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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)

OMR No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2008 calendar year, or tax year beginning 7/1/2008 and ending 6/30/2009 Please D Employer identification number В Check if applicable C Name of organization **ROTARY INTERNATIONAL** USA IRS Address change Doing Business As PASADENA ROTARY CLUB 74-1183762 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 281-487-2249 P.O. BOX 1932 Specific Termination City or town, state or country, and ZIP + 4 Instruc-PASADENA 77501-1932 G Gross receints \$ 118.724 TX Amended return tions Application pending Х Name and address of principal officer H(a) is this a group return for affiliates? KEN HAESLY. PRESIDENT 4111 FAIRMONT PKWY #103A, PASADENA H(b) Are all affiliates included? If "No." attach a list, (see instructions) Tax-exempt status 501(c) (4) < (insert no) 4947(a)(1) or Website: ▶ www pasadenarotary5890.org H(c) Group exemption number L Year of formation Corporation Trust X Association Other > M State of legal domicile K Type of organization 1936 TX Part I Summary Briefly describe the organization's mission or most significant activities. The mission of the Pasadena Rotary Club is to enable Rotarians to advance community and world understanding, goodwill and peace, throught the improvement of health, the support of education, and the elimination of poverty. Our most significant activities include distribution of dictionaries to all Activities & Governance third graders in our community, and contributions to local charities to improve health and education. Check this box | | | | if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a). 13 13 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) 6 144 Total gross unrelated business revenue from Part VIII, line 12, column (C) 9,700 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 5,164 57,394 Contributions and grants (Part VIII, line 1h). 8 9 Program service revenue (Part VIII, line 2g) 121,490 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 126,654 118.724 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,173 13,526 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 116,061 110,043 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13–17 (must equal Part IX, column (A) (line 25)) 129,234 123,569 18 19 Revenue less expenses Subtract line 18 from line 12 -2.580-4.845 OS Beginning of Year End of Year JUN **2 1**. 2010 20 Total assets (Part X, line 16) 1,574 3,298 Ŗ 21 Total liabilities (Part X, line 26) . 6,569 -3,271 Net assets or fund balances. Subtract line 21 from line 1.574 Signature Block 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 **⊋**Here JÁCKIE BARMORÉ Type or print name and title Date Check if Preparer's identifying number Preparer's signature (see instructions) Paid employed Preparer's Firm's name (or yours EIN Use Only if self-employed), address, and ZIP +

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Ρā	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
•	To enable Rotarians to advance community and world understanding, goodwill and peace.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
-	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
~	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 94,914 including grants of \$ 0) (Revenue \$ 114,200)
	GENERAL OPERATIONS - WEEKLY LUNCHEON MEETINGS USED TO CONDUCT THE
	EXEMPT OPERATIONS OF THE CLUB
•	
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
•	
4b	(Code:) (Expenses \$ 4,763 including grants of \$ 0) (Revenue \$ 4,523)
	COMMUNITY SERVICE - THE CLUB FUNDS VARIOUS LOCAL COMMUNITY NON -
	PROFIT ORGANIZATIONS AND PROJECTS
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

	•••••••••••••••••••••••••••••••••••••••
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► \$ 99.677 (Must equal Part IX, Line 25, column (B).)

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D. Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	-		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
••	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	ا ۱		.,
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24-		v
a		24c		<u>х</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d	\vdash	^
2Ja	disqualified person during the year? If "Yes," complete Schedule L, Part I	250		Х
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		
Ų	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х

Part IV Checklist of Required Schedules (continued)

			-	
•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			4.
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If</i> "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	37		x

Form **990** (2008)

Par	V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		i A		
	U.S. Information Returns. Enter -0- if not applicable	1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		na -	
C	Did the organization comply with backup withholding rules for reportable payments to vendors a	and reportable	1 4000		İ
	gaming (gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		: 3 10.1 (c)	
	Statements, filed for the calendar year ending with or within the year covered by this return.	2a 1		3 5 5 7 7 8 3 5 5 8 8	ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	x returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return			2.00	, ,
	instructions)	(- (4)	7	, ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year of	covered by			
-	this return?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	X	,
4a	At any time during the calendar year, did the organization have an interest in, or a signature or				
	over, a financial account in a foreign country (such as a bank account, securities account, or other				l
	account)?		4a		Х
ь	If "Yes," enter the name of the foreign country:		W-5-1-4	36,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	reign Bank	13.77		
	and Financial Accounts.	reign bank	75.1	测量的模	4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	aar?	5a	6	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax ye		5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt		30		
С	Regarding Prohibited Tax Shelter Transaction?	=	5c	1	l
6.			6a		Х
6a	Did the organization solicit any contributions that were not tax deductible?		ba		<u> </u>
Ь	gifts were not tax deductible?	andulions of	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			1.	÷
7	Did the organization provide goods or services in exchange for any quid pro quo contribution of	more then	112.4	٧	5
а	A==0	more man	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which		10		
C	required to file Form 8282?	II II Was	7c		Х
_	Andrew Maria Company and the C	7d	76	3773	^
	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums of the organization.		down Tille for	, Bay Cal	, "
е	h = = \$1 = = = 40		7-		Х
£	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7e 7f		x
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ				
g			7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1 required?		7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a				- 1∰1
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by		, d	\$ *	da
		,	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				<u>^</u>
			9a		X
a	Did the organization make any taxable distributions under section 4966?		9b		$\hat{\mathbf{x}}$
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	4 (,	}	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10a		``. _} .]	
	·	ו טטו		[]	
11	Section 501(c)(12) organizations. Enter:	440	1 1823		
a	Gross income from members or shareholders	11a	155	· ,,,~ ·]	
b	Gross income from other sources (Do not net amounts due or paid to other sources	446	, \ 4 * \ 2 ^ *	{	
42-	against amounts due or received from them.)	11b	122		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	- 	X
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b	L	ν ⁴ ,	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

<u> </u>	ion A. Governing Body and Management			
	,		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the	, ,		
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			l
b	Enter the number of voting members that are independent		ان رؤر ر	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	లణానా . ఈ. 4	rut,"	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
, a	of the governing body?	7a		Х
L	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
b		70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			e 1
,	the year by the following:	_	,	b. #1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		_X_
Sect	ion B. Policies			
			Yes	No
I2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done ,	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	.₩.`-, ¥	· 1	+-
		7 1 1 1/2 4	, ,	.
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)	N. netect	19" b %.	-g
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u>,</u> ,]	n 1
	with a taxable entity during the year?	16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	74.	Academia	
~				₩ (2
	the organization's exempt status with respect to such arrangements?	16b		لــــــــا
Sect	ion C. Disclosure	. 55		
17	List the states with which a copy of this Form 990 is required to be filed TX			•
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nlv)		
. •	available for public inspection. Indicate how you make these available. Check all that apply.	· '' <i>'</i>		
	Own website Another's website X Upon request			
19		ct		
7	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesponding and financial statements excitable to the public	: 5 l		
	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► JACKIE BARMORE 281-487-224	y		
	3525 PRESTON AVE. , PASADENA, TX 77505			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated
•	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
WAYNE LONG DIR	1	. x						0	0	0
SHERRY GRAY DIR	1	. x						0	0	0
KEN UNFRIED DIR	1	x						0	0	0
PAUL COVELL DIR	1	x						0	0	0
HOLLY WILLIAMSON DIR	1	. x						0	0	0
WAYNE LONG DIR	1	. x						0	0	0
LEE CLARK VP	1	х						. 0	0	0
JAMES GUTHRIE DIR	1	. x						0	0	0
KEN HAESLY PRES	3			х				0	: 0	0
DAN STELL PAST PRES	1			x				. 0	0	0
MARK FIFIELD V.P.	1			x				0	0	0
JACKIE BARMORE TREAS	2			x				0	o	0
DANA PHILIBERT SEC	1			X				0	0	0
NOLAN ALLEN VP	1			х				0	0	0
	0							0	0	0
	0							0	_0	0
	0							0	0	0

