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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, 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

2011

OMB No 1545-1150

Open to Public Inspection :

A	F	or the 2011 ca	elendar year, or ta	x year beginning	7/01	, 2011	, and ending	6/30		, 2012	-
Ę	_ c	heck if applicable	С		<u> </u>				D Emple	oyer identification	number
ļ	^	ddress change	ROTARY CLU	OF GALVEST	ON ISLAND				74-	-1927447	
ļ	-ا	lame change	P.O. BOX 53	38						hone number	
}	_	nitial return	GALVESTON,	TX 77553					409	763-462	6
ŀ	=	erminated mended return									
ŧ	=	pplication pending							F Grou	p Exemption ber	▶ 0573
Ġ	_	Accounting Met		Accrual Other	(specify) ►			H Check		f the organiza	
ı		Vebsite: ► N	· —		()/			reguir	ed to att	ach Schedule	
J	Ŧ	 ax-exempt status	(ck only one) —	501(c)(3) X 501(c	c) (4) ◄(ınseı	rt no.) 4947(a)(1) or 527	990, 9	990-EZ, (or 990-PF)	
Ī	((heck • If	the organization	is not a section 509				27 organ	zation a	nd its gross re	eceipts are
	r	ormally not m	ore than \$50,000	A Form 990-EZ or	Form 990 return	n is not require	d though Form	1 990-N (e	e-postca	rd) may be re	quired (see
_				ion chooses to file							
L	. /	Ndd lines 5b, 6	c, and 7b, to line	9 to determine gros 3) below) are \$500	s receipts If gr	oss receipts ar	e \$200,000 or	more, or	ıf total	> \$	77,570.
П				and Changes i							
L.	41			ised Schedule O to			•	1110 1113	ti detioi	13 101 1 411	., X
-				and similar amour		question in thi	is i ait i		I	1	[1]
	Ì			ncluding governmer		racts			—	2	
	-	-	hip dues and asse	- -	it ices and com	iacis			_	3	52,652.
	1		nt income	3311161113	•				_	4	442.
				assets other than I	nyontory		5a			\$4 \$4.	112.
	- [nd sales expenses	inventory .		5b			i.	
	-			other than inventory (Su	htraat lina Eh from l	uno Eo\	301			1264 5 c	
			s) from sale or assets and fundraising ev		Du act line ob from r	ille Ja)			130	90	
	R	-			Out are stor them	¢15 000\	6a		100 m	48	
	REVENUE			(attach Schedule (- .	1 \$15,000;	of contribu	tions		(\$	
	E			sing events (not inc		O .6 4b a	01 CONTINUE	ILIONS	Y	2.0	
	Ę	of such a	raising events represent income and	oorted on line 1) (a contributions excee	ds \$15.000)	G II the Sum	6ь	24,4	176.		
	1	-		gaming and fundra	· ·		6c	10,3			
			•	gaming and fundrai	•	d lines 6a and			, x	18	
		6b and si	ubtract line 6c)	Janung and lunurar	sing events (aut	illies oa allu				6 d	14,109.
		7a Gross sa	les of inventory, le	ess returns and allo	wances		_7a		100	7	
	- 1	b Less: cos	st of goods sold				7 b				
		c Gross pro	ofit or (loss) from	sales of inventory (Subtract line 7b	from line 7a)				7c	
	-1	8 Other rev	enue (describe in	Schedule O)				7	L	8	
_		9 Total rev	enue. Add lines 1	2, 3, 4, 5c, 6d, 7c	, an <u>d 8</u>	DEC	EIVED_	<u>.01</u>	<u>▶</u>	9	67,203.
		10 Grants ar	nd similar amount	s paid (list in Sched	dule O)	1100	See Sched			0	15,864.
		11 Benefits	paid to or for men	nbers		!	1 5 2012	121	1	1	34,805.
	E	12 Salaries,	other compensati	on, and employee	benefits	NON B	70 =	15.1	_1	2	
	E P E	13 Profession	nal fees and othe	on, and employee I	pendent contrac	ાં કિંગ		34	1	3	
	N		cy, rent, utilities, a			OG	DEN, UT	- Tale and the	_1	4	
	S E	15 Printing,	publications, post	age, and shipping		100	-		1	5	
12	•	16 Other exp	penses (describe i	n Schedule O)			See .Sched	ule O	[1	6	11,931.
2012			enses. Add lines	-	·				▶ 1	7	62,600.
0		18 Excess o	r (deficit) for the y	ear (Subtract line	17 from line 9)					8	4,603.
-	A	19 Net asset	ts or fund balance	s at beginning of y	ear (from line 2)	7. column (A))	(must agree w	uth end-o	f-vear	<u> </u>	
اب	S	figure rep	ported on prior year	ar's return).	oa. (o 2	, , , , , , , , , , , , , , , , , , , ,	(ac, ag. co		1	9	81,475.
DEC	뒫	20 Other cha	anges in net asset	s or fund balances	(explain in Sch	edule O)			2	20	
		21 Net asset	ts or fund balance	s at end of year C	ombine lines 18	through 20			▶ 2	21	86,078.
Щ	BAA	For Paperwo	rk Reduction Act	Notice, see the se	parate instruction	ons.				Form 9	90-EZ (2011)
\leq											Í
<u>A</u>	:										ν
S)			s at end of year C Notice, see the se	TEEA0803L 0	8/05/11					
- •					ILLAUBUSE U	0.0011					

