





**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<input checked="" type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		<input checked="" type="checkbox"/>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<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 period covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<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 . . . . . ▶ <u>0</u>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>		
<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. . . . .		<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>TX</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Richard G Davis</b> Telephone no. ▶ <b>210-573-9929</b> Located at ▶ <b>PO Box 831451, San Antonio, TX 78283-1451</b> ZIP + 4 ▶ <b>78283-1451</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)? . . . . .		<input checked="" type="checkbox"/>
	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>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- |            |  |            |            |           |
|------------|--|------------|------------|-----------|
| <b>46</b>  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  | <b>Yes</b> | <b>No</b> |
| <b>47</b>  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |            |           |
| <b>48</b>  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |            |           |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  | <b>49a</b> |            |           |
| <b>b</b>   | If "Yes," was the related organization a section 527 organization? . . . . .   | <b>49b</b> |            |           |
- 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>None</b>				

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>None</b>		

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

**Sign Here** 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
	▶ <b>Richard Davis, Treasurer</b> Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date _____	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (See instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____	EIN ▶ _____	Phone no. ▶ _____	

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Kid's Kingdom at I</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	49,100			49,100
	<b>2</b> Less: Charitable contributions . . . . .	0			0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	49,100			49,100
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Noncash prizes . . . . .	0			0
	<b>6</b> Rent/facility costs . . . . .	0			0
	<b>7</b> Food and beverages . . . . .	0		0	0
	<b>8</b> Entertainment . . . . .	0		0	0
	<b>9</b> Other direct expenses . . . . .	41,770			41,770
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 41,770 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				7,330	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

			Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:	<b>a</b> The organization's facility . . . . .	<b>13a</b>	%	
	<b>b</b> An outside facility . . . . .	<b>13b</b>	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶ .....				
Address ▶ .....				
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .				<b>15a</b>
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ....., and the amount of gaming revenue retained by the third party ▶ \$ .....				
<b>c</b> If "Yes," enter name and address of the third party:				
Name ▶ .....				
Address ▶ .....				
<b>16</b> Gaming manager information:				
Name ▶ .....				
Gaming manager compensation ▶ \$ .....				
Description of services provided ▶ .....				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
<b>17</b> Mandatory distributions:				
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .				<b>17a</b>
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				

**Statement 1 : Other Expenses Schedule**

**Statement 2 : Other Changes In Net Assets Schedule**

**Statement 3 : Other Assets**

**Statement 4 : Liabilities Schedule**

**Statement 1**

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

**ROTARY INTERNATIONAL CLUB**

**36-4049648**

**Other Expenses Schedule**

<b>Description</b>	<b>Amount</b>
Conferences, Advertising, Dues, Programs	10,815
<b>Total:</b>	<b>10,815</b>

**Statement 2**

Form: 990-EZ

Page: 1

Line Number: Part I Line 20

**ROTARY INTERNATIONAL CLUB**

**36-4049648**

**Other Changes In Net Assets Schedule**

<b>Description</b>	<b>Amount</b>
payables	-100
<b>Total:</b>	<b>-100</b>

**Statement 3**

Form: 990-EZ

Page: 1

Line Number: Part II Line 24

**ROTARY INTERNATIONAL CLUB**

**36-4049648**

**Other Assets**

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Receivables & Undeposited Funds	1,010	250
<b>Total:</b>	<b>1,010</b>	<b>250</b>

**Statement 4**

Form: 990-EZ

Page: 1

Line Number: Part II Line 26

**ROTARY INTERNATIONAL CLUB**

**36-4049648**

**Liabilities Schedule**

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Payables	907	
<b>Total:</b>	<b>907</b>	<b>0</b>