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➤ 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 \$500,000 and total assets less than \$1,250,000 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*

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009

B Check if applicable

Address change

└ Name change

Initial return

Terminated

Amended return

Application pending

**Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**

C Name of organization
Rotary International District 5650 INC

Number and street (or P O box, if mail is not delivered to street address)	Room/suite
6515 SALTGRASS ROAD	


City or town, state or country, and ZIP + 4
Lincoln, NE 68521

D Employer identification number

47-0658808

E Telephone number

(402) 477-6574

F Group Exemption
Number  0573

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

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

Website: www.rotarydistrict5650.org







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

J Tax-Exempt status (check only one)—☒ 501(c)(4) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 143,726

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	26,947
	2	Program service revenue including government fees and contracts	2	46,507
	3	Membership dues and assessments	3	51,570
	4	Investment income	4	1,654
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 		
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	6,939
	b	Less direct expenses other than fundraising expenses	6b	6,939
	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		
8	Other revenue (describe )	8	10,109	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	136,787	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	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	14,891
	14	Occupancy, rent, utilities, and maintenance	14	320
	15	Printing, publications, postage, and shipping	15	10,532
	16	Other expenses (describe )	16	111,996
	17	Total expenses. Add lines 10 through 16 	17	137,739
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-952
	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	62,587
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 	21	61,635

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43,351	22 57,105
23	Land and buildings		23
24	Other assets (describe  _____)	19,236	24 4,530
25	Total assets	62,587	25 61,635
26	Total liabilities (describe  _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	62,587	27 61,635

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER FIRST - THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, SECOND - HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY, THIRD - THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS, AND COMMUNITY LIFE, FOURTH - THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE			
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, and other relevant information for each program title			
28 The activities and organization of a Rotary district exist solely to help the individual Rotary club advance the Object of Rotary and should not diminish services provided by Rotary clubs and individual Rotarians (Grants \$ 26,947) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	137,739
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	137,739

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

Part V Other Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
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 outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ JAMES A MASTERA Telephone no ▶ (402) 477-6574 6515 SALTGRASS ROAD Located at ▶ LINCOLN, NE ZIP + 4 ▶ 68521		
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 .	Yes	No
		42b	No
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	No
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ	Yes	No
		44	No
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	Yes	No
		45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's 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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer: *****		Date: 2010-09-23	
Paid Preparer's Use Only	Type or print name and title: RICHARD ROWLAND GOVERNOR, ROTARY DISTRICT 5650			
	Preparer's signature: Barbara J Fajen	Date:	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions):
	Firm's name (or yours if self-employed), address, and ZIP + 4: SEIM JOHNSON SESTAK & QUIST LLP 8807 INDIAN HILLS DRIVE SUITE 300 OMAHA, NE 681144123			EIN:
				Phone no: (402) 330-2660
May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:
Software Version:
EIN: 47-0658808
Name: Rotary International District 5650 INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
RICHARD ROWLAND 10205 Seward Circle OMaha,NE 68114	District Governor 30 00	0	0	0
C Roger Carrell 10205 Seward Circle Omaha,NE 68114	District Governor Elect 5 00	0	0	0
J ROBERT PERRIN 10205 Seward Circle Omaha,NE 68114	District Governor Nominee 1 00	0	0	0
RICHARD L GALUSHA 10205 Seward Circle Omaha,NE 68114	DISTRICT GOVERNOR NOMinee 1 00	0	0	0
MARY GARRISON 10205 Seward Circle OMAhA,NE 68114	District Secretary 1 00	0	0	0
JAMES A MASTERA 10205 Seward Circle OMaha,NE 68114	District Treasurer 8 00	0	0	0

TY 2009 Other Assets Schedule

Name: Rotary International District 5650 INC

EIN: 47-0658808

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	19,236	4,530

TY 2009 Other Expenses Schedule**Name:** Rotary International District 5650 INC**EIN:** 47-0658808

Description	Amount
TRAINING AND SEMINARS	20,060
District Youth Exchange	10,792
Group Study Exchange	3,481
Conferences, Conventions & Meetings	29,127
Zambia Project Expense	500
District Public Relations Project Expenses	8,025
District ContributIONS	17,374
Committee Expenses	2,935
Miscellaneous	3,878
TRAVEL EXPENSES FOR OFFICERS	5,466
INFORMATION TECHNOLOGY	4,311
SUPPLIES	5,253
ROTARY AWARDS	794

TY 2009 Other Revenues Schedule

Name: Rotary International District 5650 INC

EIN: 47-0658808

Description	Amount
ROTARY INTERNATIONAL ALLOCATIONS	10,109

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: Rotary International District 5650 INC

EIN: 47-0658808

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.