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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceUnder 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, 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

**A** For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**Aggieland Rotary Club of Bryan/College Station, Texas**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P. O. Box 4326**  
 City or town, state or country, and ZIP + 4  
**Bryan, Texas 77805-4326**

**D** Employer identification number  
**36 4049674**

**E** Telephone number  
**979-774-1697**

**F** Group Exemption Number ►

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

**I** Website: ► www.aggielandrotary.org

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( 4 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

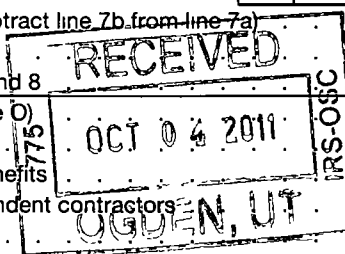
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5,095
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	31,864
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	\$23,097
	c	Less: direct expenses from gaming and fundraising events	6c	\$5,973
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,124
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,083
	10	Grants and similar amounts paid (list in Schedule O)	10	9,294
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	0
13		Professional fees and other payments to independent contractors	13	0
14		Occupancy, rent, utilities, and maintenance	14	0
15		Printing, publications, postage, and shipping	15	118
16		Other expenses (describe in Schedule O)	16	28,967
17		<b>Total expenses.</b> Add lines 10 through 16	17	39,087
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,783	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24,666	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,449	

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II** **Balance Sheets.** (see the instructions for Part II.)  
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	24,666	22 40,449
23	Land and buildings . . . . .		23 0
24	Other assets (describe in Schedule O) . . . . .		24 0
25	<b>Total assets</b> . . . . .		25 40,449
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		27 40,449

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)	<b>Expenses</b>
	Check if the organization used Schedule O to respond to any question in this Part III . . . <input type="checkbox"/>	(Required for section

28	Our Rotary Club provided funding for charitable activities as shown on the detail attached. All payments made were directly to charity, local community service, the Rotary Foundation, jointly funding with another Rotary Club providing construction of a "splash pad" for special needs children at a local camp facility. (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	See Attached
29	Fellowship activities relate mostly to the weekly meeting meal expense (collected in advance from members) minor club supplies, badges, and "Rotary District 5910" conference, training & registration fees. (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	See Attached
30	   (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	38,299

**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 ☐

[illegible]

**Part V 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
<b>33</b> 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 . . . . .	<b>33</b>	✓
<b>34</b> 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) . . . . .	<b>34</b>	✓
<b>35</b> 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.		
<b>a</b> 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?	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .	<b>35b</b>	✓
<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 . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<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 tax year covered by this return? . . . . .	<b>38a</b>	✓
<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 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 . . . . .	<b>40b</b>	✓
<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 . . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<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. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ <u>Lee Starr</u> Telephone no. ▶ <u>979-774-1697</u> Located at ▶ <u>4605 Park Ridge Cir. Bryan, TX</u> ZIP + 4 ▶ <u>77802</u>		
<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)? . . . . .	<b>42b</b>	✓
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.? . . . . .	<b>42c</b>	✓
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>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</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 . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	✓

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	<input checked="" type="checkbox"/>
<b>a</b> 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)	<b>45a</b>	<input checked="" type="checkbox"/>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	<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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	<input checked="" type="checkbox"/>

**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
NONE				

**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

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

**52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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		9/30/2011 Date		
	Lee R. Starr, Club Secretary Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**Aggieland Rotary Club of Bryan/College Station, Texas**

Employer identification number

**36-4049674**

Local Rotary Club - Fellowship and Charitable Services. We meet weekly and participate in support of local charitable services.

**Supplemental Information:**

Line #1 - Member donations to Rotary International Fund (\$2,200) + weekly "Holler Dollar" & Thanksgiving Day Baskets (\$3,095) = \$5,095

Line #2 - Program service revenue = \$0 (we do not charge for any services or support rendered)

Line #3 - Membership dues and meal assessments (billed quarterly 41 members) = \$31,864

Line #6a - Special Events & Activities: Our annual "Fiesta Dinner Family Event" - receipts are from ticket sales, sponsor

fees, and silent auction (100% items donated by members and sponsors) Receipts = \$23,097.17 Event expense = \$5,973.28 = \$17,123.89 gain.

Line #10 - "Grants and similar amounts paid:" - Direct disbursements in support of charity = \$9,294.00

Line #15 - Postage and stamps = \$117.88

Line #16 - Dues & Rotary Fees Paid (RI = \$2,042.65), (District 5910 = \$2,936.57), (Meals = \$21,623.44), and (Club Supplies = \$1,924.68) for a  
total of \$28,887.34

A supporting tabulation is attached.

# Form 990 EZ - Supporting Detail Fiscal Year 2010-2011

## *IRS Form 990 - EZ - Schedule Supplement*

Line #	Description	Amount
1	Contributions For Payment to Rotary International Fund	\$ 2,000.00
	Weekly Holler Dollar & Other Cash Contributions	\$ 1,095.00
	Member Contributions - Thanksgiving Baskets &	\$ 2,000.00
		\$ -
	Subtotal	\$ 5,095.00
2	Program service revenue	\$ -
3	Membership dues and meal assessments	\$ 31,864.00
4	Investment Income	\$ -
5	Gain/(loss) - sale of assets	\$ -
6a	Special Events & Activities:	
	Fiesta Dinner Tickets & Auction (Items 100% donated)	\$ 23,097.17
6b	Direct Expense: Food & Supplies for Fiesta Event	\$ 5,973.28
6c	Net Income on Fiesta Fundraiser	\$ 17,123.89
19	Net Assets at End of prior year	\$ 24,666.00
10	Grants and Similar Amounts Paid:	
	Thanksgiving Day Food Baskets (Approx 200 families)	\$ 3,163.10
	Payment to Mobly Pool - Splash Pad for special needs children	\$ 1,500.00
	Rotary International - Member \$100 contributions to PHF	\$ 2,000.00
	Christmas gift Visa - Still Creek Children's Ranch donation	\$ 534.90
	Donation to PET (Personal powered units (2) for handicapped)	\$ 500.00
	Edgar Morris Award - Local humanitarian award to local charity	\$ 500.00
	Daily newspapers for patients at St. Joseph's Hospital	\$ 746.00
	Payment to Rotary International - RYLA Sponsorships (2)	\$ 350.00
	Subtotal	\$ 9,294.00
15	Postage - annual P.O. Box fee + stamps	\$ 117.88
16	Dues & Fees paid to Rotary International	\$ 2,402.65
	Dues & Fees paid to Rotary District 5910	\$ 2,936.57
	Meals and Meeting Expense	\$ 21,623.44
	Club Supplies, Flowers, & Club Service Pins	\$ 1,924.68
	Subtotal	\$ 28,887.34
17	Total Expenditures = (Line 10 + Line 15 + Line 16)	\$ 38,299.22
	Total Fund Sources = (Line 1+ line 3+ line 6c+ line 19)	\$ 78,748.89
	Year End Cash Balance @ 7/01/2011 = (Expenditures - Sources)	\$ 40,449.67