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Form **990**

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)

OMB No. 1545-0047

2009

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

	For t	he 2009 calen	dar year,	or tax year beginning	7/01	, 20	009, and endin	g 6	/30		, 2010	
В	Check	if applicable:		C			_	-	D Employ	yer iden t	lication Number	
	\square	ddress change	Please use (RS label	ROTARY DISTRIC	T 5190				51-	0148	377	
	H,	lame change	or print or type.	200 LITTON DR					E Teleph	one num	ber	
	\mathbf{H}	nitial return	See specific	GRASS VALLEY,	CA 9594	5			530	-273	-6176	
	\vdash	ermination	instruc-									
	\vdash	mended return		ľ					G Gross	eceinte s	. 417	,586.
	-		E Name	and address of principal officer				H(a) is th	is a group retui			12.1
	∟,"	pplication pending	1	As C Above	•				ali affiliates inc		Yes	===
-	7-	k-exempt statu			4 20 \	4947(a)(1) or	527	If 'Ne	o,' attach a list	(see ins	tructions)	
!				RYDISTRICT5190		14347(0)(1) 01						
<u></u>									p exemption n		· 	
K		n of organization:	Corpor	ation Trust Assoc	oation Othe	H	L Year of Formati	ion:	nu :	State of I	eçal domicile.	
111		Summa		ganization's mission or	most signific	ant activities:	DOWNDY D	TOTOT	OT E100	CON	PPDPNCP	
	1											
8		_CPARTS_C		ND NV) ASSEMB	THE CAL VA	ID DICEDIC	立	EVLE!	ALMEE NOTO "EDI	2 1717	3 TOTO T	
Activities & Governance		TOARKNOW	r-17127	RICT_GOVERNOR.	EDECT WI	n maran	T GOA BUTH	Z 7676	IINDE.			
Že l	2	Chaek this ha		if the organization disc	ontinued its	operations or d	lisposed of mo	re than	25% of its	256256		
8	3			bers of the governing						3	•	8
45	4			it voting members of th						4		8
ä	5	Total number	of emplo	yees (Part V, line 2a)						5		0
à.	6	Total number	of volunt	eers (estimate if neces	sary)					6		0
₹				ousiness revenue from						7a		<u> 0.</u>
	b	Net unrelated	business	taxable income from	-orm 990-T,	line 34	<u></u>			7b		<u>0.</u>
									Prior Year		Current Y	
_	8	Contributions	and gran	its (Part VIII, line 1h)				·	122,5			<u>,779.</u>
Revenue	9			ue (Part VIII, line 2g).					239,1		292	,346.
cke	10	Investment in	rcome (Pa	ert VIII, column (A), line	es 3, 4, and 1	7d)			3	42.		461.
Œ	11			III, column (A), lines 5,								
_	12			nes 8 through 11 (mus					362,0	03.	417	,586.
	13			ounts paid (Part IX, col								
	14	Benefits paid	to or for	members (Part IX, colu	umn (A), line	4)		<u> </u>				
	15	Salaries, other	er comper	nsation, employee bene	efits (Part IX,	, column (A), lii	nes 5-10)	ļ				
Expenses	16a	Professional	fundraisin	ng fees (Part IX, column	n (A),-line_1.1	e)						e programa in the
<u>a</u>	ь	Total fundrais	sing expe	nses (Part IX, column ((D), line 25 (もしたい	ED					
ă				IX, column (A), lines 11					342,2	92.	397	,300.
	18	Total evnens	es Add III	nes 13-17 (must equal	Part X. colu	mn (A), line 25	SC		342,2			,300.
	19			s Subtract line 18 fron					19,7			,286.
	13	Nevende less	Схронас	3 Cubitati III to to	TIME 3	14 D. T. C	RS	Pos	inning of Y	1	End of Ye	
25	_	Total agents	m-4 ∨ 1;	ne 16)				- Dea	154,9			, 457.
1	20 21	Total assets (, line 26)		プレエバ .		—	62,1			$\frac{737.}{347.}$
Net Assets or Fund Belances			•	•		x 10 2 1 6,	<u>U-i</u>	`	92,8			,110.
	22		ure Bloc	ances. Subtract line 21	from tine 20					163.	113	, 110.
11.50	(Zoi)						arbadular and state		nd to the best o	J anu bras	wieden and belief	1 15
		true, correct, a	ind complete	I declare that I have examined Declaration of preparer (other	r than officer) is t	cased on all miorma	tion of which prepar	rer has an	y knowledge	a my nan.	micago and bener,	
Sig	• • •	▶	XI) Luce	· U			- 1	19.	54	uery ZI	D ()
He		Signature	of officer						Date			
•••	. •		even	la Lami	ندلند	ct Gover	2 2	-20	.11			
			not name and	dutie.	7	CT 190VEY	AGI	<u>- 20</u>	4			
_		+		1	// /	/ /	Date		Check if	Pr	eparer's identifying	number
Pai	iн	1			// /				self- employed ►		a madacionay	
Pre		Preparer's signature		ログタイノハト	test		1-15-1	/		₩ N	/A	
pa	rer's		or Mer	rill Accountant	cy Corp			•		,,	· - -	
Ųs		First's name (c	-· /-	9 Lincoln Way	-1 0015				EŧN ► N	/A		
Оп	ıly	employed), address, and		urn, CA 95603		 _			Phone no.	7.5.5) 885-379	97
	. 46.0	IPS discuss th		with the preparer show	n ahove? /co	e instructions)			, mane IR/s	,,,,,,	X Yes	No
May				will the preparer show proof Reduction Act N			nictions.	•••	TEFA0113	12/29		

