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Short Form
Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

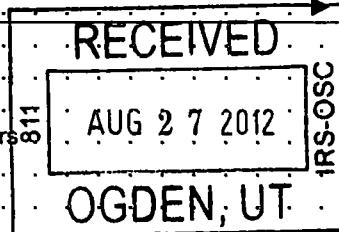
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, 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 2011 calendar year, or tax year beginning		1 July	, 2011, and ending	30 June	20	12
B Check if applicable:		C Name of organization Rotary Club of Bailey's Crossroads		D Employer identification number 54-1184665		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Number and street (or P.O. box, if mail is not delivered to street address) P. O. Box 1510		Room/suite	E Telephone number 703 820-3630	
		City or town, state or country, and ZIP + 4 Falls Church, VA 22041		F Group Exemption Number ►		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PP).		
I Website: ►						
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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				► \$	108,775	
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. <input type="checkbox"/>						
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	1	3,077		
	2 Program service revenue including government fees and contracts	5b	2			
	3 Membership dues and assessments		3	22,882		
	4 Investment income		4	57		
	5a Gross amount from sale of assets other than inventory		5c			
	b Less: cost or other basis and sales expenses					
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6 Gaming and fundraising events					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	82,759				
c Less: direct expenses from gaming and fundraising events	6c	42,876				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	39,883				
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)						
8 Other revenue (describe in Schedule O)						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	33,289		
	11 Benefits paid to or for members		11			
	12 Salaries, other compensation, and employee benefits		12			
	13 Professional fees and other payments to independent contractors		13			
	14 Occupancy, rent, utilities, and maintenance		14			
	15 Printing, publications, postage, and shipping		15	3,999		
	16 Other expenses (describe in Schedule O)		16	9,218		
	17 Total expenses. Add lines 10 through 16		17	46,506		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,393		
	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	27,959		
	20 Other changes in net assets or fund balances (explain in Schedule O)		20			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	47,352		



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	27,959	22
23	Land and buildings	23	47,352
24	Other assets (describe in Schedule O)	24	
25	Total assets	25	
26	Total liabilities (describe in Schedule O)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,959	27
		47,352	

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
Required for section
501(c)(3) and 501(c)(4)
organizations and section
5947(a)(1) trusts; optional
for others.)

28 See attached Schedule O

(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	43,898
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>		32	

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.

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	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 or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
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	40c	
c 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	40d	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	✓
e 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.		
41 List the states with which a copy of this return is filed. ► Virginia		
42a The organization's books are in care of ► William J. Strickland	Telephone no. ► 703 658-2978	
Located at ► 6800 Sprucewood Court, Annandale, VA	ZIP + 4 ► 22003	
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)? 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.	42b	
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

		Yes	No
46	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	46	✓

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
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ► **-0-**

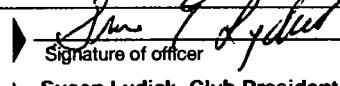
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ► **-0-**

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

Sign Here		8/25/12
	Signature of officer	
Susan Lydick, Club President		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		Phone no.
	Firm's address ►				

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Rotary Club of Bailey

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

Rotary Club of Bailey's Crossroads

54-1184665

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Raffle (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	78,718			78,718
	2 Less: Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	78,718			78,718
Direct Expenses	4 Cash prizes	1,500			1,500
	5 Noncash prizes	25,000			25,000
	6 Rent/facility costs	0			0
	7 Food and beverages	0			0
	8 Entertainment	0			0
	9 Other direct expenses	12,881			12,881
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(39,381)
	11 Net income summary. Combine line 3, column (d), and line 10 ►				39,337

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	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 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 _____	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ►				

9 Enter the state(s) in which the organization operates gaming activities: Virginia

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 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? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Joseph Luquire

Address ► 3720 Spicewood Drive, Annandale, VA 22003

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ► Susan Lidick

Gaming manager compensation ► \$ 0

Description of services provided ► Manages annual Mustang Raffle

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ► \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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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

