As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492016006180 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization Bryan Rotary Club ☐ Address change 36-3982007 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 2760 ☐ Final return/terminated (979) 229-3070 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Bryan, TX 778052760 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www bryan-rotary org **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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 12,800 2 Program service revenue including government fees and contracts 3 98,259 Membership dues and assessments 3 4 105 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 55,250 3,288 Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 51,962 7a Gross sales of inventory, less returns and allowances . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 163,126 10 Grants and similar amounts paid (list in Schedule O) 10 30,513 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 4,175 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 650 16 Other expenses (describe in Schedule O) 16 124.963 17 17 Total expenses. Add lines 10 through 16 160,301 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,825 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 99,523 end-of-year figure reported on prior year's return) 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 21 102,348 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Page **3**

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆	
			Yes	No
	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
	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
	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		NO
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
	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30		NO
ь	Did the organization file Form 1120-POL for this year?	37b		No
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
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			110
	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	4		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
	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	40ь		No
	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 sections4912, 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			
	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	40e		No
42a	and the states with which a copy of this recurristined of			
	organization's books are in care of 🕨 <u>Kim Valadez</u> Telephone no 🕨	(979)	764-663	3
	Located at ▶ 1722 Broadmoor 101 Bryan , TX ZIP + 4 ▶	77802		
			Yes	No
	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)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43 S	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
ā	nd enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	103	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
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1770		110
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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		No
			1	1

								Yes	No
	organization engage, directly or indirect				opposition to)			
	tes for public office? If "Yes," complete	<u> </u>		• •	· · ·		46		
	Section 501(c)(3) organization All section 501(c)(3) organizations		ons 47- 49b and 52	2, and	complete th	ne table	s for li	nes 50	and
	51. Check if the organization used Schedule	o to respond to any d	uestion in this Part VI	,	•			Г	7
	sheek if the organization asea seriedak	o to respond to any q	acston in this rate vi				· · · · i	Yes	No
Did the	organization engage in lobbying activit	ies or have a section 50)1(h) election in effect	t durina	the tax vear	-7			
	' complete Schedule C, Part II						47		
Is the o	rganization a school as described in sec	ction 170(b)(1)(A)(ii)? I	If "Yes," complete Sch	edule E	•		48		
a Did the	organization make any transfers to an	exempt non-charitable	related organization?				49a		
If "Yes,	' was the related organization a section	527 organization? .					49b		
	te this table for the organization's five l					rustees a	and key	employ	ees)
	th received more than \$100,000 of com ame and title of each employee	(b) Average	(c) Reportable		nter iNone i I) Health ben	efits,	(e) Est	tımated	amou
		hours per week devoted to position	compensation (Forms W-2/1099-		ibutions to ei enefit plans,		of othe	r compe	ensati
			MISC)		erred comper				
				+					
				+					
				1					
Total ı	number of other employees paid over \$	100,000				-			
Comple	te this table for the organization's five l	highest compensated in	dependent contractors	· ·	· · ·	►	ian \$100	0,000 of	=
Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
Comple	te this table for the organization's five l	highest compensated in s none, enter "None "	·		each received			0,000 of	
Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
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Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
Comple	te this table for the organization's five l sation from the organization If there is	highest compensated in s none, enter "None "	·						
Comple	te this table for the organization's five sation from the organization. If there is (a) Name and business address of e	highest compensated in s none, enter "None " each independent contra	actor						
Comple compen	te this table for the organization's five is sation from the organization. If there is (a) Name and business address of each of the contractory of other independent contractory.	highest compensated in s none, enter "None " each independent contro rs each receiving over s	\$100,000	(b) T	ype of service				
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Comple compen	te this table for the organization's five is sation from the organization. If there is sation from the organization. If there is (a) Name and business address of each organization complete Schedule A?	rs each receiving over 9	\$100,000	(b) T	ype of service	e (c)) Compe	s	
Compleicompen I Total I Did ti comp	te this table for the organization's five is sation from the organization. If there is sation from the organization. If there is (a) Name and business address of each organization complete schedule A? I leted Schedule A	rs each receiving over some this return, including this return, including this return, including the source of the section source.	\$100,000	(b) T	ype of service	e (c)	Compe	s \(\bar{\text{N}} \)	do my
Compleicompen I Total I Did ti comp	te this table for the organization's five is sation from the organization. If there is sation from the organization. If there is (a) Name and business address of each organization complete schedule A? I leted Schedule A	rs each receiving over some this return, including this return, including this return, including the source of the section source.	\$100,000	(b) T	ype of service	e (c)	Compe	s \(\bar{\text{N}} \)	
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Compleicompen Total I Did the compensation of the compensation o	te this table for the organization's five is sation from the organization. If there is sation from the organization. If there is (a) Name and business address of enumber of other independent contractors are organization complete. Schedule A? I leted Schedule A	rs each receiving over some this return, including this return, including this return, including the source of the section source.	\$100,000	(b) T	ype of service	e (c)	Compe	s \(\bar{\text{N}} \)	do my
Compleicompen Total I Did the compensation of the compensation o	te this table for the organization's five is sation from the organization. If there is sation from the organization. If there is (a) Name and business address of each organization complete schedule A? I leted Schedule A	rs each receiving over some this return, including this return, including this return, including the source of the section source.	\$100,000	(b) T	ch a	e (c)	Compe	s \(\bar{\text{N}} \)	do my
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Compleicompen Total i Did ti compen er penaltie wiedge and any knowl	te this table for the organization's five is sation from the organization. If there is sation from the organization. If there is (a) Name and business address of each organization completes to the organization completes schedule A? I letted Schedule A	rs each receiving over s NOTE. All section 501(c	\$100,000	(b) To	ch a	e (c)	Ye to the of which	s \(\bar{\text{N}} \)	
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Page 4

