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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 foundations)

OMB No 1545-1150 2013

Open to Public

Department of the Treasury Internal Revenue Service

DAA

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Ā	For the	e 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14			
В		applicable C Name of organization	D Employer identificati	on number	
\Box	Address	change			
П	Name cha	BRAZOSPORT ROTARY CLUB	74-610450	1	
П	Initial retu	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number		
П	Terminate	P. O. BOX 71	979-285-0	909	
	Amended	return City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption	-	
	Application	DI PENDING LAKE JACKSON TX 77566	Number >		
G	Accour	nting Method.	Check 🕨 🕱 ıf the organiza	tion is not	
i	Websit		equired to attach Schedule E		
<u>J_</u>	Tax-exe	empt status (check only one) — 501(c)(3) X 501(c)(4) √ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-P	°F).	
K	Form o	f organization: X Corporation Trust Association Other			
L	Add line	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
		mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>59,086</u>	
L.P	art I		tructions for Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I	 	X	
	1	Contributions, gifts, grants, and similar amounts received		L3,893	
	2	Program service revenue including government fees and contracts		14,002	
	3	Membership dues and assessments	3		
	4	Investment income	4	80	
	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			
Φ.	a	Gross income from gaming (attach Schedule G if greater than	111		
Revenue			111		
eve	b	Gross income from fundraising events (not including \$ of contributions from fundraising events repeated as less 1) (attack Schodule Cuff the			
œ		from fundraising events reported on line 1) (attach Schedule G if the			
} ⇒		sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 6c			
<u>-</u>	ا	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
~	"	line 6c)	6d	1,111	
4	7a	Gross sales of inventory, less returns and allowances 7a	V 58		
_	Ь	Less cost of goods sold 7b			
) 	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
3	8	Other revenue (describe in Schedule O)	8		
<u> </u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9 5	59,086	
	10	Grants and similar amounts paid (list in Schedule O) RECEIVED	10	8,442	
Expenses CAIM	11	BCt	11		
Š	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors AUG 21 2014	12		
nse.	13	Professional fees and other payments to independent contractors AUU 21 2014	13	3,450	
ĝ	14	Occupancy, rent, utilities, and maintenance	14	6,880	
ш	15	Printing, publications, postage, and shipping OGDEN, UT	15	124	
	16	Other expenses (describe in Schedule O)		<u>15,400</u>	
	17	Total expenses. Add lines 10 through 16		5 4, 296	
ģ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		<u>-5,210</u>	
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
Net Assets	_	end-of-year figure reported on prior year's return)		<u>56,196</u>	
Ne.	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		<u>50,986</u>	
ror	raperv	work Reduction Act Notice, see the separate instructions.	Form 990)-EZ (2013)	

Form 990-EZ (2013) BRAZOSPO	RT ROTARY CL	UB	74-61	.04501		Page 2
Part II	Balance Sheets (see		•				
	Gheck if the organizati	on used Schedule O to	o respond to any				<u> </u>
				(A) Be	ginning of year		(B) End of year
· ·	vings, and investments				161,638		158,508
23 Land and	<u> </u>				0	23	0 500
	sets (describe in Schedule O))			11,872	24	9,523
25 Total as:					173,510		168,031
	bilities (describe in Schedule	,			7,314	26	7,045
	ts or fund balances (line 27				166,196	27	160,986
Part III	Statement of Progr		•		, ==		Expenses
	Check if the organizati		o respond to any	question in this Part	<u> </u>	١,	quired for section
	rganization's primary exemp	t purpose?					(c)(3) and 501(c)(4)
See Sche		·					anizations and section
	organization's program servi						7(a)(1) trusts, optional
	by expenses. In a clear and	-	•	vided, the number of		for e	others.)
	efited, and other relevant info	rmation for each program	n title				
28 COMMU	NITY SERVICE						
					, ۲		
(Grants §		If this amount includes	foreign grants, che	eck here		28a	
29							
(0					<u>,</u> },	_	
(Grants \$)	If this amount includes	foreign grants, che	eck here		29a	
30							
						l i	
(0		1641			<u>, </u>		
(Grants \$		If this amount includes	foreign grants, che	eck here	<u> </u>	30a	
•	ogram services (describe in S	•		1. 1			
(Grants \$		If this amount includes		eck nere		31a	
Part IV	ogram service expenses (ac List of Officers, Director	rs Trustees and Key Fi	mnlovees (list eac	h one even if not compe	neated see the	32	ctions for Part IVI
* Fartiv	Check if the organization	used Schedule O to resp	ond to any question	on in this Part IV	insated — see th	e ii isii ut	Clions for Part IV)
	(a) Name and title		(b) Average	(c) Reportable	(d) Heath ben contributions to e	efits,	(e) Estimated amount of
	(a) Name and title		hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans,	and 1	other compensation
MARK H	FDNC			(if not paid, enter -0-)	deferred compe	nsation	
	resident		2.00	l		0	
LISA P			2.00	<u> </u>			
PRESID			2.00	٥		0	0
KEN VE			2.00	0	<u> </u>		<u> </u>
-	ENT ELECT		2.00	٥		0	٥
ROD HA			2.00				
SECRET			2.00	o		0	٥
DAVID			2.00	<u> </u>			<u> </u>
TREASU	·		2.00	l		0	٥
STEVE			2.00				
SGT AT			2.00	o		0	٥
SCOTT			2.00				
DIRECT			2.00	o		0	٥
CINDY		······································	2.00				
DIRECT			2.00	0		0	٥
	CUNDIEFF		4.00	· · · · · · · · · · · · · · · · · · ·			
DIRECT			2 00	o		^	o
	CHRISTMAN		2.00	<u> </u>		0	
DIRECT			2 00	_		^	o
KEITH 1			2.00	0		0	-
DIRECT			2 00	_		^	
DIKECTO	<u></u>		2.00	0		0	0
					•		