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A)	(B) (C)							(D)	(E)	(F)
	Name and title	Average	Po	sition			nat ap		Reportable	Reportable	Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		0.							0	0	_ 0
		0							0	0	0
		0							0	0	
		0.							0	0	c
		, O.							0	0	c
		0.			_	_			0	0	c
		0.							0	0	c
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		0.				_			0	0	
		0.				_			0	0	c
41.	T-4-1	0.						Ļ	0	0	0
1b	Total	<u> </u>		· · ·				. ►	0	0	C
2	Total number of individuals (including those organization ▶ 0	in Ta) who rece	eivea	mor	e ina	an Þ	100,0	וו טטנ	i reportable con	npensation from	tne
	organization > 0									-	Yes No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci							-	st compensated		3 X
4	For any individual listed on line 1a, is the su									-3	" (, a, D,
•	the organization and related organizations g	reater than \$15								uch 🌯	4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You									Š	
Sec	tion B. Independent Contractors	50, CO.I.P.O.C				000.					<u> </u>
1	Complete this table for your five highest cor compensation from the organization.	npensated inde	pend	lent d	contr	acto	rs th	at re	ceived more tha	n \$100,000 of	
	(A) Name and business a	ddress							(B) Description of serv	rices ((C) Compensation
											0
								_			0
							_				0
								\vdash			0
2	Total number of independent contractors (in compensation from the organization	cluding those ir		vho r	ecei	ved	more	thai	1 \$100,000 in		make the single section sign

Par	t VIII	Statement of Revenue							
		And the state of t				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	a de raine. Se raine de mais	Salaha Sa		ا م د			revenue	10101100	512, 513, or 514
इंद इंद	1a	Federated campaigns	[1a	0	,		, ' ,	
필	b	Membership dues	. [lb	52,871				
s, g	С	Fundraising events	[1c	0		**		
ar a	d	Related organizations		1d	0	*	r s vetilitä ja		
8, E	е	Government grants (contributions)		1e	0	* *	***		
P is	f	All other contributions, gifts, grants,				,			
是 是		similar amounts not included above		1f	4,523		ئىلىمى ئى ئىلىدى ئى ئىلىمى ئىلىدى ئىلىد		
<u> </u>	a	Noncash contributions included in I	_		0				
Contributions, gifts, grants and other similar amounts	ŭ	Total. Add lines 1a-1f				57,394	80 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×		
					Business Code	13 1 % et al 8.			Andreas Control
Program Service Revenue	2a	LUNCHES				43,010	43,010	**************************************	
ě	Ь	BANQUETS				7,966			
8	c	ADVERTISING				9,700		9,700	
2	d	CLUB SHIRTS				54	54		
S	e	DISTRICT MEETINGS				600			
E	f	All other program service revenue				0			
5	"	Total. Add lines 2a–2f				61,330		in the same of the same	i was a secon
	3	Investment income (including divide				0.,000	4 90 1 00 1 00 1 V	, ser 297 ma var so	7 18 100 20 102
	"	other similar amounts)				0			
	4	Income from investment of tax-exer				0			
	5	Royalties	-	•				 -	
	"	Royalles	(ı) F		(ii) Personal	<u> </u>		تُربين أن ال	Carrier and Market
•	6a	Gross Rents	<u> </u>	cai	(ii) i cisonai				TANKE OF BERNE
	b	Gross Rents			-		m		S
	1 -	-		0	0	* 2 4 2 3 .	3		
	C	Rental income or (loss)	L				<u> </u>	<u> </u>	17.5
	d	Net rental income or (loss) Gross amount from sales of	() 500		 	U	,		
	7a		(ı) Sec	-	(II) Other	4	************************************		
	۱ .	assets other than inventory .		0	0			. Life i teste t	in the second
	b	Less: cost or other basis		_		1 1	a sa se ciri de com .		The second secon
	١.	and sales expenses		<u> </u>		# 1 m } %	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	First Ass	
	C	Gain or (loss)	L				4, 4 M + 1	\$	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	d	Net gain or (loss)			· · · · •	0	J (, 1, 6.4.)	element arb es	Carlori o e e
e	8a	Gross income from fundraising	^			,			
e u		events (not including \$	9				, , , , , ,		
Š		of contributions reported on line 1c)		_	_				
Other Revenue	۱ .	See Part IV, line 18			<u> </u>	a de est mage engre skr			
靠	b	Less: direct expenses			<u>_</u>	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	Se Se a marie a describerate	Age of the second way is the
0	C	• •	•			U		L. Go, ex 1 marge, There is	₹#(#, \# ° \$ }#
	9a	Gross income from gaming activitie		_		W 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المراجع		
	۱ .	See Part IV, line 19				4.5 4.5 1.4	母如此二岁间	n start of Arm	
	b	Less: direct expenses		b			or on he a series	CONTRACTOR	174° "Y"
	C .	Net income or (loss) from gaming a	ictivities .		<u> </u>	0			3.2.
	Tua	Gross sales of inventory, less					**		
	١.	returns and allowances		а	0			and the same and	
	Ь	Less: cost of goods sold		. b	0		, , , , , ,		1 2 2
	<u> </u>	Net income or (loss) from sales of in	nventory	· ·	-	0			
		Miscellaneous Revenue			Business Code	` '	8	s to Salar	; <u>,</u> u
	11a					0			
	Ь					0			
	C					0			
	d	All other revenue				0		, <u></u>	
	е	Total. Add lines 11a–11d				0		L of Red	: ۲۰۰
	12	Total Revenue. Add lines 1h, 2g, 3	s, 4, 5, 6d	, 7d, 8c	,	440 =0.1	51 630		_
		9c 10c and 11e				118 724	51630	9 700	. n

