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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

2014
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

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.**A** For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization**BRAZOSPORT ROTARY CLUB**

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

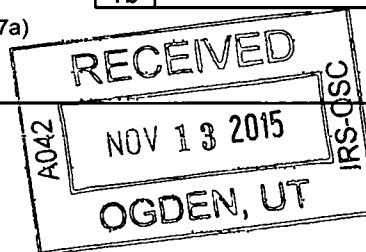
P. O. BOX 71

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LAKE JACKSON**TX 77566****D** Employer identification number**74-6104501****E** Telephone number**979-285-0909****F** Group ExemptionNumber **▶****G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) **▶****I** Website: **▶ N/A****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 **▶ \$ 64,488****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 ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															17,928												
	2	Program service revenue including government fees and contracts															46,484												
	3	Membership dues and assessments																											
	4	Investment income															76												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	6b	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)																											
6c	Less: direct expenses from gaming and fundraising events																												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
Expenses	7a	Gross sales of inventory, less returns and allowances																											
	7b	Less: cost of goods sold																											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8	Other revenue (describe in Schedule O)																											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															64,488												
	10	Grants and similar amounts paid (list in Schedule O)															9,195												
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors															3,850												
	14	Occupancy, rent, utilities, and maintenance															7,272												
15	Printing, publications, postage, and shipping															124													
16	Other expenses (describe in Schedule O)															45,196													
17	Total expenses. Add lines 10 through 16															65,637													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-1,149												
	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)															160,984												
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															159,835												



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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	158,506	22	156,743
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	9,523	24	10,224
25 Total assets	168,029	25	166,967
26 Total liabilities (describe in Schedule O)	7,045	26	7,132
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	160,984	27	159,835

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?

See Schedule O

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; optional for others.)
28 COMMUNITY SERVICE

(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
LISA PAULS PAST PRESIDENT	2.00	0	0	0
KEN VERNOR PRESIDENT	2.00	0	0	0
ROD HALL PRESIDENT ELECT	2.00	0	0	0
SCOTT FERRY SECRETARY	2.00	0	0	0
DAVID NICKS TREASURER	2.00	0	0	0
STEVE ELBERT SGT AT ARMS	2.00	0	0	0
BRIAN GARRETT DIRECTOR	2.00	0	0	0
CINDY SUGGS DIRECTOR	2.00	0	0	0
JACQUE CUNDIEFF DIRECTOR	2.00	0	0	0
PATTY SWORDS DIRECTOR	2.00	0	0	0
KEITH FRANK DIRECTOR	2.00	0	0	0
LUCILLA HENDERSON DIRECTOR	2.00	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
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		X
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)		X
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)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39a Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ DAVID NICKS, TREASURER Telephone no. ▶ 979-299-9945		
P O BOX 71		
Located at ▶ LAKE JACKSON TX ZIP + 4 ▶ 77566		
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: ▶ _____		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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: ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 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		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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)?		X
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)		X
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		X

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 ▶

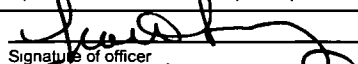
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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		Date
	Signature of officer Scott Perry Type or print name and title President Elect	11-12-15

Paid Preparer Use Only	Print/Type preparer's name Harry F. Koester, Jr. CPA	Preparer's signature Harry F. Koester, Jr. CPA	Date 11/03/15	Check ☒ if self-employed	PTIN P01367203
	Firm's name ▶ H D, Inc.	Firm's EIN ▶			
	Firm's address ▶ 115 N Dixie Dr Ste 230 Lake Jackson, TX 77566-5958	Phone no 979-285-0909			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ 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.

OMB No 1545-0047

2014**Open to Public
Inspection**

Employer identification number

BRAZOSPORT ROTARY CLUB**74-6104501****Form 990-EZ, Part I, Line 10 - Payments to Affiliates**

Name and Address	Purpose	Amount
DISTRICT DUES		\$ 2,870
INTERNATIONAL DUES		\$ 6,325

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

Description	Amount
Expenses	
PUBLICITY/MEDIA	\$ 33
SUPPLIES	\$ 1,336
WEBSITE EXPENSE	\$ 766
DISTRICT CONFERENCE	\$ 2,860
DISTRICT CONFERENCE DOOR PRIZ	\$ 200
LEADERSHIP CONFERENCE	\$ 15
INTNTL CONV REIMBURSE/PRESIDE	\$ 3,500
MEALS FOR MEETINGS	\$ 31,737
FELLOWSHIP COMMITTEE	\$ 183
PRESIDENTIAL TRAINING	\$ 1,141
MISCELLANEOUS	\$ 207
BAD DEBT EXPENSE	\$ 1,259
BENEVOLANCE/GIFTS	\$ 58
CREDIT CARD FEES	\$ 1,541
MEMBERSHIP DEVLOPMENT	\$ 25
Non-investment Depreciation	\$ 335
Total	\$ 45,196

Name of the organization

Employer identification number

BRAZOSPORT ROTARY CLUB**74-6104501****Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 8,574	\$ 9,610
Computer	\$ 1,675	\$ 1,675
Less Accumulated Depreciation	\$ 726	\$ 1,061
Total	\$ 9,523	\$ 10,224

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

Description	Beg. of Year	End of Year
DUE TO ROTARY INTL FOUNDATION	\$ 6,285	\$ 7,132
DUE TO SHRIMP BOIL	\$ 0	\$ 0
DUE TO POLIO PROJECT / ROTARY INTL.	\$ 760	\$ 0

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.