Page 3

Form	990-EZ (20	013)	В	RAZ(<u> OSP</u>	ORT	RO	TARY	CLU	Æ	74-6	104	501			Page
Pa	irt V	Oth	her In	forma	ation Part \	(Not	e the	Schedu	ile A ai	nd p	ersonal benefit contract statemoused Schedule O to respond to	ent re	quirements in the	,		
		•	. uouo	10 101		,, 0	<u> </u>	the eng	<u>arrizati</u>	011 0	Toda Concadio C to respond to t	uiiy q	The rest of the second		Yes	No
33	Did the c	organı	ızatıon	engage	e in an	y sign	ııficant	activity	not pre	vious	sly reported to the IRS? If "Yes," pro	vide a				
	detailed	descr	ription o	of each	activit	ty in S	chedu	le O						33		X
34	Were an	y sıgr	nıficant	change	es ma	de to 1	the orç	ganizing	or gove	minç	g documents? If "Yes," attach a con	formed	Í			
	copy of t	he an	mended	l docur	nents	ıf they	reflec	t a chan	ge to th	ie org	ganızatıon's name. Otherwise, expla	ain the			l	
	change o	on Sc	hedule	O (see	∍ instr∟	uctions	s)							34		X
35a	Did the c	organı	ızatıon	have u	nrelate	ed bus	siness	gross in	come o	f \$1,	000 or more during the year from bu	usines	5			İ
	activities	-								-	•			35a	<u></u>	<u> X</u>
þ	If "Yes,"	to line	e 35a, I	nas the	organ	nızatio	n filed	a Form	990-T f	or th	e year? If "No," provide an explanat	ion in S	Schedule O	35b		ļ
С	Was the	orga	nızatior	ı a sec	tion 50)1(c)(4	1), 501	(c)(5), o	r 501(c))(6) c	organization subject to section 6033	(e) not	ice,			
							-				omplete Schedule C, Part III			35c	ļ	K
36											n, or significant disposition of net as:	sets				l _
	during th													36	ļ	7
37a			•		•	-			•	escri	bed in the instructions	37a	·			-
b	Did the c	_						•						37b	ļ	3
38a									-		er, director, trustee, or key employee		ere		<u> </u>	Ĭ
_									-		d of the tax year covered by this ret	turn?		38a	ļ	3
	If "Yes,"						nd ente	er the to	tal amo	unt ır	nvolved	38b		 ,	1	1
39	Section :													\ *		
a	Initiation											39a				
ь	Gross re	-										39b		-		
40a		-		-					•		the organization during the year und					
_	section 4		•					ection 49	-		; section 4955	_	_	- ["	*** T.	* *
b											n engage in any section 4958 exces					
						-	-				ransaction in a prior year that has no	ot bee	1			١.
										•	ete Schedule L, Part I			40b	302 /1 000-0000	2
С						_					x imposed on			0.1	(1.2)	100
				rs or d	ısqualı	itied p	ersons	s during	the yea	r und	der sections 4912,	_			3	'
	4955, an			. = 0.47								-		_		
d						rganız	ations	Enter a	mount (of tax	x on line 40c	_				2,4
	reimburs	-		•								▶_		- }-		J. Š
е	_			-		•	-	ear, was	the org	janiza	ation a party to a prohibited tax shel	Iter		1.3		
44	transacti								. 87		_			40e		X
41 42-	List the s									-	TREASURER			79-29	0 0	0.4
42a	The orga	ınızau		ooks ar 30X 71		are or	P D.	MAID	MICK	э,	TREASURER	I	elephone no > 97	/9-29	9-3	774
	Located	at 🕨										x	ZIP + 4 ▶ 7 '	7566		
b						or di	d tha c	raanizat	non hav	,o on	Interest in or a signature or other a			, 300	Yes	l N
U	-		-		•			-			secunties account, or other financial		<i>2</i>	42b	res	N X
	If "Yes,"								n accor	arit, S	securities account, or other infancial	accou	iiit):	42D	· .	1
						-	-	_	ents for	For	m TD F 90-22.1, Report of Foreign	n Bank		-		
	and Fina							- 4						İ		, i
С	At any tır	me du	unng th	e caler	ndar ye	ear, di	d the c	organizat	ion ma	ıntaır	n an office outside the U.S?			42c		X
	If "Yes,"															•
43						-	-		orm 99	0-EZ	In lieu of Form 1041 — Check her	e		_		
	and ente	r the	amoun	t of tax	-exem	pt inte	erest re	eceived o	or accru	ued d	lunng the tax year		▶ 43			
											-				Yes	N
44a	Did the o	rgani	izatıon	mainta	ın any	donor	r advis	ed funds	during	the	year? If "Yes," Form 990 must be				٠,	~
	complete	ed ins	tead of	Form	990-E	Z			_		-			44a		X
b	Did the o	rganı	zation	operate	one o	or mor	e hos	oital facil	ities du	ring	the year? If "Yes," Form 990 must b	ре				
	complete									_				44b		X
С	Did the o	rganı	zation	receive	any p	ayme	nts for	ındoor t	anning	serv	ices during the year?			44c		X
d									_		these payments? If "No," provide a	ın				
	explanati				-						. ,			44d		L
45a	Did the o	rgani	ization I	have a	contro	iled e	ntity w	ithin the	meanır	ng of	section 512(b)(13)?			45a	•	x
											ansaction with a controlled entity wi	ithin th	e		3 1/2	1
											R may need to be completed instead				. %	
	Form 990					,				. •	,			45b		X
DAA								**		-				Form 99	0-F7	