Forn	n 990-EZ (2011) ROTARY CLUB OF (GALVESTON ISLAND		<u> </u>	74	-192	27447 Page 2
Pal	T. II Balance Sheets. (see the insine Check if the organization used Sche	tructions for Part II.)	estion in this Part !!				
	Check if the digamization used bene	dule o to respond to any qui	codon in this rate h	(A) Beginni	na of ve	ar	(B) End of year
22	Cash, savings, and investments				1,475		86,078.
23	Land and buildings		:			23	
24	Other assets (describe in Schedule O)					24	
25	Total assets			8	1,475	. 25	86,078.
26	Total liabilities (describe in Schedule O)				0	. 26	0.
27	Net assets or fund balances (line 27 of c	column (B) must agree with	line 21)		1,475	. 27	86,078.
Pai	rt III Statement of Program Serv				احی	-	Expenses
140	Check if the organization used Sch				X	5016	uired for section c)(3) and 501(c)(4)
Desc mea	is the organization's primary exempt purpose? See cribe the organization's program service as sured by expenses. In a clear and concise fitted, and other relevant information for e	Schedule 0 ccomplishments for each of its manner, describe the service	ts three largest pro-	gram services	s, as	orgai 4947	nizations and section (a)(1) trusts, optional
	efited, and other relevant information for e	ach program title				tor o	thers)
28	Rotary service projects -						
	<u>international</u> service pro	<u>lects sponsored by</u>	Rotary_Inte	rnationa	: <u>+</u>		
	70 6				XI	20 -	
20	(Grants \$) If the	is amount includes foreign gi	rants, check here			28 a	
29				- -			
					· 		
	(Grants \$) If the	 is amount includes foreign gi	ropts shock horo		╌╌┌┤	29 a	
30	(Grants \$) If the	is amount includes loreign gi	ants, check here			23 a	
30							
	(Grants \$) If the	is amount includes foreign gi	rants check here		[30 a	
21	Other program services (describe in Sch		ants, check here			30 a	
٦,	, -	eudie O) is amount includes foreign gi	rants check here	•	▶ □	31 a	
32	Total program service expenses (add lin		anto, check here		—	32	
	rt IV. List of Officers, Directors,		ovees. List each or	ne even if not con	nnensated		ne instructions for Part IV.)
11.00.	Check if the organization used Sc					(000	
		(b) Title and average	(c) Reportable compensa (Form W-2/1099-MISO	ation (d) He	alth benefit		(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-		ons to emp		other compensation
					compensa		
	E_HUFF	President					
	O. BOX 538	0		0.		0.	0.
	LVESTON, TX 77553						
	HN SCHWARZ	Treasurer		_			
	O. BOX 538	0		0.		0.	0.
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BAA		TEEA0812L ()2/14/12				Form 990-EZ (2011)

