Schedule O	35b		
c	Was the organization	a section 501(c)(4), 501(c)(5), or 501(o)(6) organization subject to each extragular ments during the year? If "Yes," complete Schedule C, Part		35c		
36	Did the organization	undergo a liquidation, dissolution, termination, or eignificant disposi	on of net assets	<del></del>		
•	during the year? If "Ye	z," complete applicable parts of Schedule N		38		~
37a		al expenditures, direct or indirect, as described in the instructions	720			
Ь	Did the organization f	le Form 1120-POL for this verification and a second		37b	•	~
38a	Did the organization b	orrow from, or make any loans to, any officer, director, trustee, or key	employee or were		-	
		n a prior year and still outstanding at the end of the tax year covered b	l .	38a		<b>V</b>
_ b			8ь			
39	Section 501(c)(7) ongs	ital contributions included on line 9	Sa .			
e b	Gross receipts, include	NAME OF THE PERSON OF THE PERS	9b			
40a	Section 501(a)(3) orga	nizations. Enter emount of tax imposed on the organization during the	year under:			
	section 4911 ▶	: section 4912 ▶   ; section 4955 ▶				
Ь	Section 501(c)(3) and	501(c)(4) organizations. Did the organization engage in any section 49	58 excess benefit			
	transaction during the	year, or did it engage in an excess benefit transaction in a prior year prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	That has not been	40b		
				400		
C	Section 501(c)(3) an	d 501(c)(4) organizations. Enter amount of tex imposed on a or disqualified persons during the year under sections 4912,				
	4955, and 4958					
d	Section 501(c)(3) au	of 501(c)(4) organizations. Enter amount of tax on line 400				
_	reimbursed by the or	panization , , , , , , , , , , , , , , , , , , ,				
•		any time during the tax year, was the organization a party to a pro	hibited tax shelter	40-		
		complete Form 6886-T	• • • • •	400	-	
41		nich a copy of this return is filed ►	sphone no. 🕨	972-24	7.295	0
<b>42a</b>	Logated at ≥ 2033 P		ZIP + 4 ▶		k14	
ь	At any time during the	calendar year, did the omanization have an interest in or a signature or d	ther authority over		Yes	No
_	a financial account in	a foreign country (such as a bank account, securities account, or other fin	anoial account)?	42b		1
	If "Yes," enter the na	me of the foreign country:				
	See the instructions	or exceptions and filing requirements for Form TD F 90-22.1, Repor	t of Foreign Bank			
	and Financial Accou			42c		<b>V</b>
C		e catendar year, did the organization maintain an office outside the U. me of the foreign country: ▶	9.f. 4 1 * * * *		1	
43	Section 4947(a)(1) no	nexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —C	heck here			<b>▶</b> □
74	and enter the amoun	of tex-exampt interest received or socrued during the tax year	> 43			
		,			Yes	No
44e	Did the organization	maintain any donor advised funds during the year? If "Yes," F	orm 990 must be	44.	r	V
	completed instead o	Form 990-EZ	om OOG must he	440		
þ		operate one or more hospital facilities during the year? If "Yes," I Form 990-EZ	· · · · · ·	44b		V
_		receive any payments for indoor tenning services during the year?		440	_	1
d	If "Yes" to line 44o.	has the organization filed a Form 720 to report these payments?				
_	explanation in Sched	uleO		444	_	
45 <b>a</b>	Did the organization	nave a controlled entity within this meaning of section 512(b)(13)? .		454		<b>/</b>
45b	Did the organization	receive any payment from or engage in any transaction with a control	ed entity within the			
		512(b)(13)? If "Yes," Form 990 and Schedule R may need to be co		45b		1
	רטוווו ששעיבע נפפפ ות	structione)		···· 66	_	
	1		Fo	m <b>-0</b>	V-E4	- (SOL)