		× ·						res	NO
46		he organization engage, directly or indirectly, in politica		s on behalf of or ın oppo	sition			لثأأك	1
		ndidates for public office? If "Yes," complete Schedule	C, Part I				4	6	<u> </u>
Pa	rt VI	Section 501(c)(3) organizations only		406 50 1					
		All section 501(c)(3) organizations must ans 50 and 51.	swer questions 47	-49b and 52, and cor	mplete the table	s for line	es		
		Check if the organization used Schedule O	to respond to any	question in this Part	\/I				
		Official in the organization used deficable of	to respond to driy	question in this r art	<u> </u>			Yes	No
47	Did th	he organization engage in lobbying activities or have a	section 501(h) elec	tion in effect during the t	ax			162	NO
	year?	If "Yes," complete Schedule C, Part II					4	7	<u> </u>
48	Is the	e organization a school as described in section 170(b)(1)(A)(ıi)? If "Yes," co	omplete Schedule E			4	8	L
49a	Did the organization make any transfers to an exempt non-charitable related organization?						4	9a	L
b	If "Ye	es," was the related organization a section 527 organiz	ation?				49	9b	<u> </u>
50	Com	plete this table for the organization's five highest comp	ensated employees	(other than officers, dire	ectors, trustees ar	nd key			
	empl	oyees) who each received more than \$100,000 of com	pensation 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 bene contributions to en benefit plans, a deferred compen	nployee \ \and	(e) Estimated amount of other compensation		
						-			
				_	ļ <u></u>				
							_		
									<u> </u>
f	Total	I number of other employees paid over \$100,000	•	•	•				
51	Com	plete this table for the organization's five highest comp	ensated independer	nt contractors who each	received more that	an			
	\$100	,000 of compensation from the organization. If there is	none, enter "None	"			_		
		(a) Name and business address of each independent co	ntractor	(b) Typ	e of service		(c) Con	npensation	1
							_		
	Total	I number of other independent contractors each receive	ing over \$100.000	<u> </u>					
52		he organization complete Schedule A? Note . All section							
		exempt charitable trusts must attach a completed Sche	(), ()			•		res	No
Unde		ties of perjury, I declare that I have examined this return, incli		chedules and statements, a	and to the best of m	v knowled	ge and b	pelief, it is	
		, and complete Declaration of preparer (ether than officer) is				,			
		When In Mula			08/18/	20	14	·	
Sign	•	Signature of officer	1000		ate		' '		
Here	•	Trade and appropriately	Treas	urer					
		Type or print name and utle Print/Type preparer's name Print/Type preparer's name	reparer's signature		Date		<u> </u>	PTIN	
		Franci ype preparers riaffle	eparer s signature		Date	Check	⊼ f		
Paid			arry F. Koester	, Jr. CPA	08/07/14		loyed P	0136720)3
•	arer	Firm's name H D, Inc.	-	1 - 000	Firm's	EIN P			
use	Only	1 111110 0001000:		te 230	İ	^-		0E 00	
NA	Ab c 10	Lake Jackson, TX	77566		Phone	no 97		85-09	7
мау	me IR	RS discuss this return with the preparer shown above?	See instructions	···			<u>▶</u> X	Yes 990-EZ	(2012)
							FUIII)	JJU"LL	(4010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2013