Form 990-EZ (2018)

Additional Data

Software ID:

Software Version:

EIN: 36-3982007

Name: Bryan Rotary Club

Evnoncoc

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

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.		(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 Funds were provided to one local public teaching concepts as proposed by teac	c school district and two private schools for use in implementing innovative hers	28a	0
(Grants \$ 10,748)	If this amount includes foreign grants, check here \dots		

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

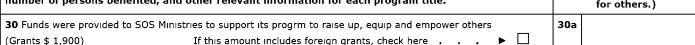
Form 990EZ, Part III - Statement of Program Service Accomplishments

number of persons benefited, and other relevant information for each program title.		for others.)		
29 Funds were provided to the E youth issues and teaching yo	Boys & Girls Club to support its local programs of addressing today's most pressing ung people	29a	0	
(Grants \$ 2,500)	If this amount includes foreign grants, check here \ldots $lacksquare$			

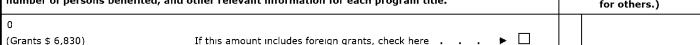
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations; optional for others.)

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



Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section Describe the organization's program service accomplishments for each of its three largest program 501(c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



Form 990EZ, 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 (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of devoted to (Forms W-2/1099employee benefit other compensation position plans, and MISC) (If not paid, deferred compensation enter -0-) 1 00 Joseph Ceramics President Elect 0 O 0 1 00 A 1 Renold Vice President 0 n 0 1 00 Ron Hammond Co-Treasurer 0 0 0 1 00 Walter Hinkle Sergeant at Arms 0 0 0 1 00 Elizabeth Piwonka Director 0 0 0 1 00 Stephanie Simpson Co-Treasurer 0 0 0 1 00 Janie Williams Secretary 0 0 0 1 00 Paul Ryerson Director 0 0 0 1 00 Roby Somerford Past President 0 0 0 1 00 John Collier Director 0 0 0 1 00 Joan Ouintana President 0 0 0 1 00 Elena Scoggins Director 0 0 0 1 00 Aron Collins Director 0 0 0

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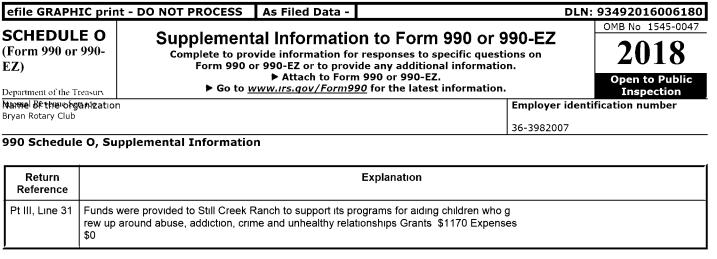
1 00

