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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 **07/01**, 2008, and ending **06/30**, 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 INTERNATIONAL DISTRICT 5930

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

5866 S. STAPLES, SUITE 317

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

CORPUS CHRISTI, TX 78413

**D** Employer identification number

74-2503508

**E** Telephone number

(361) 980-1912

**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 ☐ Accrual  
Other (specify) ▶**I** Website: ▶ ROTARY5930.ORG**J** Organization type (check only one) - ☒ 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 ▶ \$ 208,178**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	102,286
	3	Membership dues and assessments	3	54,999
	4	Investment income	4	63
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 50,830 of contributions reported on line 1)	6a	50,830
	6b	Less: direct expenses other than fundraising expenses	6b	50,830
6c	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶ )	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	157,348	
Expenses	10	Grants and similar amounts paid (attach schedule) HUMANITARIAN GRANTS-HONDURAS	10	26,555
	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	1,798
	16	Other expenses (describe ▶ STATEMENT #1)	16	152,976
	17	Total expenses. Add lines 10 through 16	17	181,329
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(23,981)
	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	61,824
	20	Other changes in net assets or fund balances (attach explanation) A/R. WRITE-OFF	20	(12,361)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,482

**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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	49,424	25,482
23	Land and buildings		
24	Other assets (describe ▶ ACCOUNTS RECEIVABLE)	15,704	0
25	Total assets	65,128	25,482
26	Total liabilities (describe ▶ ACCOUNTS PAYABLE)	3,304	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	61,824	25,482

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

SCANNED JUL 15 2008

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✓

## Expenses

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

28a	102,286
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**29a**

30a

**31a**

32	102,286
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(e) Expense  
account and  
other allowances

BARRY LOBELL	TREASURER			
5866 S STAPLES #317, C.C., TX	10 HRS	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		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		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	NONE	
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	0	
b	Gross receipts, included on line 9, for public use of club facilities	0	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and (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		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		
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		X
41	List the states with which a copy of this return is filed	N/A	
42a	The books are in care of BARRY L. LOBELL, E.A. Telephone no (361) 980-1912 Located at 5866 S. STAPLES, SUITE 317, CORPUS CHRISTI, TX ZIP + 4 78413		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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		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	0
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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	Yes	No
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
Total number of other employees paid over \$100,000 ►				

(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 . . . ▶		

Signature of officer  
TREASURER  
Type or print name and title

Preparer's signature	<i>Barry L. Lobell E. A.</i>	Date	<i>5/17/10</i>	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)	458-04-7807
Firm's name (or yours if self-employed), address, and ZIP + 4	BARRY L. LOBELL, E.A. 5866 S. STAPLES, SUITE 317			EIN	74-2381331		
				Phone no	(361) 980-1912		

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

Form **990-EZ** (2008)

Department of the Treasury  
Internal Revenue Service

➤ **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.

2008

## Open To Public Inspection

ROTARY INTERNATIONAL DISTRICT 5930

74-2503508

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

- 2a** 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

- | (i) Name of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have<br>custody or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|--|---------------|--|----|--------------------------------------|---|---|
|  |               | Yes  | No |                                      |   |   |
|  |               |  |    |                                      |   |   |
|  |               |  |    |                                      |   |   |
|  |               |  |    |                                      |   |   |
|  |               |  |    |                                      |   |   |
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|  |               |  |    |                                      |   |   |
|  |               |  |    |                                      |   |   |
|  |               |  |    |                                      |   |   |
| <b>Total</b>                                     |               |  |    |                                      |   |   |

**Total** . . . . .

- [illegible]

**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 RAFFLE (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	50,830			50,830
	2 Less Charitable contributions . . . . .	32,996			32,996
	3 Gross revenue (line 1 minus line 2) . . . . .	17,834			17,834
Direct Expenses	4 Cash prizes . . . . .	1,299			1,299
	5 Non-cash prizes . . . . .	13,000			13,000
	6 Rent/facility costs . . . . .				0
	7 Other direct expenses . . . . .	3,535			3,535
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				( 17,834 )
9 Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶					0

**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 . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? . . . . .		
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .		
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .		
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? . . . . .		

**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 ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**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 ▶ \$



ROTARY INTERNATIONAL DISTRICT 5930

ID#74-2503508

STATEMENT 1 - OTHER EXPENSES FOR FORM 990EZ, LINE 16

BADGES, PINS, BANNERS	5633
STATIONARY, BUSINESS CARDS	485
BANK CHARGES	333
BANQUETS, MEETINGS & TRAINING	86094
TRAVEL EXPENSES	15347
GOVERNOR OPERATING EXPENSES	13148
ANNUAL THEME ATTIRE	780
ROTARY FOUNDATION CONTRIBUTIONS	11524
YOUTH EXCHANGE	16953
ADOPTION AWARENESS	1076
GROUP STUDY EXCHANGE	<u>1603</u>
TOTAL	<u><u>152976</u></u>