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Name of the organization

BRAZOSPORT ROTARY CLUB

Employer identification number
74-6104501

Form 990-EZ, Part I,	Line 10 - Payments to Affiliates			
Name and Address	Purpose	Amount		
DISTRICT DUES		\$	2,200	

INTERNATIONAL DUES \$ 6,242

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

Form 990-EZ, Part I, Line 16 - Other	er Exp	enses
Description		Amount
Expenses		
SUPPLIES	\$	663
WEBSITE EXPENSE	\$	599
DISTRICT CONFERENCE	\$	710
DISTRICT CONFERENCE DOOR PRIZ	\$	200
DISTRICT CONF REGISTRATION	\$	1,143
LEADERSHIP CONFERENCE	\$	60
INTITL CONV REIMBURSE/PRESIDE	\$	7,784
INSTALLATION BANQUET	\$	400
MEALS FOR MEETINGS	\$	29,195
DISTRICT ASSEMBLY	\$	30
FELLOWSHIP COMMITTEE	\$	1,068
PRESIDENTIAL TRAINING	\$.	857
MISCELLANEOUS	\$	240
CREDIT CARD FEES	\$	2,010

Total \$ 45,400

106

335

MEMBERSHIP DEVLOPMENT

Non-investment Depreciation

201702010 0 (1 01111 000 01 000 1 1 1 1 1 1 1	
Name of the organization	Employer identification number
BRAZOSPORT ROTARY CLUB	74-6104501

Form 990-EZ, Part II, Line 24 - Of	ther Assets
------------------------------------	-------------

Description	Beg.	of Year	End of	Year
Accounts Receivable	\$	10,588	\$	8,574
Computer	\$	1,675	\$	1,675
Less Accumulated Depreciation	\$	391	\$	726
r	otal \$	11,872	\$	9,523

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg.	of Year	End of	Year
DUE TO ROTARY INTL FOUNDATION	\$	5,544	\$	6,285
DUE TO SHRIMP BOIL	\$	100	\$	0
DUE TO POLIO PROJECT / ROTARY INTL.	\$	1,670	\$	760

Form 990-EZ, Part III - Primary Exempt Purpose

Local Rotary club organization affiliated with Rotary Club International.

The club does not sponsor charitable activities directly. Charitable activities are accomplished through the Brazosport Rotary Club Charitable Foundation, Inc.

Form 4562

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

ed Property)

Identifying number

2013

ZUIJ

Department of the Treasury
Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

BRAZOSPORT ROTARY CLUB 74-6104501 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 335 Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method placed in (a) Depreciation deduction penod only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs Residential rental 27 5 yrs. MM S/L property 27 5 yrs MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40-year мм S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs