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2009

Form **990-EZ**

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 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** 7/1/2008 **, and ending** 6/30/2009

B Check if applicable
- [X] 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 INTERNATIONAL DISTRICT 5890 INC

Number and street (or P O box, if mail is not delivered to street address): 3525 PRESTON AVE

Room/suite:

City, town, or country: PASADENA

State: TX

ZIP + 4: 77505

D Employer identification number: 74-2020519

E Telephone number: 281-487-2249

F Group Exemption Number ▶

- *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 [X] Accrual Other (specify) ▶

I **Website:** ▶ www.Rotary5890.org

J **Organization type** (check only one)— [X] 501(c) (4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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

K 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

L 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 ▶ $ 410,963

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	38,394
	2	Program service revenue including government fees and contracts		2	293,615
	3	Membership dues and assessments		3	76,175
	4	Investment income		4	2,779
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	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	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	410,963
Expenses	10	Grants and similar amounts paid (attach schedule)		10	63,063
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	10,738
	16	Other expenses (describe ▶ See attached statement)		16	283,995
	17	**Total expenses.** Add lines 10 through 16 ▶		17	357,796
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	53,167
	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	174,961
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	228,128

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	174,961	22	228,128
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	174,961	25	228,128
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	174,961	27	228,128

G5 3NP

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

What is the organization's primary exempt purpose? Facilitate the activities of 60 rotary clubs in Houston area

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 Community service through support of youth services organizations based in colleges (Rotaract) and high schools (Interact) (Grants $ 4,602) If this amount includes foreign grants, check here ▶ ☐	28a	552
29 International service through support of youth exchange programs for high school students to go to/from foreign countries for study and cultural immersion (Grants $ 98,685) If this amount includes foreign grants, check here ▶ ☐	29a	91,485
30 Leadership training program for youth (Grants $ 16,875) If this amount includes foreign grants, check here ▶ ☐	30a	14,323
31 Other program services (attach schedule) (Grants $ 173,453) If this amount includes foreign grants, check here ▶ ☐	31a	166,450
32 **Total program service expenses.** (add lines 28a through 31a) ▶	32	272,810

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
Name Rhonda Kennedy Str P O Box 417 City Sweeny ST TX ZIP 77480	Title DG Hr/WK 20.00	0	0	0
Name Jeff Tallas Str 9100 SW Freeway City Houston ST TX ZIP 77074	Title PDG Hr/WK 2 00	0	0	0
Name Barbara Franklin Str 53 Canyon Oaks Cr City Lake jackson ST TX ZIP 77566	Title Sec Hr/WK 5 00	0	0	0
Name Jackie Barmore Str 3525 Preston Ave City Pasadena ST TX ZIP 77505	Title Treas Hr/WK 10 00	0	0	0
Name John Painter Str 1 Thornhill Oaks City Houston ST TX ZIP 77015	Title Dir Hr/WK 5 00	0	0	0
Name D'Lisa Simmons Str 1702 Cranway Dr City Houston ST TX ZIP 77055	Title Dir Hr/WK 5 00	0	0	0
Name James Fagan Str 23115 Eastgate Villag City Spring ST TX ZIP 77373	Title Dir Hr/WK 5.00	0	0	0
Name Steve Harris Str 3425 Hwy 6 City Sugarland ST TX ZIP 77478	Title Dir Hr/WK 5 00	0	0	0
Name Terry Ziegler Str 7225 Cullen Blvd City Houston ST TX ZIP 77021	Title Dir Hr/WK 5 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .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		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 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 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 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	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 (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 ▶ _____			
d	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	40e		X

41 List the states with which a copy of this return is filed. ▶ _____

42 a The books are in care of ▶ Name Jacki Barmore Telephone no. ▶ 281-487-2249

Located at ▶ 3525 Preston Ave City Pasadena ST TX ZIP + 4 ▶ 77505

			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.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X

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		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
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
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

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."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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

▶ Jackie Barmore — Signature of officer — Treasurer

▶ Jackie Barmore — Type or print name and title — Date 05/14/2010

Paid Preparer's Use Only

Preparer's signature ▶	Date 5/15/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ NON PAID PREPARER			EIN ▶ Phone no ▶