1 41	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V					
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of	33	Yes	No X		
34	each activity in Schedule O 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 changé to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>X</u>		
35 a	a 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)?	35 a_		<u>X</u>		
ŀ	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	35 b				
	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	35 c		X		
	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		X		
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37 b		X		
	b Did the organization file Form 1120-POL for this year? a 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?	38 a		X		
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	_ ′	. '			
	Section 501(c)(7) organizations Enter:	-	~			
	a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a N/A					
	b dross receipts, included on the 5, for public use of class identities	<u> </u>				
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: Section 4911 ► N/A section 4912 ► N/A: section 4955 ► N/A	-		**		
	3600001 4511		* *			
ļ	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	40 b	······································	Х		
•	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					
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization						
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 None					
	a The organization's books are in care of ► ED_WALSH_CPA Telephone no. ► 40 9 7 Located at ► P.O. BOX 538 GALVESTON, TX. ZIP + 4 ► 77 553 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. C At any time during the calendar year, did the organization maintain an office outside of the U.S ?		626 Yes	No X		
	If 'Yes,' enter the name of the foreign country					
	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	N/A N/A No		
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a		X		
	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.	44 b	+	X		
	c Did the organization receive any payments for indoor tanning services during the year?	44 c	-	X		
	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	44 d	+	<u> </u>		
45	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X		
	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)	45 b		X		
	TEEA0812L 02/14/12	orm 99	0-EZ	(2011)		