Crystal Dupre Director

Matt Prochaska Director

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of devoted to (Forms W-2/1099employee benefit other compensation position MISC) plans, and (If not paid, deferred compensation enter -0-) 1 00

Cameron Comire Director



Return Explanation
Reference

· ·	Funds were provided to the Texas Ramp Project to support it program of providing wheelchai r assessable ramps for disabled and elderly people who cannot afford them Grants \$2000 Ex
	penses \$0

Return Explanation

Reference	
Pt III, Line 31	Funds were provided to the Rotary Foundation for use in International projects including t
	he efforts to eradicate polio worldwide Grants \$480 Expenses \$0

Return Explanation
Reference

Form 990EZ,	Polio Eradification, International Projects, Rotary Foundation. One Rotary Center 4560 She
Part I, Line	rman Ave, One Rotary Center 4560 Sherman Ave, IL, 60201, Parent Entity, 12/08/2018 1230
4.0	

Return Explanation

Form 990EZ, Part I, Line Worldwide Rotary Projects, Worldwide Rotary Projects, Rotary Foundation Annual Fund One R otary Center 4560 Sherman Ave, Evanston, IL, 60201, Parent Entity, 12/08/2018 8535

Return Explanation

Form 990EZ, Part I, Line 02/11/2019 8848

Return Explanation
Reference

Form 990EZ,
Part I, Line

Mini-Grants for Local Teaching, Mini-Grants for Local Teaching, St Joseph Catholic School
901 E William Joel Bryan Pkwy, Bryan, TX, 77803, None, 02/12/2019 900

Return Explanation

Reference	
	Mini-Grants for Local Teaching, Mini-Grants for Local Teaching, Allen Academy 3201 Boonville Rd, Bryan, TX, 77802, None, 02/12/2019 1000
40	

990 Schedule O, Supplemental Information

Paturn

Reference	Explanation
Form 990EZ, Part I, Line	Community Services, Community Services, Save Our Streets Ministries P O Box 2866, Bryan, TX, 77805, None, 04/02/2019 1900
10	

Evolunation

Return Explanation
Reference

Form 990EZ, Part I, Line Model Bryan Pkwy, Bryan, TX, 77803, None, 04/02/2019 2500

Return Explanation

Form 990EZ, Community Services, Community Services, Brazos Valley Care Coordination Program 2700 Earl Part I, Line Rudder Freeway South, Ste 3000, College Station, TX, 77845, None, 04/02/2019 2600

Return Explanation

Reference	
	Community Services, Community Services, Brazos Valley Food Bank 1501 Independence Avenue, Bryan, TX, 77803, None, 04/02/2019 1500
10	

Return Explanation
Reference

Form 990EZ, Part I, Line Community Services, Community Services, Scotty's House 2424 Kent Street, Bryan, TX, 77802, None, 04/02/2019 800

Return Explanation

Reference	
Form 990EZ, Part I, Line	Community Services, Community Services, Twin City Mission 2505 South College Avenue, Bryan, TX, 77801, None, 700

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Meals for Meetings 61574 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Fellowship Events 1003 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, District Assembly, Conference & Mid-Year 81 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Chamber of Commerce Dues 325 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. Initiation Fees 104 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. Rotary District & International Dues 13389 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Meeting Music 1320 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, President's Supplies & Registrations 2199 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Secretary Fees & Supplies 4320 Part I, Line

Return Explanation
Reference

Form 990EZ, Part I, Line Group Study Exchange, Youth Exchange Sending/Receiving 2859

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Global Grant Costs 3000 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Processing & Bank Fees 3525 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Rotary 10 Awards Ceremony 23198 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Website Maintenance & PR 1375 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, PO Box Rental 182 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ. Orientation 210 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Awards 426 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Office Supplies 115 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, District Assembly 90 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Rotary International Convention 2728 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Anniversary Project 2240 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Camp RYLA 700 Part I, Line