

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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)

2011

OMB No. 1545-1150

Open to Public
Inspection

Department of the Treasury

SCANNED NOV 0

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, and ending . 20 A For the 2011 calendar year, or tax year beginning July 1 June 30 D Employer identification number C Name of organization B Check if applicable 74 6070115 Rotary International of Victoria Address change Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return P.O. Box 7114 361 575 4465 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Victoria, TX 77903-7114 Number > Application pending H Check ▶ ✓ If the organization is **not** Cash ☐ Accrual G Accounting Method: Other (specify) required to attach Schedule B Website: ► VICTORIAROTARY, ORG. **527** (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) ∠ 501(c)(3) ✓ 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I  $\square$ Check if the organization used Schedule O to respond to any question in this Part I 3901 1 Contributions, gifts, grants, and similar amounts received . . . . . 2 2 Program service revenue including government fees and contracts 69364 3 3 4 4 5a Gross amount from sale of assets other than inventory . . . . b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 447 of contributions 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 Less: direct expenses from gaming and fundraising events . . . 717 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract -271 6d . . . . . . . . . . . . . . . . . . Gross sales of inventory, less returns and allowances . . . 7a 7a 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 73005 9 10 8108 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members . . . . . . Salaries, other compensation, and employee benefits . . . 12 12 Professional fees and other payments to independent contractors . 13 13 14 14 Occupancy, rent, utilities, and maintenance . . . . . 239 15 15 Printing, publications, postage, and shipping. 64121 Other expenses (describe in Schedule O) . 16 16 17 72468 17 Total expenses. Add lines 10 through 16. 537 18 18 Assets 19 end-of-year figure reported on prior year's return) 19 6230 20 739 Other changes in net assets or fund balances (explain in Schedule 0 20 7506 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

ogs

Cat No. 106421

Form 990-EZ (2011)



Par	•	•	aatian in thia	David II		
	Check if the organization used Schedule	O to respond to a	ly question in this	(A) Beginning of year	<del></del>	(B) End of year
22	Cash, savings, and investments			6230	22	7506
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			739	24	
25	Total assets			6969	25	7506
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	6969	27	7506
Part		•		•		Expenses
	Check if the organization used Schedule					quired for section
What	is the organization's primary exempt purpose?	To improve Internat	onal Understanding			(c)(3) and 501(c)(4) anizations and section
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the ach program title.			494	7(a)(1) trusts; optional others)
28	Provide Funding to help improve literacy in local ad	ult community				
	(Grants \$ 3024) If this amount	includes foreign gra	ints check here	▶ □	288	3024
29	Provide Funding to promote youth development		into, check here .			
			*			
		includes foreign gra	ints, check here .	▶ 🗆	298	948
30	Provide funding to promote youth leadership					
	(Grants \$ 2738) If this amount	unaludas foreign gra	into chock horo		30a	2738
	(Grants \$ 2738) If this amount Other program services (describe in Schedule O)		ints, check here .	<u> </u>	302	2/30
	(Grants \$ 1398) If this amount		nts check here	▶ □	318	1398
	Total program service expenses (add lines 28a t				32	<del></del>
Part					nstr	ections for Part IV.)
	Check if the organization used Schedule					🗆
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-			Estimated amount of other compensation
Art C	alvo	President, 7				
Victo	ria, TX			0	0	0
	Boldt	President Elect,2				
	ria, TX		· · · · · · · · · · · · · · · · · · ·	0	0	0
	Hounshell	Vice President, 2				0
	ria, TX ruman			0	<u> </u>	0
	ria, TX	Secretary,4		0	0	0
	Bailey	Treasurer,6			╁	
Victo	ria, TX	i i easurer,o	ı	o	0	0
Chris	Selkop	Sergeant at Arms,2				
Victo	ria, TX		1	0	0	0
Clara	Prater	Director,1				
	ria, TX			<u> </u>	0	0
	n Speckels	Director,1				
Victo John	ria, TX	<del> </del>		0	0	0
	ria, TX	Director,1			0	0
	r Welder	Pi		<del></del>	+	
	ria, TX	Director,1		,	0	0
	Zawadzki	Director,1		<u> </u>	+	
	ria, TX				0	0
	is Brown	Director,1				
Victo	ria. TX	]			0	0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used schedule of to respond to any question in this	rait	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		1
35 <sub>a</sub>	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		1
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		1
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		<b>✓</b>
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			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b		, , ,	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶;			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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		<b>✓</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	,		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		:	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶  Telephone no. ▶			
b	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	1
	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 the U.S.?	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □
			Yes	No
	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>✓</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		<b>√</b>
	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
4E -	explanation in Schedule O	44d		1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<del>                                     </del>
<b>→UD</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)	45b		
		1-70		