Ves No No No No No No No N	Part VI Section 501 (c) (3 47-49b) Check if t 47 Did the organization of the organiza	501(c)(3) organizations of organizations and second 52, and complete the organization used Schedulation engage in lobbying activitie C, Part II on a school as described in second make any transfers to an	s and section 4947 tion 4947(a)(1) no le tables for lines 5 le O to respond to any ties or have a section 5	(a)(1) nonexempt c nexempt charitable 50 and 51. question in this Part VI	haritable trusts on	y. All sec	tion	120
Part VIS 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 47-49 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 Tyes Ves No complete Schedule C, Part II 48 Is the organization as another of the complete Schedule O to respond to any question in this Part VI Tyes Ves No complete Schedule C, Part II 48 Is the organization as action as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 Is If "Yes Ves V	Part VI Section 501 (c) (3 47-49b) Check if t 47 Did the organization of the organiza	501(c)(3) organizations of organizations and second 52, and complete the organization used Schedulation engage in lobbying activitie C, Part II on a school as described in second make any transfers to an	s and section 4947 tion 4947(a)(1) no le tables for lines 5 le O to respond to any ties or have a section 5	(a)(1) nonexempt c nexempt charitable 50 and 51. question in this Part VI	haritable trusts on	y. All sec	tion	
Part VIs) 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 0 to respond to any question in this Part VI Did the organization and school as described in section 170(b)(1)(a)(iii)? If 'Yes,' complete Schedule C, Part II 81 is the organization as school as described in section 170(b)(1)(a)(iii)? If 'Yes,' complete Schedule E 48 48 49 49 49 40 40 40 40 40	Part VI Section 501 (c) (3 47-49b) Check if t 47 Did the organization of the organiza	501(c)(3) organizations of organizations and second 52, and complete the organization used Schedulation engage in lobbying activitie C, Part II on a school as described in second make any transfers to an	s and section 4947 tion 4947(a)(1) no le tables for lines 5 le O to respond to any ties or have a section 5	(a)(1) nonexempt c nexempt charitable 50 and 51. question in this Part VI	haritable trusts on	ly. All sec	tion s	
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 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes, '47 48 Is the organization a shool as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 In 10 If 'Yes,' was the related organization as extend to 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, frustices 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 employes and more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Name and address of each employees paid over \$100,000 of compensation from the organization. If there is none, enter 'None.' (c) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (c) Name and address of each independent contractor paid 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 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (b) Title end were described to the paid of	501 (c) (3 47-49b) Check if t 47 Did the organization of the org	b) organizations and section of the organization used Schedul to the organization used to the organization of the organization	tion 4947(a)(1) note tables for lines 5 to to respond to any ties or have a section 5	nexempt charitable 50 and 51. question in this Part VI	trusts must answer	question	S	
Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, No complete Schedule C, Part II 48 Is the organization area on section 170(b)(1)(A)(h)? If Yes, complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization area of the properties of the pro	47 Did the organizar complete Schedu 48 Is the organizate 49a Did the organizar b If 'Yes,' was the 50 Complete this tal employees) who	ne organization used Schedul tion engage in lobbying activitie C, Part II on a school as described in section make any transfers to an	e O to respond to any	question in this Part VI				
47 Unite organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, 47 48 Is the organization as school as described in section 170(b)(1)(A)(h)(h)? If Yes, complete Schedule E 49 a Did the organization make any transfers to an exempt non-chantable related organization? 50 Complete this table for the organization's five highest compensation from the organization. If there is none, enter None: (4) Name and address of each employee binds in \$100,000 or compensation from the organization. If there is none, enter None: (4) Name and address of each employee binds in \$100,000 or compensation from the organization. If there is none, enter None: (5) Total number of other employees paid over \$100,000 or exemption or exem	complete Schedu 48 Is the organization 49 a Did the organization b If 'Yes,' was the Complete this tain employees) who	ile C, Part II on a school as described in se ion make any transfers to an		501(h) election in effect				
tomplete Schedule C, Part II 48 Is the organization a section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 5 If "Yes," was the related organization a section 52? organization? 5 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: 6 Name and address of each employee organization and the past of the	complete Schedu 48 Is the organization 49 a Did the organization b If 'Yes,' was the Complete this tain employees) who	ile C, Part II on a school as described in se ion make any transfers to an		501(h) election in effect			Yes	No
49 a Did the organization make any transfers to an exempt non-charitable related organization? bit "Yes," was the related organization a section 527 organization? 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. (e) Refulb benefits, contributions to employee benefit plans, and deferred compensation of other compensation of the compen	 49 a Did the organizar b If 'Yes,' was the 50 Complete this tal employees) who (a) Name and a 	on make any transfers to an	ection 170(b)(1)(A)(ii)?		during the tax year? If '	Yes, 47		
b If "Yes," was the related organization a section 527 organization? 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 over \$100,000 of compensation from the organization. If there is none, enter None. (b) Title and warrage provided the compensation (c) Reportable compensation (c) Reportable compensation (c) Realth benefits, other compensation of the compensation from the organization. If there is none, enter None of the compensation from the organization of the compensation of the compensa	b If 'Yes,' was the Complete this tal employees) who	-		•	dule E	<u> </u>		
Complete this table for the organization's five highest compensated employees (other than officers, directors, frustees 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 analogue bad more than \$100,000 of compensation ("orms W-21099 MiSC)	Complete this tal employees) who	related organization a sectior	•	related organization?	•	 +		
e Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other employees paid over \$100,000 • Total number of other the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None other than \$100,000 of compensation from the organization is employee between the paid of the organization from the organization of the paid of the pa	employees) who	=	-		,, , , , ,	, ———		
(a) Name and address of each enployee paid over \$100,000 e Total number of other employees paid over \$100,000 forms W-2/1099 MISC) contributions to employee benefit plans, and deferred compensation e Total number of other employees paid over \$100,000 forms W-2/1099 MISC) contributions to employee benefit plans, and deferred compensation e Total number of other employees paid over \$100,000 forms W-2/1099 MISC) contributions to employee benefit plans, and deferred compensation e Total number of other employees paid over \$100,000 forms W-2/1099 MISC) contributions to employee benefit plans, and deferred compensation e Total number of other employees paid over \$100,000 forms W-2/1099 MISC) contributions to employee benefit plans, and deferred compensation form the organization. If there is none, enter None (a) Name and address of each independent contractor paid more than \$100,000 forms W-2/1099 MISC) contribution to employee benefit plans, and deferred compensation form the organization from the organization. If there is none, enter None forms W-2/1099 MISC) contribution to employee benefit plans, and deferred compensation deferred compensation from the organization from the organization. If there is none, enter None forms W-2/1099 MISC) contribution to employee benefit plans and deferred compensation from the organization from the organization from the organization from the best of my knowledge and belief, it is based on all information of which preparer has any knowledge forms W-2/1099 MISC) contribution of which preparer has any knowledge forms W-2/1099 MISC) contribution of which preparer has any knowledge forms W-2/1099 MISC) contribution of which preparer has any knowledge forms W-2/1099 MISC) contribution of which preparer has any knowledge forms W-2/1099 MISC) contribution of which preparer has any knowledge forms W-2/1099 MISC) contribution of which preparer has any knowledge and belief, it is based on all information of which preparer has any knowledge.	(a) Name and a	ple for the organization's five each received more than \$10	highest compensated 6 0,000 of compensation	employees (other than of from the organization.	fficers, directors, truste If there is none, enter 'I	es and key None.'		
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 e Total number of other independent contractors each receiving over \$100,000 e 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 independent soft particularly including accompanying schedules and statements, and to the best of my knowledge and belief, it is use to receive the particular of biffices 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 significant to organize the particular of biffices 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 Signature of biffices. Signature of biffices	paid mo	ddress of each employee re than \$100,000	hours per week	(c) Reportable compensation (Forms W-2/1099 MISC)	contributions to employee benefit plans, and			
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 e Total number of other independent contractors each receiving over \$100,000 e 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 independent contractors and statements, and to the best of my knowledge and belief, it is use to receive, and complete Declaration of beginner (other than pricer) is based on all information of which preparer has any knowledge.								
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e Total number of other independent contractors each receiving over \$100,000 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? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt with the completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt with the completed Schedule A? Signature of princer (other than officer) is based on all information of which preparer has any knowledge Signature of bifficer	51 Complete this ta	ole for the organization's five	highest compensated i	independent contractors	who each received mo	re than \$100	0,000	of
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. Inder 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 rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer.				(b) Type	of service	(c) Comp	ensation	<u> </u>
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. Inder 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 rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer.								
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. Inder 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 rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer.								
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. Inder 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 rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer.								
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. Inder 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 rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer.								
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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 rule, correct, and complete Declaration of preparer (other than pricer) is based on all information of which preparer has any knowledge Signature of officer Date		• •	.	·	47(a)(1) nonexempt			
Signature of officer Date	charitable trusts	must attach a completed Sch	edule A .					No
Sign System of the two the two transfers of the t	Under penalties of perjury, I detrue, correct, and complete D	eclare that I have examined this return eclaration of preparer (other than office	including accompanying scheir) is based on all information of	dules and statements, and to the of which preparer has any knowl	e best of my knowledge and bel edge	ef, it is		
Sign System of the two the two transfers of the t		/ XX A			11/8/15	· <u> </u>		
Tere JUHN SCHWARZ () Treasurer	Sign '							
Type or print name and title					Treasurer			
Print/Type preparer's name Preparer's signature Date Check If PTIN			Preparer's signature	Date	Check I f P	TIN		
				sh, 111		0125369	6	
Paid EDWARD J. WALSH, III EDWARD J. WALSH, III self-employed P01253696	Preparer Firm's name			<u> </u>				
Preparer Firm's name F Edward J. Walsh & Associates	Use Only Firm's addres			/	Firm's EIN ►			
Preparer Jse Only Firm's name ► Edward J. Walsh & Associates Firm's address ► P.O. Box 538 Firm's EIN ► 76-0625995					Phone no (40		_	
Preparer Jse Only Firm's name ► Edward J. Walsh & Associates Proparer Jse Only Firm's address ► P.O. Box 538 Galveston, TX 77553-0838 Phone no (409) 763-4626	May the IRS discuss to	nis return with the preparer sl	nown above? See instr	uctions		► X Yes Form 990	_	No (2011)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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 Rublic Inspections

