HEBROTARY 04/28/2015 1:41 PM

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 07/01/13 and engling 06/30/14

OMB No. 1545-0047 2013 Open to Public Inspection

Form **990** (2013)

В	Check if applicable:	C Name of organization	10			
	Address change Hurst-Euless-Bedford Rotary Club			D Employer identification number		
	Name change Doing Business As		-	75	6062240	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te E		-6063342	
		P O Box 531		reiep	none number	
	Terminated	City or town, state or province, country, and ZIP or foreign postal code	-+			
	Amended return	Euless TX 76039			100 =0	
	Application pending F Name and address of principal officer:		G Gross receipts\$ 109			
1	James Wright		this a group r	return for	subordinates? Yes X N	
	P O Box 531			nates inc		
		Euless TX 76039			(see instructions)	
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		and a not.	(See mondedons)	
J		/A	oup exempti			
K	Form of organization:	Corporation Trust Association Other		on numb		
	Part I Su	mmary	***************************************		M State of legal domicile:	
	1 Briefly de	scribe the organization's mission or most significant activities:				
ce	Briefly describe the organization's mission or most significant activities: Rotary's misswion is to encourage and foster the ideal of service to					
nan	society as a worthy enterprise and promote high ethical standards in					
/eri	dur businesses and professions.					
9	2 Check thi	s box I if the organization discontinued its operations or disposed of more than 25% of its n	et accete			
වේ	3 Number of	I VOUND MEMBERS OF the doverning body (Part VI. line 1a)		3	16	
Activities & Governance	4 Number o	4 Number of independent voting members of the governing body (Part VI, line 45)			0	
Ξ	5 Total num	bor or individuals employed in calendar year 2013 (Part V. line 2a)		5	0	
Act	6 Total number of volunteers (estimate if necessary)			-	0	
	7a Total unre	lated business revenue from Part VIII, column (C), line 12		6		
-	b Net unrelated business taxable income from Form 990-T, line 34			7a	0	
Revenue			ior Year	7b	Current Year	
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 3a)		44,553		23,840	
			25,6		51,648	
	in the art of the order of the			-	01,040	
	The other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			470	34,232	
	12 IUlai leve	rue – add lines 8 through 11 (must equal Part VIII column (A) line 42)	92,6		109,720	
r s Expenses	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			305	25,118	
	Part IX, column (A), line 4)			-	23,110	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,860				0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			-+	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ► 3,860				U	
	Other expenses (Part IX, Column (A), lines 11a-11d, 11f-24a)			579	75,077	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		59,4		100,195	
	13 Nevertue less expenses. Subtract line 18 from line 12			179	9,525	
ance	20 Total assaul	Beginning of	of Current Y	/ear	End of Year	
Net Assets or Fund Balances		s (Part X, line 16)	33,7	65	43,290	
Net, und		iles (Fait X, line 26)		0	0	
A CONTRACTOR OF THE PARTY OF		or fund balances. Subtract line 21 from line 20	33,7	65	43,290	
-	The state of the s					
tru	der penaities of pe	rjury, I declare that I have examined this return, including accompanying schedules and statements, and to ti plete. Declaration of preparer (other than officer) is based on all information of which was a statement.	he best of	my kno	wledge and belief it is	
		plete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	/ledge.		9	
Sig	_ D	ature of officer			,	
Her	1 .			Date	0:/- /:	
Hei	President				9/30/14	
		e or print name and title				
Paid		Print/Type preparer's name Preparer's signature Date 2.0.1.4 Date			if PTIN	
Prep	aror 710	The Maria 191	12/211	Check self-emplo	10000110001	
Use	Firms name	Firm's name Kent Accounting Systems			75-2530024	
036		605 Johns Dr	1			
N/com	Firm's addre		Phone no	0	817-540-5476	
iviay	me IRS discuss t	his return with the preparer shown above? (see instructions)	1		99	
DAA	aperwork Reduct	on Act Notice, see the separate instructions.			X Yes No	