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# Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

**2008**

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization

ROTARY CLUB OF EL PASO

Number and street (or P O box, if mail is not delivered to street address) | Room/suite

200 SOUTH ALTO MESA

City or town, state or country, and ZIP + 4

EL PASO, TX 79912

**D** Employer identification number

74-0871805

**E** Telephone number

915-833-6616

**F** Group Exemption Number ▶ 0573

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

**Website** ▶ WWW.CLUBRUNNER.CA/ELPASO

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

**Organization type** (check only one)— ☒ 501(c)( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 325,613.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | |
| | 2 | Program service revenue including government fees and contracts | | 2 | 77,875. |
| | 3 | Membership dues and assessments | | 3 | 139,305. |
| | 4 | Investment income | | 4 | 156. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐ | | | |
| | a | Gross revenue (not including $ _____ of contributions reported on line 1) | 6a 108,277. | | |
| | b | Less direct expenses other than fundraising expenses | 6b 66,309. | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | 41,968. |
| | 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 | |
| | 8 | Other revenue (describe ▶ _____) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | 9 | 259,304. |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) STMT 6 STMT 4 | | 10 | 93,426. |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 48,656. |
| | 13 | Professional fees and other payments to independent contractors | | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance SEE STATEMENT 5 | | 14 | 38,831. |
| | 15 | Printing, publications, postage, and shipping | | 15 | 6,010. |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 1 ) | | 16 | 136,298. |
| | 17 | **Total expenses** Add lines 10 through 16 ▶ | | 17 | 323,221. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | <63,917.> |
| | 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 | 123,244. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | 21 | 59,327. |

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## Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 151,306. | 22 | 110,019. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶ SEE STATEMENT 2 ) | 25,065. | 24 | 22,044. |
| 25 | **Total assets** | 176,371. | 25 | 132,063. |
| 26 | **Total liabilities** (describe ▶ SEE STATEMENT 3 ) | 53,127. | 26 | 72,736. |
| 27 | **Net assets or fund balances** (line 27 of column (B) must agree with line 21) | 123,244. | 27 | 59,327. |



5-5

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 11

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 9

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 28a 107,300.

29 SEE STATEMENT 10

(Grants $ 72,300. ) If this amount includes foreign grants, check here ▶ ☐ 29a 114,536.

30 THE SUN BOWL TEAM LUNCHEON SUPPORTS THE CLUB'S ANNUAL CHILDREN'S PARTY WHICH TREATS THOUSANDS OF HEAD START CHILDREN TO A HOLIDAY FIESTA AT THE EL PASO COLISEUM.

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 30a 34,896.

31 Other program services (attach schedule)

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 256,732.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| GREG HARTLY, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | PRESIDENT 3.00 | 0. | 0. | 0. |
| TOM GEORGES, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | PRESIDENT - ELECT 1.00 | 0. | 0. | 0. |
| NICK BINYON, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | VICE PRESIDENT - PROGRAMS 3.00 | 0. | 0. | 0. |
| TERRY SQUIER, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | VICE PRESIDENT - MEMBERSHIPS 3.00 | 0. | 0. | 0. |
| DEBBIE FALKNOR, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | SECRETARY 3.00 | 0. | 0. | 0. |
| RUSSELL SMITH, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | TREASURER 3.00 | 0. | 0. | 0. |
| RAY COX, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| LINDA EAST, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PAUL HAUPT, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JOHN MARTIN, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| SAM PAREDES, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| GEORGE CUDAHY, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| GAIL DARLING, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DAVID DICK, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| SANDI KAHN-CAPRENTER, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JOSEPH STRELITZ, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JEFF MINOR, 200 SOUTH ALTO MESA, EL PASO, TX 79912 | PAST PRESIDENT 1.00 | 0. | 0. | 0. |

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 35b | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | X |
| 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 unpaid at the start of the period covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40a | 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 | | | |
| b | Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | 40b | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | | |
| 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 | 40e | | X |

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ ARLENE CARRION Telephone no ▶ 915-833-6616

Located at ▶ 200 SOUTH ALTO MESA, EL PASO, TX ZIP + 4 ▶ 79912

| | | | Yes | No |
|---|---|---|---|---|
| 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)? | 42b | | X |
| | 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 ? | 42c | | X |
| | If "Yes," enter the name of the foreign country ▶ | | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | X |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 | Is the organization operating 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(s) a section 527 organization? | 49b | | |

50 Complete this table for the 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 |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $100,000 ▶ | | | | |

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

N/A

| (a) Name and address of each independent contractor paid more than $100,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over $100,000 ▶ | | |

**Sign Here**

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

▶ Signature of officer — Date 3/22/11

▶ President Greg HARTLEY
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ — Date 3/20/11 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ STOCKTON SCURRY & SMITH
4487 NORTH MESA ST., SUITE 110
EL PASO, TX 79902

EIN ▶

Phone no ▶ 915-566-9305

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

**2008**

Open To Public Inspection

Name of the organization: ROTARY CLUB OF EL PASO

Employer identification number: 74-0871805

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2 a 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