Employer identification number

ROTARY CLUB OF GALVESTON	ISLAND	_				74-192744	7
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							
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and email solicitations Complete Phone solicitations In-person solicitations In							
b 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	have custoo	fundraiser ly or control butions?	(iv) Gross receipts from activity	(or re	ount paid to tained by) ser listed in umn (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1							
2							
3		_				. <u> </u>	
4							· · · · · · · · · · · · · · · · · · ·
5							
6							
7							
8							
9							
10							
Total		and all base	▶	liest contributions or he	a boop no	atted it is eve	ampt from registration
List all states in which the organization licensing.				onch contributions of ha			
							

Pa	rt III	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the state of the st	the organization ar event contributions	swered 'Yes' to Fo	rm 990, Part IV, II on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE			(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	23,279.			23,279.
Ě	2	Less: Charitable contributions .				
	3	Gross income (line 1 minus line 2)	23,279.		·	23,279.
	4	Cash prizes				
	5	Noncash prizes	2,603.			2,603.
DIRECT	6	Rent/facility costs.				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	7,764.			7,764.
S		Direct expense summary Add lines 4 thr	•		•	10,367.
Pai	11 t	Net income summary Combine line 3, co Gaming. Complete if the organization		s' to Form 990, Par	t IV, line 19, or re	12,912.
		\$15,000 on Form 990-EZ, line 6a.	T	 1		
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
_	<u>'</u>	Gross revenue		-		
Ę		Cash prizes .				
DIRECT	3	Non-cash prizes .	!			
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	rough 5 in column (d)		•	
	8	Net gaming income summary Combine I	lines 1, column (d) and	line 7	>	
	a is ti	er the state(s) in which the organization of t	g activities in each of th	nese states?		Yes No
		re any of the organization's gaming license 'es,' explain'				Yes No
BAA	<u> </u>		TEEA3702L (01/24/12	Schedule G (Fo	orm 990 or 990-EZ) 2011

74-1927447 Page 2

Schedule G (Form 990 or 990-EZ) 2011 ROTARY CLUB OF GALVESTON ISLAND

Schedule G (Form 990 or 990-EZ) 2011 ROTARY	CLUB OF GALVESTON ISLAND	74-1927447 Page 3
11 Does the organization operate gaming activitie	s with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or true administer charitable gaming?	istee of a trust or a member of a partnership	p or other entity formed to Yes No
13 Indicate the percentage of gaming activity ope	rated in:	1 1
a The organization's facility		13a %
b An outside facility .		. 13b %
14 Enter the name and address of the person who	o prepares the organization's gaming/specia	al events books and records:
Name •		
Address •		
15a Does the organization have a contact with a th	ird party from whom the organization receiv	ves gaming revenue? Yes No
b If 'Yes,' enter the amount of gaming revenue r		and the amount
of gaming revenue retained by the third party		
c If 'Yes,' enter name and address of the third p	arty	
Name •	·	
Address ►		ļ
16 Gaming manager information		
Name •		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee	Independent contract	tor
17 Mandatory distributions		
a is the organization required under state law to	make charitable distributions from the gam	ing proceeds to retain the
state gaming license? b Enter the amount of distributions required und	er state law to be distributed to other exemi	Yes No
organization's own exempt activities during the		organizations of spent in the
Part IV Supplemental Information. Com	plete this part to provide the explar I, lines 9, 9b, 10b, 15b, 15c, 16, and	nations required by Part I, line 2b, d 17b, as applicable. Also complete
——————————————————————————————————————		
	333	
BAA	TEEA3703L 05/20/11	Schedule G (Form 990 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer Identification number ROTARY CLUB OF GALVESTON ISLAND 74-1927447 Form 990-EZ, Part III - Organization's Primary Exempt Purpose International service club operations.