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colum	n (A) but are not re	quired to complete	columns (B), (C), a	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			and the state of t	h, or an art despite to the same later
•	organizations in the U.S. See Part IV, line 21			The second secon	
2	Grants and other assistance to individuals in		-	一	
_	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	l 0		1 A A & M. H. BANK	
4	Benefits paid to or for members	0		A 4 17, 18, 18	
5	Compensation of current officers, directors,				
	trustees, and key employees	l o			
6	Compensation not included above, to disqualified	-			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l 0			
7	Other salaries and wages	12,500	6,250	6,250	
8	Pension plan contributions (include section 401(k)	12,000	0,200	5,255	
-	and section 403(b) employer contributions)	l o			
9	Other employee benefits	0			· · -
10	Payroll taxes	1,026		513	· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):	,,525			
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0	W & W W T T		
f	Investment management fees	O	<u></u>		
g	Other	0			
12	Advertising and promotion	6,919	6,919		
13	Office expenses	1,460		910	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	18,000	18,000		
17	Travel	0			_
18	Payments of travel or entertainment expenses				_
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,122	3,122		
20	Interest	0			
21	Payments to affiliates	0	0	0	. 0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	450		450	
24	Other expenses. Itemize expenses not				41.
	covered above. (Expenses grouped together				Free Part of the Control of the Cont
•	and labeled miscellaneous may not exceed		*	一多好的物理	
	5% of total expenses shown on line 25 below.)	* 8.40 8 ° 8 ° 1	, * * * * *	\$ 17 \$ - 1 1 \$	
а	Lunches	46,078	46,078		
b	Banquets	11,348	11,348		
C	Flags, pins, gifts, plaques	2,134	2,134		
d	International Dues	9,569		9,569	
е	District Dues	6,200		6,200	
f	All other expenses Contributions to non-profit orga	4,763	4,763		
<u> 25 </u>	Total functional expenses. Add lines 1 through 24f	123,569	99,677	23,892	0
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
'	educational campaign and fundraising				
	solicitation				

