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A For the 2009 calendar year, or tax year beginning

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

July 1

June 30

, 2009, and ending

OMB No 1545-1150

2009

**Open to Public Inspection** 

, 20

В	Check if	heck if applicable Please C Name of organization			D Emp	D Employer identification number				
Address change		use IRS label or	Agglerand Rotary Club of Bryan/College Station, Texas			6 40	49674			
Name change		print or	Number and street (or P O box, if mail is not delivered to street address) Room/suite	m/suite E Telephone			er			
=	Initial re Termina	I D D Boy 4326				(9	79)	774-16		
=		Specific City or town, state or country, and ZIP + 4			F Gro	Group Exemption				
=	Amended return Instruc- Application pending tions Bryan, Texas 77805-4326 Nun						•			
	• Se	ction 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach G Ac	counting M	lethod	thod 🗹 Cash 🗌 Accrual			
		( ,, ,	a cor	, , , , , , , , , , , , , , , , , , , ,	her (specify					
				H Cr	neck 🕨 🗹	ıf the c	orgar	ization is not		
1.	Vebs	ite: ► www	.agielar					ule B (Form 990,		
JI	ax-ex	cempt status (	check o	nly one) — ☐ 501(c) ( <b>4</b> ) <b>◄</b> (insert no ) ☐ 4947(a)(1) or ☐ 52799	0-EZ, or 99	0-PF)				
K	Check	▶ ☐ if the	e organı	zation is not a section 509(a)(3) supporting organization and its gross receipts a	re normally	not me	ore t	nan \$25,000 A		
	Form	990-EZ or Form	1 990 re	urn is not required, but if the organization chooses to file a return, be sure to	file a comp	lete re	turn			
L A	Add lın			9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form		<b>\$</b>				
Ρ	art I	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (See	the instru	ctions	s fo	r Part I.)		
	1		_	s, grants, and similar amounts received		1		\$6,500		
	2	Program s	ervice r	evenue including government fees and contracts		2		0		
	3	Membersh	ip dues	and assessments		3		\$35,169		
	4	Investmen	t incom	e		4		0		
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a	0	발 l				
	t			r basis and sales expenses	0	4				
a	9			n sale of assets other than inventory (Subtract line 5b from line 5a) .		5c		0		
Š	6			evities (complete applicable parts of Schedule G) If any amount is from gaming, check to	nere ▶ 🛄					
Revenue	*		•	of contributions	640.000					
æ	١.	reported o			\$10,933	-1 I				
	t			nses other than fundraising expenses	\$6,063	6c		¢4 070		
	I _	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .  7a Gross sales of inventory, less returns and allowances						\$4,870		
		7a Gross sales of inventory, less returns and allowances								
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						0		
	8							0		
	9					8		\$46,539		
	10	Grants and	d simila	dd [DeE 1, 2 3 4/ 5c 6c, 7c, and 8	<u> </u>	10		\$13,352		
	11			rfor members		11	-	0		
Ś		Salaries, other compensation land employee benefits						0		
JSe	13	Professional fees and other payments to independent contractors						0		
Expenses	14			utilities and maintenance		14	_	0		
Ж	15	Printing, p	Printing, publications postage, and shipping					\$40		
	16		Other expenses (describe Dues, Fees, & Meeting Expense - (detail attached)					\$29,267		
	17	Total expe	enses.	Add lines 10 through 16	▶	17		\$42,659		
S	18			for the year (Subtract line 17 from line 9)		18		\$3,880		
set	19			d balances at beginning of year (from line 27, column (A)) (must ag	•					
Net Assets		-	-	reported on prior year's return)		19		\$20,786		
<u>f</u> et	20	Other char	nges in	net assets or fund balances (attach explanation)		20				
	21			d balances at end of year Combine lines 18 through 20		21		\$24,666		
Ŀ	art l	Balance	e Shee	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file			ad o			
	_			(**************************************	Beginning o		1	(B) End of year		
2				vestments	\$1	20,786	-	\$24,666		
2			_				23	0		
24		Other assets (describe ►)					24	<u>0</u>		
2					2	20,786	26	\$24,666 0		
20	, i	Total liabilitie	s (desc	palances (line 27 of column (B) must agree with line 21)	·	20,786	_	\$24,666		
_2	<u> </u>	101 055612 01	Tuna I	raiances (into 21 or column (b) must agree with line 21)	<del>_</del>	20,100	<b>4</b> 1	\$24,000		



Form **990-EZ** (2009)

