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990-EZ

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)

► Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2010

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning July 1	, 2010, and endir	ıg	June 30	, 20
Вс	heck if ap	plicable C Name of organization		D Em	oloyer identi	fication number
	Address c	nange Rotary International of Victoria		•	74 6	070115
ַ ∟	Name cha	nge Number and street (or PO box, if mail is not delivered to street address	Room/sui	te E Tele	phone numb	per
=	nıtıal retui	F.O. DOX / 114			361-5	75-4465
=	Terminate	I City or town, state or country, and ZIP + 4		F Gro	up Exemp	tion
=	Amended Applicatio	Vioto-io TV 77002 7114			mber ►	
ऱ_		ing Method: ☐ Cash ☐ Accrual Other (specify) ►	- · · · · · · · · · · · · · · · · · · ·	H Check	▶ ✓ if th	e organization is not
	Vebsit			1		Schedule B
-		ppt status (check only one) — ☐ 501(c)(3) 📝 501(c) () ◀ (insert no.) ☐ 45	947(a)(1) or 527	4		Z, or 990-PF).
	Check ▶				not more	than \$50,000. A
-		0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	-			
te	o file a	return, be sure to file a complete return.		•		_
L A	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,00	or more, or if total a	ssets (Part I	,	
line	25, col:	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ			► s	82677
	art I	Revenue, Expenses, and Changes in Net Assets or Fund		the instru	ctions fo	or Part I.)
		Check if the organization used Schedule O to respond to any o				
_	1	Contributions, gifts, grants, and similar amounts received	•		1	10721
	2				2	
	3	Membership dues and assessments			3	74064
	4	Investment income			4	10
	5a	Gross amount from sale of assets other than inventory	1 1		-	
	b	Less: cost or other basis and sales expenses			┨	
	i	Gain or (loss) from sale of assets other than inventory (Subtract line			5c	
	6 6	Gaming and fundraising events	Jo Holli line Jaj .	• • •	30	
	۰	Gross income from garning (attach Schedule G if greater the	an .			
<u>o</u>	_ a	\$15,000)	6a	639		
Revenue	h	Gross income from fundraising events (not including \$	of contribu		1	
e Ve		from fundraising events (not including a from fundraising events (not including a from fundraising events reported on line 1) (attach Schedule G if the fundraising events (not including a from fundraising events (not including events		Illons		
Œ		sum of such gross income and contributions exceeds \$15,000)				
		Less: direct expenses from gaming and fundraising events	6c	539		
	C	Net income or (loss) from gaming and fundraising events (add line			4	
	d	line 6c)	3 oa ana ob ana	Subtract	6d	100
		•	70		64	100
	7a	Gross sales of inventory, less returns and allowances	7a 7b		-{	
	b	Less: cost of goods sold		-	 	
	C	Other revenue (describe in Schedule O)			7c 8	
l	8	•			9	84895
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			10	18913
	10	Grants and similar amounts paid (list in Schedule O)			11	10513
•	11	Benefits paid to or for members				
368	12	Salaries, other compensation, and employee benefits			12	
enses	13	Professional fees and other payments to independent contractors .			-	
υ <mark>Σ</mark> .	14	Occupancy, rent, utilities, and maintenance			14	
Ē	15	Printing, publications, postage, and shipping			15	369
2	16	Other expenses (describe in Schedule O)			16	72383
ā	17	Total expenses. Add lines 10 through 16	<u> </u>	<u></u> ▶	17	91665
្តិស	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-6770
Net Assets Expenses	19	Net assets or fund balances at beginning of year (from line 27, co			<u>- </u>	
As		· · · · · · · · · · · · · · · · · · ·			19	13000
é	20	Other changes in net assets or fund balances (explain in Schedule C			20	
~	21	Net assets or fund balances at end of year. Combine lines 18 through	ıh 20	>	21	6230