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Name of the organization

Employer identification number

54-1184665

Page 1, Part I, Line 10, Grants and Similar Amounts Paid,
and Page 2, Part III, Program Services

Awards & Affiliates Totals
Grants

ROTARY INTERNATIONAL

Member Dues	\$ 4,134	\$ 4,134
RI Convention	1,000	1,000
Rotary Foundation	5,475	5,500

VOCATIONAL SERVICE

Dictionary Project	950	950
Chesapeake Conference	789	789
Essay Contest	175	175
JEB Stuart Booster Club	210	210
Interact Club	100	100
JEB Stuart Foundation	6,000	6,000
Outstanding Teacher Award	625	625
Rotary Youth Leadership Conf.	500	500
RYLA Conference	675	675
Speech Contest	375	375
Vocational Talks	271	271

INTERNATIONAL SERVICE

Afghanistan Literacy	2,000	2,000
Group Study Exchange	504	504
Holt Grant-Ethiopia	100	100
Haiti Stop Hunger Now	200	200
Other International Activity	100	100
Safe Blood Committee	600	600

COMMUNITY SERVICE

A.C.C.A	1,000	1,000
Alternative House	1,000	1,000
Bailey's Crossroads Shelter	1,000	1,000
Bailey's Fire Department	2,000	2,000
Bethany House	1,000	1,000
500		
Community Service Other	500	500
Culmore Cleanup	500	500
Children's Toys	1,096	1,096
Disaster Relief	400	400
FFX County Explorer Post	1,000	1,000
FFX Park Authority Found.	1,800	1,800
FFX Police Summer Camp	1,000	1,000

Name of the organization

Employer identification number

ROTARY CLUB OF BAILEY'S CROSSROADS, 54-1184665
Attachment to Form 990EZ - FYE 6/30/12

COMMUNITY SERVICE - Cont'd

Friends of Clarendon House 1,000 1,000

HACAN 2,040 2,000

Langley Residential Support 1,000 1,000

Special Olympics 250 250

Thanksgiving Meals 2,529 2,529

TOTALS \$ 33,289 \$10,609 \$43,898

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

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54-1184665

Page 1, Part I, Line 16, Other Expenses, and
Page 2, Part III, Program Services

Other Expenses	\$
Bank Charges	1,235
Rotary Supplies	2,855
Directory	250
Post Office Box	140
Insurance	294
Web Site support	300
Warbler	681
President Elect	443
Rotary Institute	285
Miscellaneous Expense	2,735
Total Other Expenses	\$6,846

Program Services Expenses	\$
Installation and Anniversary Dinners	1,478
PETS	443
District Foundation Seminar	190
District Dues	2,440
Total Program Services Expenses	\$4,551
Totals	\$11,397

Page 1, Part I, Line 6, Special Events & Activities

	Gross Revenue	Direct Expense	Net Income
Auto Raffle	\$ 78,718	39,381	39,337
Other Events/Sales	4,041	3,495	546
Totals	\$ 82,759	42,876	\$39,883

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.

2011

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Inspection

Name of the organization

Employer identification number

54-1184665

Page 2, Part IV, List of Officers and Directors

Officers Title

Susan Lydick **President**
5222 Pommeroy Drive
Fairfax, VA 22032

Robert Kevin Holland **President-Elect**
3439 Upside Court
Falls Church, VA 22042

Allen Dale Beckner **Vice President**
4829 9th Street
Arlington, VA 22204

William J. Strickland **Treasurer**
6800 Sprucedale Court
Annandale, VA 22003

Clyde Williams **Secretary**
3434 Glen Carolyn Drive
Falls Church, VA 22041

Directors
Lloyd Stoessel **Community Service**
6609 Bay Tree Lane
Falls Church, VA 22041

Harry Henderson **Vocational Service**
5101 Cherokee Avenue
Alexandria, VA 22312

David S. Mercer **Club Service**
5906 Merritt Place
Falls Church, VA 22041

Yonas Atoma **International Service**
825 S. Walter Reed Drive
Arlington, VA 22204