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

OMB No 1545-1150

**2013****Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 2014	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Rotary International---Abilene</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P.O. Box 7108</b> City or town, state or province, country, and ZIP or foreign postal code <b>Abilene, Texas 79608-7108</b>
<b>D</b> Employer identification number <b>75-0101565</b>	
<b>E</b> Telephone number <b>325-437-3142</b>	
<b>F</b> Group Exemption Number ▶ <b>0573</b>	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ▶ <b>abilenerotaryclub.com</b>	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Civic Organization</b>	
<b>L</b> 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 ▶ \$ <b>53,410.</b>	

**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>4,110.</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>22,317.</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>12.</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</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>4,110.</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>27,963.</b>	
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>	<b>634.</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>27,329.</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>-992.</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ <b>9</b>	<b>52,776.</b>		
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>	<b>26,047.</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>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>15.</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . . <b>15</b>	<b>437.</b>	
	<b>16</b>	Other expenses (describe in Schedule O) . . . . . <b>16</b>	<b>12,515.</b>	
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 ▶ <b>17</b>	<b>39,014.</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>	<b>13,762.</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>44,684.</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>58,446.</b>	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

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9

**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	42,584.	56,346.
23 Land and buildings		
24 Other assets (describe in Schedule O)	2,100.	2,100.
25 Total assets	44,684.	58,446.
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,684.	58,446.

**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.

**28 SEE ATTACHED**(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a****29**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (describe in Schedule O)(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32** Total program service expenses (add lines 28a through 31a) **32****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
Jennifer Kent P.O. Box 7108, Abilene, TX 79608	President, 3 hours			
Mary Beth Kilgore P.O. Box 7108, Abilene, TX 79608	Pres. Elect, 1 hour			
Kent Brown P.O. Box 7108	Past Pres, 1 hour			
Mary Beth Kilgore P.O. Box 7108, Abilene, TX 79608	Exec Secretary 20 hours			
Peter Agnell P.O. Box 7108, Abilene, TX 79608	Treasurer, 10 hours			
Bobby Garcia P.O. Box 7108, Abilene, TX 79608	Director, 1 hour			
Johan Green P.O. Box 7108, Abilene, TX 79608	Director, 1 hour			
Riley Griffith P.O. Box 7108, Abilene, TX 79608	Director, 1 hour			
Austin King P.O. Box 7108, Abilene, TX 79608	Director, 1 hour			
Paul Thomas P.O. Box 7108, Abilene, TX 79608	Director, 1 hour			
Jim Tredennick P.O. Box 7108, Abilene, TX 79608	Director, 1 hour			

**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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .	<b>37a</b>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	<input type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <b>none</b> . . . . .		
<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>473 Cypress #105</b> . . . . . ZIP + 4 ▶ <b>79601-5125</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)? 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>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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: ▶ . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>

- 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		<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
47		

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

48		
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- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

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

49b		
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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	(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 . . . . .

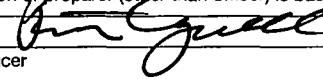
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

<b>Sign Here</b>	Signature of officer 	Date 11/14/2015
	Peter Agnell Treasurer Type or print name and title	

<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			
	Firm's address	Phone no			

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 06-30-2014

**Part 1 - Revenue - Line 1 - Contributions, gifts, grants:**

1 Rotary District 5790	\$4,000.00
2 Rotary Rose Bowl	\$100.00
3 T- Shirt	\$10.00
TOTAL	<u>\$4,110.00</u>

**Part I - Revenue - Line 6b Special Events - Schedule G:**

	Gross Revenue	Direct Expenses	Net Income
1 Flag Project	\$ 2,690.00	\$ 201.00	\$ 2,489.00
2 Taste of Abilene	21,871.00	-	21,871.00
3 Dealing for Dollars	1,102.00		1,102.00
4 Mayor Disc Golf Tourn	2,300.00	433.00	1,867.00
TOTAL	<u>\$ 27,963.00</u>	<u>\$ 634.00</u>	<u>\$ 27,329.00</u>

**Part 1 - Revenue - Line 8 Meals - Schedule O:**

<u>21,515.00</u>	<u>22,507.00</u>	<u>-992.00</u>
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**Part I - Expenses - Line 10 Grants - Schedule O:**

1 Abilene Christian School	\$ 500.00
2 Abilene Crime Stoppers	500.00
3 Abilene Cultural Affairs Council	500.00
4 Alzheimer's Association	1,000.00
5 Abilene Hope Haven	1,000.00
6 American Red Cross	1,000.00
7 ARCADA	500.00
8 Abilene Disc Golf Association	500.00
9 Betty Hardwick ECI	250.00
10 BCFS HHS	500.00
11 Big Brothers/ Big Sisters	500.00
12 Boys & Girls Club	500.00
13 Cancer Services Network	1,000.00
14 Christian Service Center	500.00
15 Connecting Caring Community	750.00
16 Day Nursery of Abilene	500.00
17 Girl Scouts of Texas	500.00
18 Harmony Family Services	1,000.00
19 Junior Achievement of Abilene	500.00
20 Meals on Wheels	1,000.00
21 NCCIL	500.00
22 Noah Project	400.00
23 Regional Crime Victims Center	500.00
24 Rescue the Animals	500.00
25 Rotary Bangladesh Hospital Trip	4,000.00
26 Rotary Reads	72.00
27 Rotary Foundation	50.00
28 Camp RYLA	850.00
29 Rotary Youth Study Exchange	625.00

## ROTARY INTERNATIONAL

### Rotary Club of Abilene - Supplemental Schedule

Taxpayer ID # 75-0101565

Form 990-EZ FYE 06-30-2014

30 Rotary Rose Bowl Float	200.00
31 St. Johns Epsioal School	500.00
32 Salvation Army of Abilene	1,000.00
33 Special Olympics of Texas	1,000.00
34 Taylor Ct Adult Literacy Council	1,350.00
35 Texas Ramp Project	500.00
36 West Texas Rehab	500.00
37 Young Audiences of Abilene	500.00
TOTAL	<u>\$ 26,047.00</u>

### Part I - Other Expenses - Line 16

1 Registration for District Assembly	\$ 125.00
2 Rotary International Dues	6,104.00
3 Rotary District Dues	2,550.00
4 Gifts, Flowers, and Awards	425.00
5 Supplies (Member)	624.00
6 Supplies (Office)	801.00
7 Credit Card Expense	187.00
8 Electronic Software License	899.00
9 President Elect Training	800.00
TOTAL	<u>\$ 12,515.00</u>

### Part II - Balance Sheet - Line 22 - Cash, Savings - June 30, 2014:

1 Cash Box	\$ 100.00
2 Operating Account	16,984.00
3 Community Service Account	35,525.00
4 Misc. Acct	3,737.00
TOTAL	<u>\$ 56,346.00</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.