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om 9	90-E2 (2012)		<del></del>				Yea No	
46			ndirectly, in political complete Schedule C.				don	
۲.1۰۱	Section 501 (o Ali section 501	(3) organization						
	50 and 51 Check if the ord	anization used Sc	hedule O to respond	to any question in t	his Part	٧ı	<del>.</del> 🗆	
47	Did the organization	engage in lobbying	activities or have a				tex Yes No	
4.	year? If "Yes," comple	te Schedule C, Pa	itli				1 _ 1 _ 1	
48 40a	Did the organization r	nake any transfers	in section 170(b)(1)(A)(i to an exempt hon-cha	zetion?		49a		
50	If "Yee," was the relat	ed organization a s	ection 527 organization five highest compen	 her then	officers, direct	. 49b		
<b>60</b>	employees) who each	received more tha	n \$100,000 of comper	If there is none, enter "None."				
	(a) Name and title of sa paid more than \$1		(b) Average hours per week devoted to position	(o) Reportable compensation (Forms W-2/1099-MI5C)	contribut	esith benefits, sone to employee ens, and defened mpensation	(e) Estimated amount of other compensation	
							•	
				,				
			,		1		•	
(4	\$100,000 of compen		antzation. If there is no	(b) Type of ser	vice	(0	) Compensation	
-					·- <u>,</u>		<u>.</u>	
<u>.</u>	<del></del> ·				<u> </u>			
	Total number of othe		ractions each receiving A7 Note: All section (		. <b>&gt;</b>	47/01/11		
52	nonexempt charitable	trusts must attach	n a completed Schedu	le A		<u> </u>	Yes D No	
Under true, c	penaltise of perjury, I decisre correct, and complete. Decision	that I have examined this con of preparer (office th	e return, including accompa an offices is based on all inf	nying achedules and elaten ormation of which preparar	nente, and has any id	DWISCUS.		
Sign	Blansture of a	months / (. )		<del></del>		3-3.	/- /7	
Here		Jay R. FU	Ma :	2		-	···	
Pale	Tay	<del> </del>	Preparer & algheburg		T /2/	//c/ Check E		
	Perer William Messer				3/3/	Firm's EIN >	o Jeu	
	Firm's address		es shawn shave? See	Inetructions		Phone no.	► ✓ Yes □ No	
May	the IRS discuss this re	retti with the breba	O DILVEL SUPPLES		• • •		Form 990-EZ (201	
							•	
			•					

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 20**12** 

Department of the Treasury internal Revenue Service

Complete to provide information for responses to specific questions Form 900 or 990-EZ or to provide any additional information.

Open to Public Inspection

► Attach to Form 990 or 990-EZ. Name of the grownbatton

Employer Identitioation numb 75-6067740

From 990-EZ, Part I, Line 10, List of Grants and Similar Amounts Paid:

Rotary International of Carrollium - Farmers Branch

Amounts paid to Rotary District 5910 - Camp RYLA Tuition and Scholarships, \$4,903; District 5910 Dues, \$5,078

Amounts peld to other local community organizations - \$3,239

Form 990-EZ, Part I, Line 16, List of Other Expenses:

Club Operational expenses - Meals, \$24,330; Club Website, \$479; Party expenses, \$926; Bank Service Charges, \$121; other misc, \$46;

Club Promotions, \$294; Supplies, \$341; International Service, \$500

Form 990-EZ, Part I, Line 20, Explanation of other changes in Net Assets: Out of period adjustment

Form 990-EZ, Part II, Line 34, @escription of Other Assets: Represents receivables due from members (dr quarterly dues and meal purchases.

Form 990-EZ, Part II, Line 26, Description of LisbiBles: Represents expenses incurred by the club that were not settled in cash prior to year and such as meals and contributions to organizations. Also included in liabilities as of June 30, 2013 was \$925 in contributions to the Rotary Foundation collected from members that were not remitted to the Rotary Foundation as of year and.

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Cat. No. 61055K

Schedule O (Farm 990 or 990-EZ) (2012)

Page 2 Schedule O (Form 980 or 990-EZ) (2012) Employer identification number Name of the organization Sphedule O (Form 900 or 900-52) (2012)

PAGE 6/6 \* RCVD AT 3/31/2014 3:45:09 PM [Eastern Daylight Time] \* SVR:MATLKRFX1APP003/15 \* DNIS:3291038 \* CSID:9722470151 \* DURATION (mm-ss):02-18