orm 99	0-EZ (2011)			•		ı	Page 4
						Yes	No
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndırectly, in political o complete Schedule (	campaign activities on	behalf of or in opposi	tion		
Part							<b>.</b> ✓
	501(c)(3) organizations and sect						
	and 52, and complete the tables						
	Check if the organization used So	hedule O to respond	to any question in t	nis Part VI	<u></u>	· · ·	
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during the	tax	Yes	No
••	year? If "Yes," complete Schedule C, Par					,	1
48	Is the organization a school as described i					3	1
49a	Did the organization make any transfers	-	_		_		<b>↓</b> ✓
50	If "Yes," was the related organization a s Complete this table for the organization's						d ke
50	employees) who each received more than						
	(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estima	tod ama	unt of
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred		ompensa	
				compensation			
		{					
							· ····
			<u> </u>				
		,					
							-
		<u> </u>	L			_	
	Total number of other employees paid ov					al	_ 41
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors who each	i receive	a more	e tnar
(9)	Name and address of each independent contractor pa		(b) Type of serv	ice (c	Compens	etron	
	Table and address of each independent contractor pr	and more than \$100,000	(5) 1900 01001				
		. <u> </u>	<del>                                     </del>				
<b>-</b>			•				
		·	-				
<del></del>							
			<u> </u>				
	Total number of other independent contr	actors each receiving	over \$100.000	<b>&gt;</b>			
d	Did the organization complete Schedule						

	• • •	dule A? <b>Note</b> : All section 501(c)(3) ttach a completed Schedule A	_		Yes 🛭 No
		ed this return, including accompanying scheo her than officer) is based on all information of			nowledge and belief, it is
Sign Here	Signature of officer  Robert J. Bailey - Treasurer Type or print name and title			Date Date	2012
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check self-employ	·· [
Use Only				Firm's EIN ▶	
000 0,	Firm's address ▶			Phone no	
May the IR	S discuss this return with the pre	eparer shown above? See instruction	ons	<u>.</u> . l	Yes 🗌 No

Schedule of Membership Dues and Assessments	and Assessments	Schedule for Printing, Publications, & Postage	itions, & Postage	
Dues Initiation Fees	9,511.33	Postage	79.20	
Meals	56,645.69	P.O. Box Rental	90.06 70.00	
Paul Harris Donations	2,907.00		239.20	
	69,364.02			7
		Schedule of Other Expenses		
Schedule of Investment Income		District Conference	0.00	
		District Govenor Visit	592.39	
IBC Bank Savings	11.43	Rotary Dues	8,207.43	
		Meals	51,285.11	
	11.43	Supplies	1,152.57	
		Web Site Expenses	379.61	
		Officer Installation	348.19	
Contributions/Gifts/Grants or Si	imilar	Officer Training	1,313.98	
		Service Charges	11.42	
	893.35	T-Shirt Sales	36.00	
	446.68			
	446.68			
	717.35	Health A Rama	254.07	
	-270.68	Outstanding Citizen Award	135.04	
	0.00	Early Act	405.03	
-	947.52			
	0.00			
	2,777.15			
	3,900.67		64,120.84	
				7

l

### **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.

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 74 6070115 **Rotary International of Victoria** Explanation of Grants detailed in attachment to schedule O Form 990-EZ Line 20: \$739 accounts receivable outstanding not reported on 2010 return in error.

# Attachment to Schedule O

Schedule for Grants and Similar Accounts		
Class	Name & Address	Amt. Given
Payment to enhance educational opportunity Diviversity 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 Payment to victims of hurrican in S. Texas Provide shelter for victims of family violence Payment to promote youth development Payment to enhance educational Polytoria, TX Payment to enhance educational provide, TX Payment to promote adoption of foster childrer South Texas Zoological Society, Victoria, TX St. Joseph High School, Victoria, TX Shelter Box USA, Lakewood Ranch, FL Shelter Box USA,	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	2,738.40 0.00 3,023.50 786.35 612.50 0.00 947.52 8,108.27