<u>Rant∢i</u>	Statement of Program Service Accomplishments				
, <u>F</u> E	riefly describe the organization's mission ROTARY DISTRICT 5190 CONFERENCE (PARTS OF CA AND NV), ASSEMBLY AND OTHER I EXPENSES FOR DISTRICT GOVERNOR, DISTRICT GOVERNOR ELECT AND DISTRICT GOVERNOMINEE.			S_AN	ID
F	ord the organization undertake any significant program services during the year which were not listed on the prior orm 990 or 990-EZ?		Yes	X	No
	'Yes,' describe these new services on Schedule O. Old the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	'Yes,' describe these changes on Schedule O	Soci	uon 5	01(0)	.3/
ai e:	rescribe the exempt purpose achievements for each of the organization's three largest program services by expenses and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to the xpenses, and revenue, if any, for each program service reported	to othe	ers, th	ne tota	
_T _c _i _1	Code (Expenses \$ 156,848. Including grants of \$) (Revenue \$ The purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school students of the purpose of Rotary Youth Exchange is to provide secondary school	nts e_fi gain on_o	wit rst	h_th hand	
] M E 1 2 6	Code (Expenses \$ 146,418. Including grants of \$) (Revenue \$ The District conducts numerous educational programs for Rotarians. These Membership Seminar, the Rotary Foundation Seminar, the Youth Services Semistrics Seminar for young people, the District Assembly (where Rotarians learn their clubs), the District Conference (where Rotarians learn about the accomplishments of their fellow Rortarians both locally and worldwide), the Academy (where Rotarians learn how Rotary functions in depth), and Preside Training Seminar.	incl inar earn e Ro	ude , t _ho tar	the he_ w_tc	
- - Ac ((Code	 		 	
	All expenses of Rotary District 5190 (Part CA and part NV) District Governor Strict Governor Elect and District Governor Nominee were paid for the compact of the Compact o	nor, urre ,500 , ad prof s an	nt _me van ess	mber cinc	:s
	Other program services. (Describe in Schedule O.) See Schedule O Expenses \$ 38,642. including grants of \$ 33,047.) (Revenue \$	35 5	347	١	
	otal program service expenses ► 384,205.	55,5	, 31.		