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

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
Develop future rotary programs and provide leadership development to club officers and members	
(Grants and allocations $ 173,453) If this amount includes foreign grants, check here ☐	166,450
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
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(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
Total 173,453 Total	166,450

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	38,394
8		8	
9		9	
10		10	
11	Total	11	38,394

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	2,779
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	2,779

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Scholarship	Sabrina Singh		2915 Laurelridge Dr	League City	TX	77573	
2	Scholarship	Nitya Verma		Lone Star College	Kingwood	TX	77345	
3	Scholarship	Gwendolyn Seale		Austin College	Sherman	TX	75090	
4	Annual Fund	Rotary Foundation	X	1560 Sherman Ave	Evanston	IL	60201	
5	Community Improvement	Rotary Club of Herman Park	X	2618 Wichita St	Houston	TX	77004	
6	Education	Rotary Club of Pasadena	X	P O Box 1932	Pasadena	TX	77501	
7	Education	Rotary Club of Sweeney	X	304 N Main	Sweeney	TX	77480	
8	Education	Rotary Club of Eagle Lake	X	100 North Walnut	Eagle Lake	TX	77434	
9	Community Improvement	Rotary Club of Northshore	X	15055 E Freeway #A10	Channelview	TX	77530	
10	Community Improvement	Rotary Club of Alvin	X	1046 FM 517	Alvin	TX	77511	
11	Education	Rotary Club of Katy	X	20501 Katy Frwy, #217	Katy	TX	77494	
12	Education	Rotary Club of Rosenburg	X	2110 4th St	Rosenburg	TX	77471	
13	Community Improvement	Rotary Club of Willowbrook	X	17814 Running Brook Lane	Spring	TX	77379	
14	Community Improvement	Rotary Club of Baytown	X	P O Box 128	Baytown	TX	77522	
15	Education	Rotary Club of Braes Bayou	X	10423 S. Post Oak	Houston	TX	77004	
16	Community Improvement	Rotary Club of Space Center	X	P O Box 58862	Houston	TX	77258	
17	Education	Rotary Club of Bay City	X	P O Box 933	Bay City	TX	77404	
18	Education	Rotary Club Harrisburg	X	2323 Huldy	Houston	TX	77019	
19	Community Improvement	Rotary Club of Houston	X	2814 Quitman	Houston	TX	77026	
20	Education	Rotary Club of Danbury	X	P O Box 167	Danbury	TX	77534	
21	Education	Skyline Rotary Club	X	4505 Magnolia	Bellaire	TX	77401	
22								
23								

63,063 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
500	None	Cash	Scholarship					6/10/2009
500	None	Cash	Scholarship					6/30/2009
2,000	None	Cash	Scholarship					6/30/2009
30,331	Affiliate	Cash	Support of Rotary Projects					6/24/2009
2,000	Affiliate	Cash	Immunizations to low incom					12/15/2008
2,000	Affiliate	Cash	Dictionaries to 3rd Grade St					
1,500	Affiliate	Cash	Increase attendance at scho					
1,200	Affiliate	Cash	Lighthouse child developme					
2,000	Affiliate	Cash	Immunizations to low incom					
2,000	Affiliate	Cash	Hurricane Ike repairs					
1,500	Affiliate	Cash	Computers in Schools					
2,000	Affiliate	Cash	Dictionaries to elementary s					
405	Affiliaate	Cash	Barrier Free Playground Equ					
2,000	Affiliate	Cash	Adopt a Family Program					
1,866	Affiliate	Cash	Improve elementary school					
2,000	Affiliate	Cash	Children's Cancer Hospital					
2,000	Affiliate	Cash	Computers to Library					
1,261	Affiliate	Cash	Dictionaries to low income s					
2,000	Affiliate	Cash	Target Hunger					
2,000	Affiliate	Cash	Computers to Community C					
2,000	Affiliate	Cash	Dictionaries to Elementary S					

Part I, Line 16 (990-EZ) - Other Expenses 283,995

1	Travel, Meals and Entertainment		
	a Travel	1a	92,943
	b Total meals and entertainment	1b	278
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	185,305
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Banners, Pins, Gifts and Awards	11	4,977
12	Insurance	12	450
13	Bank Fees	13	42
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Form **8822**
(Rev December 2008)
Department of the Treasury
Internal Revenue Service

Change of Address

▶ Please type or print.
▶ See instructions on back. ▶ Do not attach this form to your return.