Form	990-EZ (2009)					Page 2			
Par	t III Statement of Program Service Accom	<b>plishments</b> (See the instri	uctions for Part II	l.)		Expenses			
	t is the organization's primary exempt purpose?	Local Rotary Club - Fellowship & Charitable Services				(Required for section 501(c)(3) and 501(c)(4)			
	cribe what was achieved in carrying out the org					)(3) and 501(c)(4)			
	ner, describe the services provided, the number of	of persons benefited, and c	other relevant info	rmation for	4947(	a)(1) trusts, optional			
	program title.				for ot	hers)			
28		Our Rotary Club provided funding for charitable activities as shown on the detail attached. All payments							
	made were directly to charity, local community servi								
	to an orphanage in El Salvador, or food for Thanksg			у.					
		includes foreign grants, che		<u>▶                                  </u>	28a	SeeAttached			
29	Fellowship activities relate mostly to the weekly mee								
	minor club supplies, badges, and required Rotary co								
	(Constant)				00-	San A Marahad			
20	(Grants \$ ) If this amount	includes foreign grants, che	eck nere .	. ▶ ⊔	29a	SeeAttached			
30				<b>-</b>					
				••••					
	(Grants \$ ) If this amount	includes foreign grants, che	eck horo	▶ □	30a				
31				· • <u>-</u>	004	-			
٠.	, ,	includes foreign grants, che		. ▶ □	31a				
32	Total program service expenses (add lines 28a			<b>&gt;</b>	32	\$42,659			
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and			
	taj riante and address	devoted to position	enter -0)	deferred compe		other allowances			
Dr. S	Scott Makins, Club President	Approx. 4 - 5 hrs/wk							
	Fairfield, Bryan, TX 77802		-0-		-0-	-0-			
	Starr, Club Secretary	Approx. 4 - 5 hrs/wk	_						
4605	5 Park Ridge Cir. Bryan, TX 77802		-0-		-0-	0-			
	····								
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	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.			
а	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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .	38a		<b>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	1		İ
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) 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	40b		<b>√</b>
С	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			-
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Lee Starr Telephone no. ▶	(979)	774-16	; 
	Located at ► 4605 Park Ridge Cir. Bryan, TX ZIP + 4 ►	778	302	
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		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶	l		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			- ـ -
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ı	▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year <b>\Delta 43</b>			
			· ·	
	Data		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			;-
45	Form 990-EZ	44	├	<b>-</b> ✓
45 	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	45		Ĩ
		~~		

Form **990-EZ** (2009)

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) nor 47(a)(1) nonexempt cha nd 51.	exempt charita aritable trusts m	able trusts only. A ust answer question	II sec ins 46	tion 3–49t	)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete		ities on behalf of	* *	46	Yes	No
48 49a b	Did the organization engage in lobbying activitie is the organization a school as described in section and the organization make any transfers to an exif "Yes," was the related organization a section 5 Complete this table for the organization's five his	on 170(b)(1)(A)(II)? If "Yes," cempt non-charitable rela 527 organization?	complete Scheduted organization?		47 48 49a 49b		√ √ √
	employees) who each received more than \$100,  (a) Name and address of each employee paid more than \$100,000	000 of compensation from (b) Title and average hours per week devoted to position	n the organization (c) Compensation	n. If there is none, en	ter "N (e)	es and one." Expensionnt ar	se nd
f '	Total number of other employees paid over \$100	0.000					
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensated inc	dependent contra None "	ctors who each rece	eived	more	thar
	(a) Name and address of each independent contractor	·	(p)	Type of service	(c) Con	npensa	tion
d	Total number of other independent contractors e	each receiving over \$100	000				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accomp	anying schedules and				
Sign Here	Signature of officer Lee R, Starr, Club Secretary			10/16/2 Date	01	0	
Paid Prepare	Type or print name and title  Preparer's signature  Firm's name (or	Date	Check if self- employed ▶	Preparer's identifying num	iber (See	 ; instruct	tions)
Use On	I Firm Shame for	a above? See instructions		Phone no			

## Form 990 EZ - Supporting Detail Fiscal Year 2009-2010

IRS Form 990 - EZ - Schedule Supplement

Line#	ine # Description				
1	Member Contributions For Payment to Rotary International Fund	\$	3,300.00		
		\$	700.00		
			2,500.00		
	Subtota	\$	6,500.00		
2	Program service revenue	\$	-		
3	Membership dues and assessments	\$	35,168.00		
4	Investment Income	\$	-		
5	Gain/(loss) - sale of assets	\$	-		
6a	Special Events & Activities:				
	Fiesta Dinner Tickets & Auction (Items 100% donated)	\$	10,933.50		
6b	Direct Expense: Food & Supplies for Fiesta Event	_\$_	6,063.04		
6c	Net Income on Fiesta Fundraise	\$	4,870.46		
19	Net Assets at End of prior year	\$	20,786.46		
10	lo t d O' .: 'lou Aus courte Poids				
10	Grants and Similar Amounts Paid: Thanksgiving Day Food Baskets (Approx 200 families)	\$	2,706.62		
	Food & clothing for orphanage in El Salvador (SPG Grant + Club match)	\$	5,000.02		
	Rotary International - Member \$100 contributions to PHF	\$	3,300.00		
	Rob Childress - Pastor's Children Fund	\$	500.00		
	Edgar Morris Award - Local humanitarian award to local charity	\$	500.00		
	Brazos Valley Animal Shelter		250.00		
	Daily newspapers for patients at St. Joseph's Hospital	\$ \$ \$	745.45		
	Payment to Rotary International - RYLA Sponsorships (2)		350.00		
	Subtota	\$	13,352.07		
15	Postage - annual P.O. Box fee	\$	40.00		
16	Dues & Fees paid to Rotary International	\$	2,677.33		
	Dues & Fees paid to Rotary District 5910	\$	2,936.43		
	Meals and Meeting Expense	\$	20,416.63		
	District 5910 dues & District "PETS" Conference Expense	\$	2,936.43		
	Club Supplies, Flowers, & Club Service Pins	\$	299.87		
	Subtota	\$	29,266.69		
17	Total Expenditures = (Line 10 + Line 15 + Line 16)	\$	42,658.76		
	Total Fund Sources = (Line 1+ line 3+ line 6c+ line 19)	\$	67,324.92		
	\$	24,666.16			