Form 990 (2009) ROTARY DISTRICT 5190
Part IV Checklist of Required Schedules

			1	
			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		Х
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? If 'Yes,' complete Schedule C, Part I.	3		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
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 similar funds or 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		<u>x</u>
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u>
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		10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	,,,,,	X
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			<i>)</i>
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			14 ¥
	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			* *
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	100		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	事		
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 	(\$44.	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
12.	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		_X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> X</u>

Rantivage Unecklist of Required Schedules (Continue	Part IV	necklist of Required Schedules	(continued)
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	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х_
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
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?	24c		
d	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 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, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		_x_
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			4
ā	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31		31		Х
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		Х
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? If 'Yes,' complete Schedule R, Part 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		X
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		_
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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA	A. Company of the com	Form	990 ((2009)

Form 990 (2009) ROTARY DISTRICT 5190

Part V Statements Regarding Other IRS Filings and Tax Compliance Part V

					Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1 a		0 🕏		•
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b		0	3 3	
	c Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	rs and	reportable gaming	1 c	- SA - C	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a		0	~* _{\$}	
2	b If at least one is reported on line 2a, did the organization file all required federal employmen	it tax i	returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret				; <u>k</u>	÷,
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year 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		
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or otl	ner authority over, a al account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country					. 22
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	Forei	gn Bank and		<u> </u>	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year	7	5a		X
	${\bf b}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter tra	nsaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity R	egarding Prohibited	5c		
6	ia Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	ind did	I the organization	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such c deductible?	ontribi	utions or gifts were r	not 6b		
7	Organizations that may receive deductible contributions under section 170(c).				Š.	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	artly 1	or goods and service	es 7 a	.	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich if	was required to file	7с		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			100	
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur benefit contract?		•			ļ
	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber			7f	ļ <u> </u>	ļ
	${f g}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as	•		7 g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For			7h	-	ļ.,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng org	ganizations. Did the xcess business	8	Ĺ	****
9	Sponsoring organizations maintaining donor advised funds.				1	,J,
	a Did the organization make any taxable distributions under section 4966?			9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?			9 b		
	Section 501(c)(7) organizations. Enter				₩.	146
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a				
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
11	Section 501(c)(12) organizations. Enter:				,	
	a Gross income from other members or shareholders	11 a				
	${\bf b}$ Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b			,	400
12	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Forr	n 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				7,

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Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management					
						Yes	No
1 a	Enter the	number of voting members of the governing body	1a	8			· · ;
t	Enter the	number of voting members that are independent	1b	8		,	
2	Did any o officer, di	officer, director, trustee, or key employee have a family relationship or a business irector, trustee or key employee?	relation	nship with any other	2		X
3	Did the or	rganization delegate control over management duties customarily performed by o s, directors or trustees, or key employees to a management company or other pe	r under rson?	the direct supervision	3		x
4		rganization make any significant changes to its organizational documents			4	Х	
	since the	prior Form 990 was filed?					
5	Did the or	rganization become aware during the year of a material diversion of the organizat	ion's as	ssets?	5		X
6	Does the	organization have members or stockholders?			6		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one of body?	r more	members of the	7a		X
t	-	decisions of the governing body subject to approval by members, stockholders, or	other p	ersons?	7b	X	
8	Did the or the follow	rganization contemporaneously document the meetings held or written actions un ring	dertake	n during the year by	, <u>01-3</u>	 	
a	The gove	rning body?			8a	X	
t	Each con	nmittee with authority to act on behalf of the governing body?			8ь	Х	
9	Is there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who clon's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule Q</i>	cannot	be reached at the	9		Х
Sec	tion B.	Policies (This Section B requests information about policies no	t requ	ired by the Internal			
Reve	enue Code)					
						Yes	No
		organization have local chapters, branches, or affiliates?			10 a	_X	
ł	o If 'Yes,' d and brand	does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	of suc	h chapters, affiliates,	10 b	х	
		organization provided a copy of this Form 990 to all members of its governing bod	-	•	11	X	
		in Schedule O the process, if any, used by the organization to review this Form 9	90 S	ee Schedule O	~ 🚵	<i>≫ ,</i> `	4
		organization have a written conflict of interest policy? If 'No,' go to line 13			12a	_X_	
ł	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interes ts?	ts that	could give rise	12b		<u>X</u>
(Does the Schedule	organization regularly and consistently monitor and enforce compliance with the $\ensuremath{\mathcal{O}}$ how this is done	policy?	If 'Yes,' describe in	12c		<u>X</u>
13	Does the	organization have a written whistleblower policy?			13		X
14	Does the	organization have a written document retention and destruction policy?			14		Χ
15	Did the p persons,	rocess for determining compensation of the following persons include a review ar comparability data, and contemporaneous substantiation of the deliberation and of	nd appro decision	oval by independent i?	, ş	* 50	
ā	a The orga	nization's CEO, Executive Director, or top management official			15 a		<u>X</u> _
ì	b Other offi	icers of key employees of the organization			15b		<u>X</u>
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions)			- ⇒ §	* *	3
16 a	Did the o entity dur	rganization invest in, contribute assets to, or participate in a joint venture or simil ring the year?	ar arrar	ngement with a taxable	16a	* *	X
ı	in joint ve	nas the organization adopted a written policy or procedure requiring the organizati enture arrangements under applicable federal tax law, and taken steps to safegua	on to e	valuate its participation organization's exempt	**	.á s	
-	status wi	th respect to such arrangements?			16b		
		Disclosures	··				
		tates with which a copy of this Form 990 is required to be filed None	- -		- <u>-</u> -		-
18	inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, n Indicate how you make these available Check all that apply.	and 99	10-T (501(c)(3)s only) a	vaılabl	e for p	oublic
	ш	website Another's website X Upon request					
	statemen	In Schedule O whether (and if so, how) the organization makes its governing docits available to the public See Schedule O					ncial
		name, physical address, and telephone number of the person who possesses the ES LITTON 200 LITTON DRIVE, SUITE 200 GRASS VALLEY					5
			= = - "			<u></u> - :	