2011 Sch	edule O - Supplemental Information		Page 2
Client 7017	ROTARY CLUB OF GALVESTON ISLAND		74-1927447
10/16/12			10 ⁻ 52AM
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts P	aid In Excess of \$5,000		
Class of Activity: Donee's Name: Relationship of Donee: Cash Amount Given:	PUBLIC COMMUNITY CONTRIBUTIONS NONE	\$	10,419.
cash Amount Given:		Ş	10,419.
Form 990-EZ, Part I, Line 16 Other Expenses ADJUSTMENT - ROUNDING Advertising and Promotio DG VISIT DISTRICT CONFERENCE DISTRICT DUES INTERNATIONAL DUES MISC EXPENSES P.E.T.S.	n	\$	-1. 560. 1,441. 400. 1,972. 4,345. 724. 1,066. 1,034.

001			·—	
2011	Federal Supporting Detail			Page 1
Client 7017	ROTARY CLUB OF GALVESTON ISLAND			74-1927447
Other Income Producing Activiti Membership dues and assessme	ies ents			10 52AM)
MEMBER MEALS AND DUES		Total		52,652. 52,652.
Special Events Noncash prizes GOLF TOURNAMENT DOOR PRIZES TROPHIES			\$	200. 296.
TOURNAMENT PRIZES		Total	\$	2,107. 2,603.
Special Events Other direct expenses GOLF TOURNAMENT SIGNS			\$	156.
ADVERTISING GREEN FEES, CARTS, ETC MEALS AND BEVERAGE OTHER EXPENSE		Total		1,084. 3,340. 2,289. 895. 7,764.
Stmt. of Functional Expenses (9 Benefits paid to/for members	90)	······		
MEMBER MEALS NEW MEMBER COSTS HOLIDAY PARTY INSTALLATION BANQUET			\$	29,536. 249. 2,970. 1,169.
NEW MEMBER ORIENTATION		Total	\$	881. 34,805.
Stmt. of Functional Expenses (9 Supplies	90)			
PLAQUES AND AWARDS		Total	\$ \$	<u>560.</u> <u>560.</u>
Grants and Allocations (990-PF) Cash amount given COMMUNITY CONTRIBUTIONS				į
CHILDREN'S CENTER OF GALVE MEALS ON WHEELS RAINBOW CONNECTION GALVESTON HISTORICAL FOUN	·		\$	6,067. 500. 2,000. 500.

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2011 · ·	Federal Supporting Detail		Page 2
Client 7017	ROTARY CLUB OF GALVESTON ISLAND		74-1927447
10/16/12			10:52AM
Grants and Allocations (990-PF Cash amount given COMMUNITY CONTRIBUTIONS			
GALVESTON SYMPHONY ORCHES AUSTIN SCHOOL LIFE SKILLS TRINITY SCHOOL UTMB CHILDRENS HOSPITAL		Total	\$ 200. 750. 200. 202. \$ 10,419.
Grants and Allocations (990-PF Cash amount given ROTARY INTERNATIONAL PRO			
ROTARY BANGALORE WEST IN	AIC	Total	\$ 0. \$ 0.
Grants and Allocations (990-PF Cash amount given ROTARY INTERACT CLUB	·)		
INTERACT CLUB. FOUR WAY TEST DEBATE		Total	\$ 1,145. 250. \$ 1,395.
Balance Sheet Cash-non-interest-bearing			
OPERATING ACCOUNT GOLF TOURN ACCOUNT		Total	\$ 6,087. 31,458. \$ 37,545.
Balance Sheet Savings and temporary cash in	ivestments		
HOMETOWN BANK CD		Total	\$ 48,533. \$ 48,533.

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