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. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

| | | (a) Event #1 CELEBRITY CHEF (event type) | (b) Event #2 (event type) | (c) Other Events NONE (total number) | (d) Total Events (Add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 108,277. | | | 108,277. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross revenue (line 1 minus line 2) | 108,277. | | | 108,277. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | 17,624. | | | 17,624. |
| | 6 Rent/facility costs | 18,271. | | | 18,271. |
| | 7 Other direct expenses | 30,414. | | | 30,414. |
| | 8 Direct expense summary. Add lines 4 through 7 in column (d) ▶ | | | | ( 66,309.) |
| | 9 Net income summary. Combine lines 3 and 8 in column (d) ▶ | | | | 41,968. |

**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 | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶ | | | | |

| | | Yes | No |
|---|---|---|---|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b If "No," Explain: | | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b If "Yes," Explain: | | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | | |
| 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? | 12 | | |

| | | | Yes | No |
|---|---|---|---|---|
| **13** Indicate the percentage of gaming activity operated in: | | | | |
| **a** The organization's facility | 13a | % | | |
| **b** An outside facility | 13b | % | | |

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

Name ▶ ARLENE CARRION

Address ▶ 200 SOUTH ALTO MESA - EL PASO, TX 79912

| | | | |
|---|---|---|---|
| **15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | |

**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:

Name ▶ _____

Address ▶ _____

**16** Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ 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? | 17a | | |
| **b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | |

FORM 990-EZ OTHER EXPENSES STATEMENT 1

| DESCRIPTION | AMOUNT |
|---|---|
| SUPPLIES | 700. |
| CONFERENCES | 6,981. |
| ADMINISTRATIVE EXPENSES | 5,645. |
| AUTO EXPENSE | 1,200. |
| MEETING MEALS | 62,908. |
| OTHER PROGRAM EXPENSES | 41,447. |
| PRESIDENTS FUND | 2,173. |
| MISCELLANEOUS EXPENSE | 15,244. |
| TOTAL TO FORM 990-EZ, LINE 16 | 136,298. |

FORM 990-EZ OTHER ASSETS STATEMENT 2

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| ACCOUNTS RECEIVABLE | 17,725. | 14,042. |
| OTHER DEPRECIABLE ASSETS | 7,340. | 8,002. |
| TOTAL TO FORM 990-EZ, LINE 24 | 25,065. | 22,044. |

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| DEFERRED REVENUE | 44,612. | 61,125. |
| DUE TO RI FOUNDATION & ROTARY EL PASO FOUNDATION | 3,603. | 4,553. |
| ROTARY LEADERSHIP INSTITUTE | 1,951. | 778. |
| OTHER | 2,961. | 6,280. |
| TOTAL TO FORM 990-EZ, LINE 26 | 53,127. | 72,736. |

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 4

| AFFILIATE'S NAME | AFFILIATES ADDRESS |
|---|---|
| ROTARY DISTRICT 5520 | 3265 ARROWHEAD RD, STE 200<br>LAS CRUCES, NM 88011 |

| PURPOSE OF PAYMENT | AMOUNT |
|---|---|
| DUES | 6,032. |

| AFFILIATE'S NAME | AFFILIATES ADDRESS |
|---|---|
| ROTARTY INTERNATIONAL | 1560 SHERMAN AVE<br>EVANSTON, IL 60201-3698 |

| PURPOSE OF PAYMENT | AMOUNT |
|---|---|
| DUES | 15,094. |

| | |
|---|---|
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | 21,126. |

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

| DESCRIPTION | AMOUNT |
|---|---|
| DEPRECIATION | 2,057. |
| OTHER EXPENSES | 36,774. |
| TOTAL TO FORM 990-EZ, LINE 14 | 38,831. |

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 6

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | DONEE'S RELATIONSHIP | AMOUNT |
|---|---|---|
| MATCHING GRANTS FOR ROTARY PROJECTS<br>ROTARY INTERNATIONAL FOUNDATION<br>1560 SHERMAN AVE<br>EVANSTON, IL 60201 | NONE | 4,300. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 4,300. |

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 7
APPROVED BUT NOT PAID BY FILING DEADLINE

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | DONEE'S RELATIONSHIP | AMOUNT |
|---|---|---|
| MEDICAL SCHOOL SCHOLARSHIP ENDOWMENT<br>TEXAS TECH UNIVERSITY HEALTH SCIENCES<br>4800 ALBERTA<br>EL PASO, TX 79905 | NONE | 68,000. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 68,000. |

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

WEEKLY MEETINGS OF ALL MEMBERS, MONTHLY MEETINGS OF NEW MEMBERS AND SPECIAL MEETINGS THROUGHOUT THE YEAR WHICH DEVELOP AND RECOGNIZE SERVICE TO THE COMMUNITY, ENCOURAGE HIGH ETHICAL STANDARDS AND ADVANCE UNDERSTANDING THROUGH FELLOWSHIP.

ACTIVITIES, SUPPORT AND SERVICES FOR YOUTH AND HEALTH CONSISTING OF: ROTARY YOUTH LEADERSHIP, HEAD START CHILDREN'S HOLIDAY FIESTA, EXCHANGE STUDENTS, STUDENT RECOGNITION, GRANTS TO ROTARY INTERNATIONAL FOUNDATION, FUNDING FOR TEXAS TECH UNIVERSITY HEALTH SCIENCES MEDICAL SCHOOL SCHOLARSHIP ENDOWMENT

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE, TO ENCOURAGE HIGH ETHICAL STANDARDS, SERVICE TO COMMUNITY AND UNDERSTANDING.