Page **11**

P 8	ilite	Balance Sneet	(A)	Γ -		(B)			
			Beginning of year		En	d of year			
	1	Cash-non-interest-bearing		1			3,298		
	2	Savings and temporary cash investments	-	2		·			
	3	Pledges and grants receivable, net	0	3	1	•	0		
	4	Accounts receivable, net	0	4			0		
	5	Receivables from current and former officers, directors, trustees, key							
	Ĭ	employees, or other related parties. Complete Part II of Schedule L .	. o	5			0		
	6	Receivables from other disqualified persons (as defined under section		7	20.24		•		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	The second secon				w. K.,		
		Part II of Schedule L	O	6			0		
\$3	7	Notes and loans receivable, net	. 0	7			0		
Assets	8	Inventories for sale or use		8					
Ä	9	Prepaid expenses and deferred charges		9					
	10		0	# t * ~ * 200 x			. 		
	ŧ	Less: accumulated depreciation. Complete		SHA		77.75	inga a		
		Part VI of Schedule D	o o	10c			0		
•	11	Investments-publicly traded securities	0	11			0		
	12	Investments-other securities. See Part IV, line 11	O	12			0		
	13	Investments-program-related. See Part IV, line 11	0	13			0		
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	0	15			0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,574	16			3,298		
	17	Accounts payable and accrued expenses		17			6,569		
	18	Grants payable		18					
	19	Deferred revenue							
	20	Tax-exempt bond liabilities	1		0				
S	21	•	Escrow account liability. Complete Part IV of Schedule D						
Liabilities	22	Payables to current and former officers, directors, trustees, key	and there is the state of the s	i gallanda t	Service P	ion Mic	1 %		
abi		employees, highest compensated employees, and disqualified					, · ×		
		persons. Complete Part II of Schedule L	O				0		
	23	Secured mortgages and notes payable to unrelated third parties	0	23			0		
	24	Unsecured notes and loans payable		24			0		
	25	Other liabilities. Complete Part X of Schedule D	0	25			0		
	26	Total liabilities. Add lines 17 through 25	0	26			6,569		
		Organizations that follow SFAS 117, check here ▶ X and		2.27		, d			
es es		complete lines 27 through 29, and lines 33 and 34.			And State	All particular of a			
Ĕ	27	Unrestricted net assets	1,574	27	B-4 - 3 - 2 2 2 1 1 1	Aged 64 ' 14	3,298		
or Fund Balanc	28	Temporarily restricted net assets	1,574	28			0,230		
8	29	Permanently restricted net assets		29					
5			7	, i,		٠ ا	v. 1		
<u>_</u>		Organizations that do not follow SFAS 117, check here ▶					1 19 ₁₄		
g		and complete lines 30 through 34.	1 1 5 5	L	1 1/3				
Net Assets	30	Capital stock or trust principal, or current funds		30	ļ				
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
ē	32	Retained earnings, endowment, accumulated income, or other funds .		32					
Z	33	Total net assets or fund balances					3,298		
	34	Total liabilities and net assets/fund balances	. 1,574	34	l		9,867		
Pa	rt XI	Financial Statements and Reporting			_	T.,	T		
	_				<u> </u>	Yes	No		
1			ccrual Other		<u> </u>	 	 		
2		Vere the organization's financial statements compiled or reviewed by an in					 		
		Vere the organization's financial statements audited by an independent a				-	X		
•		"Yes" to lines 2a or 2b, does the organization have a committee that ass							
_1		udit, review, or compilation of its financial statements and selection of an			. 20	:	 		
3		as a result of a federal award, was the organization required to undergo at			1 _				
		•					X		
	<u> </u>	"Yes," did the organization undergo the required audit or audits?	<u> </u>	• • •					
		•				Form 99 () (20		