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. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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 current officer, director, or trustee

(A)	(B)			((c)			(D)	(E)	(F)		
Name and Title	Average		tion (all t	hat appl		Reportable	Reportable compensation from	Estimated amount of other		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable 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		
JANICE GAGE												
MEMBER	0							0.	0.	0.		
STEVE SNIDER					\Box							
MEMBER	0							0.	0.	0.		
PAUL LUMOS									-			
MEMBER	0							0.	0.	0.		
BOB DORR												
MEMBER	1 0							0.	0.	0.		
JIM MERRILL												
MEMBER	0							0.	0.	0.		
STEVE LEWIS												
DISTRICT GOV	40			Х				0.	0.	0.		
CHARLES LITTON												
Treasurer	15			X				0.	0.	0.		
JOHN SULLIVAN							1					
Secretary	5			Х				0.	0.	0.		
ALAN CAIN]											
DIST GOV ELECT	40			Х	<u>_</u>			0.	0.	0.		
	_											
		ŀ										
	-											
		1			<u> </u>							
	1											
	1		ļ									
			t		t		t					
					<u> </u>							

Partivul Section A. Officers, Directors, Trust		ley				es,	arı			·
• (A) Name and Title	(B) Average	Posi	tion ((check	•	hat a	(vlan	(D) Reportable	(E) Reportable	(F)
Name and Title	hours per week		Institutional trustee	Officer		Highest compensated employee		reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other corripensation from the organization and related organizations
			_							
	ļ <u>.</u>				<u> </u>					
1 b Total								0.	0	
 2 Total number of individuals (including but not limite from the organization ► 0 3 Did the organization list any former officer, director 										Yes No
 on line 1a³ If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater transverse. 	ndıvıdua	a/	_	-	_					3 X 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens hedule .	satio <i>J for</i>	n fr	om a	any erso	unre n	elate	ed organization fo	r services	5 X
Section B. Independent Contractors			4						#100 000 - f	
Complete this table for your five highest compensa- compensation from the organization	ted inde	pen	den	t cor	ntra	ctors	s tha			
Name and business addres	SS							Description	of Services	(C) Compensation
					_					
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		: lımı	ited	to t	nose	e list	ted a	above) who receiv	red more than	Tara Maria (1994) 1940 - Augusta (1994)

