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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 private foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014		
B Check if applicable	C Name of organization ROTARY CLUB OF WACO TEXAS	D Employer identification number 74-1010437
Address change	Number and street (or P O box, if mail is not delivered to street address) 1716 N 42ND STREET	Room/suite
Name change	E Telephone number (254) 776-2115	
Initial return	F Group Exemption Number ► 0573	
Terminated		
Amended return		
Application pending		

G Accounting Method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► N/A**J Tax-exempt status** (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other _____**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 153,066****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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 60,043
	2 Program service revenue including government fees and contracts	2 300
	3 Membership dues and assessments	3 92,601
	4 Investment income	4 32
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 90
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 153,066
	10 Grants and similar amounts paid (list in Schedule O)	10 73,945
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 18,263
	13 Professional fees and other payments to independent contractors	13 3,825
	14 Occupancy, rent, utilities, and maintenance	14 9,600
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 21,937
	17 Total expenses. Add lines 10 through 16 ►	17 127,570
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 25,496
	19 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)	19 82,045
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 107,541

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	85,870	22	109,772
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	85,870	25	109,772
26 Total liabilities (describe in Schedule O)	3,825	26	2,231
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,045	27	107,541

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

What is the organization's primary exempt purpose?

COMMUNITY SERVICE ORGANIZATION

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

Expenses

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

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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29

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
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30

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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32 Total program service expenses (add lines 28a through 31a)	32	75,661
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Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	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	No
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	No
35a 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)?	35a	No
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	
c 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	35c	No
36 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	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	40b	No
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	40c	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40d	0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40e	0
e 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	40f	No
41 List the states with which a copy of this return is filed ► TX		
42a The organization's books are in care of ► THE ORGANIZATION Telephone no ► (254) 776-2115 Located at ► 1716 NORTH 42ND STREET WACO, TX ZIP + 4 ► 76710		
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)? If "Yes," enter the name of the foreign country ►	42b	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c 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	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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
46		No

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
47		
48		
49a		
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer GEORGE CHASE III PRESIDENT Type or print name and title	2015-03-02 Date
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Paid Preparer Use Only	Print/Type preparer's name NANCY A TOUPS	Preparer's signature	Date 2015-03-02	Check <input type="checkbox"/> if self-employed	PTIN P00044678
	Firm's name ► JAYNES REITMEIER BOYD & THERRELL PC			Firm's EIN ► 74-2533381	
	Firm's address ► 5400 BOSQUE BLVD STE 500 WACO, TX 767104459			Phone no (254) 776-4190	

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

Additional Data

Software ID:
Software Version:
EIN: 74-1010437
Name: ROTARY CLUB OF WACO TEXAS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 PUBLICATION OF MONTHLY BULLETINS TO ANNOUNCE ROTARY PROGRAMS, ROTARY EVENTS, CLUB ACTIVITIES, INDUCTIONS OF NEW MEMBERS, ETC APPROXIMATELY 6,660 COPIES WERE DISTRIBUTED TO CLUB MEMBERS AND OTHER ROTARY CLUBS PUBLICATION OF THE ROTARY CLUB ROSTER FOR MEMBERSHIP AND DISTRIBUTION OF THE ROTARIAN MAGAZINE TO MEMBERS (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>
28a	1,716
29 DUES TO ROTARY CLUB INTERNATIONAL AND THE REGIONAL DIVISION OF ROTARY CLUB INTERNATIONAL (Grants \$ 23,945)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>
29a	23,945
30 SCHOLARSHIPS (Grants \$ 50,000)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>
30a	50,000
SUPPORT OF THE ROTARY YOUTH SERVICE FUND (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>
	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
K PAUL HOLT PRESIDENT	5 00	0	0	0
CRAIG CHERRY VICE PRES/PRES-ELECT	2 00	0	0	0
JED WALKER TREASURER	4 00	0	0	0
GEORGE CHASE DIRECTOR	2 00	0	0	0
BJ GREAVES DIRECTOR	2 00	0	0	0
ROLAND GOERTZ DIRECTOR	2 00	0	0	0
JIMMIE HANES JR DIRECTOR	2 00	0	0	0
HARRY HARELIK DIRECTOR	2 00	0	0	0
JOHNETTE MCKOWN DIRECTOR	2 00	0	0	0
KAY METZ DIRECTOR	2 00	0	0	0
ELTON STUCKLY JR DIRECTOR	2 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2013****Open to Public
Inspection**Name of the organization
ROTARY CLUB OF WACO TEXAS**Employer identification number**

74-1010437

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 32
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 90
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY CLUB INTERNATIONAL PURPOSE OF PAYMENT DUES TO THE PARENT ORGANIZATION OF WHICH THIS CLUB IS A CHAPTER AMOUNT OF PAYMENT 23,945
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GENERAL GRANTEE NAME AUSTIN COOK- LINDSAY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/19/13 AMOUNT GIVEN 20,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GENERAL GRANTEE NAME STEPHANIE ALLEN GRANTEE RELATIONSHIP NON PROPERTY DESCRIPTION CASH DATE OF GIFT 09/26/13 AMOUNT GIVEN 30,000 TOTAL INCLUDE D ON FORM 990-EZ, LINE 10 50,000
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CLUB SERVICE AND CATERING SUBSIDY AMOUNT 1,376 DESCRIPTION COUNCIL ON LEGISLATION AMOUNT 286 DESCRIPTION DIRECTORS & COMMITTEES AMOUNT 2,594 DESCRIPTION IN SURANCE AMOUNT 2,231 DESCRIPTION OFFICE EXPENSE AMOUNT 1,475 DESCRIPTION PAYROLL TAXES AMOUNT 2,950 DESCRIPTION PROGRAMS & MUSIC AMOUNT 4,753 DESCRIPTION ROTARIAN MAGAZINE AMOUNT 1,716 DESCRIPTION TELEPHONE AMOUNT 1,142 DESCRIPTION BANK FEES AMOUNT 44 DESCRIPTION ELECTRONIC MEDIA AMOUNT 1,359 DESCRIPTION CREDIT CARD CHARGES AMOUNT 1,117 DESCRIPTION SOCIALS AMOUNT 328 DESCRIPTION PAST PRESIDENT GIFTS AMOUNT 74 DESCRIPTION MEETINGS AMOUNT 492 TOTAL TO FORM 990-EZ, LINE 16 21,937
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION YSF PAYABLE BEG OF YEAR AMOUNT 3,825 END OF YEAR AMOUNT 1,521 DESCRIPTION ON ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 710

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF WACO TEXAS

EIN: 74-1010437

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.