Form 8868

(Rev' April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service	_		
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			. ▶□
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II Do not complete Part II unless you have already been granted an automatic 3-month extension 			0060
		ilea Foitti	0000.
	•		
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check Part I only	this box and con	nplete 	▶□
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7	004 to request a	n extensio	on of
time to file income tax returns.	,		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month a			to file one
of the returns noted below (6 months for a corporation required to file Form 990-T). However, you			
electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms			
returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed			
Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click or			
Type or Name of Exempt Organization	Employer iden	tification r	number
print ROTARY INTERNATIONAL PASADENA ROTARY CLUB	74-1183762		
File by the due date for P O BOX 1032			
filing your			
	TX	77501 10	22
FAGADENA	1/	<u>77501-19</u>	
Check type of return to be filed (file a separate application for each return):			4700
X Form 990 X Form 990-T (corporation)			4720
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form	5227
Form 990-EZ Form 990-T (trust other than above)		Form	6069
Form 990-PF Form 1041-A		Form	8870
	'		
 The books are in the care of	7505		
Talanhara Na - N 004 407 0040 - FAV Na - N 004 407 4070			
Telephone No. ► 281-487-2249 FAX No. ► 281-487-1678			►X
• If the organization does not have an office or place of business in the United States, check this			this
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
is for the whole group, check this box	DOX ▶	and a	attach a
list with the names and EINs of all members the extension will cover.	-		
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) exte			
until2/15/2010, to file the exempt organization return for the organizati	on named above	The exte	ension
is for the organization's return for			
calendar year or			
► X tax year beginning 7/1/2008 , and ending	6/30/2009		
		_	
2 If this tax year is for less than 12 months, check reason. Initial return Final return	n Change	in accoun	ting period
2 a lifetha annilization in far Form 000 PL 000 PF 000 T 4700 0000 4 45 4 4 4 5		 	
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	۱ ,		
less any nonrefundable credits. See instructions.	3	a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated to	I	h e	
payments made Include any prior year overpayment allowed as a credit.	3	b \$	
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required the part with ETD courses or if required by using EETDS (Flortropic Foderal Tay Payment).	eu,		
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	<u> </u>	c \$	0
System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 84			0
for payment instructions.	JJ-LO AND FORM	00/8-EU	•
Tot paymont monutations.		0000	

Form	8868 (Rev	v 4-2009)			Pag	e 2
• If	you are	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II ar	nd check this b	OX .		╗
		complete Part II if you have already been granted an automatic 3-month extension on a	previously filed	Forr	m 8868.	_
• If	you are	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Pai	rt II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies nec	eded).	
Туре	е ог	Name of Exempt Organization	Employer ic	entifi	ication number	<u></u>
print	t	ROTARY INTERNATIONAL PASADENA ROTARY CLUB	74-1183762	<u> </u>		
File by		Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use	only		_
extend due da		P.O. BOX 1932	. 1	_		
filing th	10	any) to me at post amost amost and an about it is a foreign data about the discount.	The har and it was the best of the	¥ +;		~37
retum instruct	See tions	PASADENA TX 77501-1932		T.		
Che	ck type	of return to be filed (File a separate application for each return):				
X	Form 99	90 Form 990-PF Form 1041-A	F	orm	6069	
=	Form 99		=		8870	
=			Ц,	OHIII	0070	
<u>ш</u>	Form 99	90-EZ Form 990-T (trust other than above) Form 5227				
		t complete Part II if you were not already granted an automatic 3-month extension on a previ			68.	
• T	he book	is are in the care of JACKIE BARMORE 3525 PRESTON AVE. PASADENA TX 77	505			
		ne No. ▶ 281-487-2249 FAX No. ▶ 281-487-1678		_		_
• If	the orga	anization does not have an office or place of business in the United States, check this bo	X	•	▶⊅	╗
• If	this is fo	or a Group Return, enter the organization's four digit Group Exemption Number (GEN) _			If this is	_
		e group, check this box	▶	and	l attach a	
		names and EINs of all members the extension is for.		,		
4		est an additional 3-month extension of time until 5/15/2010				—
5	_		ending	6/3	0/2009	
6		F	Change in			- '
7		in detail why you need the extension More time is requested to acquire all information n				
•		e an accurate return.	eeded to com	biere		
	ariu iii	e an accurate return.				
8 2	If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	 			—
U G		ny nonrefundable credits. See instructions.	. ا	a s	•	
h		application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			>	
		ated tax payments made. Include any prior year overpayment allowed as a credit and any	_	k ₁ -8 ¹		
_		nt paid previously with Form 8868.		b \$	<u> </u>	
C	ETD	se Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with the payment by using EFTPS (Electronic Federal Tax Payment System). See instructions		.	•	_
	1100		8	c \$	5	0
		Signature and Verification				
it is tru	penaities : ie, correct.	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the I and complete, and that I am authorized to prepare this form	sest of my knowled	ige and	d belief,	
					1 ;	
Signati	ure	achie Lamore Title - Seasurer	Date	▶ ;	2/13/20	10
			F	om 8	868 (Rev 4-2)	009)