Par	till Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.) O to respond to anv ques	tion in this Part II			n
	<u> </u>			inning of year	-{	B) End of year
22	Cash, savings, and investments			13000	22	6230
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			13000	25	6230
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			13000	27	6230
Part						Expenses
	Check if the organization used Schedule			l 🗀		red for section (3) and 501(c)(4)
		To Improve International Un				izations and section
	ibe what was achieved in carrying out the organization			er, describe		a)(1) trusts, optional
	rvices provided, the number of persons benefited, and c		· -		for oth	ners.)
28	Provide funding to help build a library to support hor	meless families or families of	domestic violence	and		
	substenance abuse					
	(O - 1 - 0 - 1 - 0 - 1 - 1 - 1 - 1 - 1 - 1	includes fersion grants, abo		N [200	4500
	(Grants \$ 4500) If this amount Provide funding for local college and University scho	includes foreign grants, che	-		28a	4300
29	Provide funding for local conege and oniversity schi	oidi sirips			:	
	(Grants \$ 3000) If this amount	includes foreign grants, che	eck here	. • 🗆	29a	3000
30	Privide funding to help improve literacy in local adult		30111010 1 1 1			
00	······································					
	(Grants \$ 3052) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	3052
31	Other program services (describe in Schedule O)					
		includes foreign grants, che	eck here	. ▶ □	31a	8361
32	Total program service expenses (add lines 28a t				32	18913
Parl	IV List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV.)
	Check if the organization used Schedule					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	plans &	(e) Expense account and
		devoted to position	enter -0)	deferred comper	nsation	other allowances
Art C		President, 7				•
	ria, TX		0		0	0
	Prater	President Elect, 2	o		o	0
	ria, TX			· · · · · · · · · · · · · · · · · · ·		
	s Boldt ria, TX	Vice President, 2	o	!	0	o
	y Staley					
	ria, TX	Secretary, 4	o		0	0
	Bailey					
	ria, TX	Treasurer, 6	o		0	0
Sara	Hounshell	Sarmant at Arma 3		•		
Victo	ria, TX	Sargent at Arms, 2	0		0	0
Jame	es Johnson	Director, 1				
Victo	oria, TX	Director, 1	0		0	0
Roge	er Welder	Director, 1				
Victo	ria, TX	Director, 1	0		0	0
Lore	ne Bothe	Director, 0.5				
Victo	oria, TX		0		0	0
	in Speckels	Director, 0.5	•		_	_
	oria, TX		0		0	0
	Zawadzki	Director, 0.5	_		_	_
	oria, TX	·	0		0	0
	Beck	Director, 0.5	o		0	0
Victo						. 11
	oria, TX		•			
	oria, TX ne Voskamp oria, TX	Director, 1	0		0	0

Part	Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
ъ 38а	Did the organization file Form 1120-POL for this year?	37b 38a		V
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved		·	
а	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-		
100	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 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	40b		✓
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			
ө	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	Located at ► 3904 N. John Stockbauer Dr. Ste 111 ZIP + 4 ►	361-57 77904	- -	
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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√
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	- •	. !	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		\ \ \
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	_	✓
	explanation in Schedule O	44d	<u> </u>	L

									Yes	No
45	Is any	related organization a controlled ent	ity of the	organization within the	mean	ing of sectio	n 512(b)(13)?	45		1
а	Did th	ne organization receive any payment f	from or e	ngage in any transaction	n with	a controlled	entity within the			
		ing of section 512(b)(13)? If "Yes," F								1 :
		990-EZ (see instructions)						45a		1
40		ne organization engage, directly or inc	directly i	n nolitical campaign act	ivitios	on behalf of	or in apposition	730		✓
46		indidates for public office? If "Yes," c							~	ļ
								46		✓
Part \		Section 501(c)(3) organizations	and sec	tion 4947(a)(1) none	xemp	ot charitab	le trusts only. A	II sec	tion	
		501(c)(3) organizations and section	n 494/(a)(1) nonexempt chari	itable	trusts mus	t answer questic	ns 4	7–49	b
		and 52, and complete the tables f								
	,	Check if the organization used Sch	edule O	to respond to any que:	stion i	n this Part $ackslash$	/			. 🗆
									Yes	No
47	Did th	ne organization engage in lobbying ac	tivities?	If "Yes." complete Sche	dule C	C. Part II .		47		1
48		organization a school as described in					F	48	-	1
49a		ne organization make any transfers to						49a		1
		s," was the related organization a sec		•	u orga	inzation: .		49b		
		s, was the related organization a sec plete this table for the organization's f				ather then e	fficare directors			d kov
50		oyees) who each received more than								
	empi	byees) who each received more than	\$100,000			·				
	(a) Na	me and address of each employee paid more		(b) Title and average hours per week	(6)	Compensation	(d) Contributions to employee benefit plans &		Exper	
		than \$100,000		devoted to position	<u> </u>		deferred compensation		allowa	
	-									
		· · · · · · · · · · · · · · · · · · ·			 			 		
					1					
							İ	l		
f		number of other employees paid over					-			
51		plete this table for the organization's				ent contracto	ors who each rec	eived	more	than than
		000 of compensation from the organ		····	lone."	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		(a) Name and address of each independent con	tractor pai	d more than \$100,000		(b) Typ	oe of service	(c) Co	mpens	ation
							.			
				· · · · · · · · · · · · · · · · · · ·						
						·····				
							İ			
	T-+-*			h manakilan a 6400 0	00					
a		number of other independent contract		=		. •				
52		ne organization complete Schedule A			ınizatio	ons and 494	7(a)(1)	.	_	
	none	xempt charitable trusts must attach a	complet	ed Schedule A		· · · ·	<u> </u>	<u></u> Yes	V	No
Under p	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	tum, includ	ing accompanying schedules	and stat	ements, and to	the best of my knowled	ige and	d belief	f, it is
true, cor	rect, an	d complete. Declaration of praparer (other than o	onicer) is b	ased on all information of whic	п ргера	rer nas any kno	wieuge			
		7.16.1					- 10	50	11	
Sign	1	IWA Haves		-			Jan 19.		U	
		Signature of officer				<u> </u>	Date /		-	
Here		Robert J Bailey - Treasurer					÷			
		Type or print name and title								
		Print/Type preparer's name	Preparer's	signature		Date		PTIN		
Paid		тини тура ргаршага анаша		→ ** * *			Check if self-employed			
Prepa		6	1							
Use (Only	Firm's name >					Firm's EIN ▶			
	150	firm's address ► discuss this return with the preparer:	abayya =	nave2 Con instructions			Phone no	Ves	_	N.
14										