OMB No 1545-1163

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . . ▶ ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name ▶ Social security number

3a Your name (first name, initial, and last name)	**3b** Your social security number
4a Spouse's name (first name, initial, and last name)	**4b** Spouse's social security number
5 Prior name(s). See instructions	
6a Old address (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions	Apt no
6b Spouse's old address, if different from line 6a (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions	Apt no
7 New address (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions	Apt no

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
10 ☐ Business location

11a Business name ROTARY INTERNATIONAL DISTRICT 5890 INC	**11b** Employer identification number 74-2020519
12 Old mailing address (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions 5225 KATY FWY STE 303 HOUSTON,, TX 77007-2268786	Room or suite no
13 New mailing address (no , street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions 3525 PRESTON AVE PASADENA, TX 77505	Room or suite no
14 New business location (no , street, city or town, state, and ZIP code) If a foreign address, see instructions 3525 PRESTON AVE PASADENA, TX 77505	Room or suite no

Part III Signature

Daytime telephone number of person to contact (optional) ▶ 281-487-2249

Sign Here

▶ Jackie Barmore — 5/14/2010
Your signature — Date

▶ Jackie Barmore — 5/14/2010
If Part II completed, signature of owner, officer, or representative — Date

▶ DISTRICT TREASURER
Title

▶ If joint return, spouse's signature — Date

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8822** (Rev 12-2008)

(HTA)

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	ROTARY INTERNATIONAL DISTRICT 5890 INC	74-2020519
	Number, street, and room or suite no If a P O box, see instructions 3525 PRESTON AVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions PASADENA TX 77505	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 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 ▶ JACKIE BARMORE, CPA 3525 PRESTON AVE PASADENA TX 77505

Telephone No. ▶ 281-487-2249 FAX No ▶ 281-487-1678

- If the organization does not have an office or place of business in the United States, check this box . . ▶ [X]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and 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) extension of time until 2/15/2010, to file the exempt organization return for the organization named above The extension 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 [ ] Change in accounting period

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	ROTARY INTERNATIONAL DISTRICT 5890 INC		74-2020519
	Number, street, and room or suite no. If a P.O box, see instructions 3525 PRESTON AVE		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PASADENA TX 77505		

Check type of return to be filed (File a separate application for each return):

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JACKIE BARMORE, CPA 3525 PRESTON AVE PASADENA TX 77505
  Telephone No. ▶ 281-487-2249 FAX No. ▶ 281-487-1678
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [X]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . ▶ [ ]. If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15/2010

5 For calendar year _____, or other tax year beginning 7/1/2008, and ending 6/30/2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Jackie Barmore Title ▶ Treasurer Date ▶ 2/13/2010

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

- 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** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-*file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	ROTARY DISTRICT 5890 CHARITIES INC	76-0569758
	Number, street, and room or suite no If a P O box, see instructions 3525 PRESTON AVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. PASADENA TX 77505	

Check type of return to be filed (file a separate application for each return).

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 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 ▶ JACKIE BARMORE, CPA 3525 PRESTON AVE PASADENA TX 77505

Telephone No. ▶ 281-487-2249 FAX No. ▶ 281-487-1678

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☒
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box. . . . . ▶ ☐ and 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) extension of time until 2/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ 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 ☐ Change in accounting period

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	ROTARY DISTRICT 5890 CHARITIES INC	76-0569758
	Number, street, and room or suite no If a P O box, see instructions 3525 PRESTON AVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PASADENA TX 77505	

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JACKIE BARMORE, CPA 3525 PRESTON AVE PASADENA TX 77505
  Telephone No. ▶ 281-487-2249 FAX No. ▶ 281-487-1678
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [X]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

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6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Jackie Barmore Title ▶ Treasurer Date ▶ 2/13/2010