Form 990-EZ (2010)

Page 4

Schedule of Membership Dues and Assessments	and Assessments	Schedule for Pri
Dues	11,029.00	Postage
Initiation Fees	400.00	Printing
Meals	60,313.23	P.O. Box Rental
Paul Harris Donations	2,322.00	
	71 001 00	
	74,064.23	Schedule of Oth
,		
Schedule of investment Income	9	District Conferenc
		District Govenor \
IBC Bank Savings	10.09	Rotary Dues
		Meals
	10.09	Supplies
		Web Site Expens

Contributions/Gifts/Grants or Similar	ar
Gross Receipts (Weekly Raffle)	1,278.00
Gross Revenue	639.00 539.00
Net Income or (Loss)	100.00
District Grant (MCFS Library)	4,500.00
Rotary Foundation Donations	3,025.68
District Hurricane Relief fund	45.00
Knowledge Bowl	3,050.14
-	10,720.82

72,383.47

Schedule for Printing, Publications, & Postage	58.00 255.00 56.00 369.00
Schedule for Printing,	Postage Printing P.O. Box Rental

	Schedule of Other Expenses	
. 	District Conference	1,387.32
	District Govenor Visit	674.40
	Rotary Dues	9,103.00
	Meals	53,232.34
	Supplies	1,192.65
	Web Site Expenses	1,817.89
l	Clay Shoot Raffle Tickets	377.50
Γ	Officer Installation	827.52
	GSE Event	300.83
	Kids Fest	-50.00
	I.F. scouting	171.62
	Early Act	2,974.61
	Citizen of year	81.30
	Clay shoot admin.	292.49
_		

Schedule for Grants and Similar Accounts		
Class	Name & Address	Amt. Given
Payment to enhance educational opportunity University of Houston, Victoria, TX Payment to enhance educational opportunity Victoria College, Victoria, TX Payment to enhance adult literacy Payment to promote adoption of foster childrer South Texas Zoological Society, Victoria, TX Payment to promote higher ethics Provide shelter for disaster victims Provide shelter for victims of family violence Payment to promote youth development Payment to promote youth development Rotary International Foundation, Chicago, IL	RYLA 2010, Corpus Christi, TX University of Houston, Victoria, TX Victoria College, Victoria, TX Victoria Adult Literacy Council, Victoria, TX South Texas Zoological Society, Victoria, TX St. Joseph High School, Victoria, TX Shelter Box USA, Lakewood Ranch, FL Rotary District 5930, Harlingen, TX Mid Coast Family Services, Victoria, TX Rotary International Foundation, Chicago, IL	2,295.80 1,500.00 1,500.00 3,052.00 1,244.73 750.00 1,000.00 4,500.00 3,025.00 18,912.53