^	. "	, Statement of Re	venue			(A)	(B) Related or	(C)	(D)
	*		y	,	*	Total revenue	exempt function	Unrelated business revenue	Revenue excluded from tax under sections
Ц,	<u>. </u>			1			revenue		512, 513, or 514
Z Z		Federated campaigns.		1a				いたか 会議	
N N		Membership dues		1b	68,483.				
S. G		Fundraising events		1c				~ ******	4 9 7 9 9
5 5		Related organizations		1 d	56,192.		,	, ,	,
NS,	е	Government grants (contribution	ons)	1 e		* * * * * * 7		* , * {	
E. E.	f	All other contributions, gifts, g similar amounts not included	rants, and			8695 2	4 3 16	*	
E E				<u> 1f</u>	104.	* * * * * * *	* * * * *	5 % 4 4 4 5	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	_	Noncash contribns included in	Ins la-lf	\$_		104 770	***		* *
	h	Total. Add lines 1a-1f			Business Code	124,779.	* 4 * * * *	· " · · · · · · · · · · · · · · · · · ·	/ \$ *
N.	2-	DOTADY VOITE EN	VCU NIC	,	Business Code	146,217.	146,217.	**************************************	
<u> </u>		ROTARY YOUTH EX DISTRICT CONFE		-		120,852.	120,852.		- -
H H		DISTRICT ASSEM			···	16,365.	16,365.		
Ž.		PAUL HARRIS SO		· – – -		3,950.	3,950.		
A SE		SEMINARS	-TETT -	· – – –		3,930.	3,930.		
I AI		All other program service		·		1,052.	1,052.		
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	e revenu	€ _	•	292,346.		* ' ' ' ' '	
-		Investment income (inc	الماسمة الماسا		interest and	252,540.	× × × × × × × ×	**	P 3 & - 3 A
	3	other similar amounts)	luuliig uiv	iuenus,	, interest and	461.	461.		
	4	Income from investmen	t of tax-e	xempt l	bond proceeds 🟲				
	5	Royalties		·		·			
			(i) R	eal	(II) Personal		4.44	Company of the second	2711 (C. 456)
	6a	Gross Rents						3-45 4 4 M	
	b	Less. rental expenses						(
	C	Rental income or (loss)				<u> </u>	, , , , , , , , , , , , , , , , , , ,		
	d	Net rental income or (lo	ss)		·				
	7 a	Gross amount from sales of	(ı) Secu	rities	(II) Other		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		assets other than inventory				***		7 47 7	
	b	Less: cost or other basis				m / V /m .		3 2 4 4 4	"
		and sales expenses							♠ 2 * €
		Gain or (loss)			1	:- <u>: 4 </u>		~ 3 \ \D \	* , · 2 * * * * * * * * * * * * * * * * * *
	d	Net gain or (loss)				/ ¥ _	·		
<u>u</u>	8a	Gross income from fund	draising e	vents		* * · · · · · · · · · · · · · · · · · ·	\$ * * * * * * * * * * * * * * * * * * *		* * * * * * *
ENG		(not including \$ of contributions reporte	d on line	10)					1 44 44 44
REV		See Part IV, line 18	u on line	a a]			/×, .	- 4 - 4
OTHER REVEN	h	Less direct expenses		a h					* ~ ^ E
P		: Net income or (loss) fro	om fundra	isina ev	/L vents ▶	K 22 - A/ A/		<u> </u>	
		, ,		•		* y & y * *			* * * , , ,
	9 a	Gross income from gan See Part IV, line 19	ning activ	ities a		2 7			
		Less direct expenses		b			1	***	
		: Net income or (loss) fro	om gamın	g activi	ties ►				
	10 a	Gross sales of inventor	v less rei	turns		\$ 2 11 9 14 18 11 12 12 12 12 12 12 12 12 12 12 12 12		* *	* *
		Gross sales of inventor and allowances	y, 1000 10	а		* * 4 > 4 * 4.	7 5 * 4 4	* 4 5 7 7 8	
	b	Less cost of goods sol	d	b		* * * * * * * *	7 1 2 2 2		* * * * * * * *
	C	: Net income or (loss) from		of inver					
		Miscellaneous Reven	iue		Business Code		****	£ 4 %	*
	11 a	'		 				 	
	t)					<u> </u>		
	C						<u> </u>		
		All other revenue		L			* 9 * * *	8 x 0 (7	
		• Total. Add lines 11a-11				415 505	<u> </u>	· · · · · · · · · · · · · · · · · · ·	2
	12	Total revenue. See inst	tructions			417,586.	292,807.	0.	0.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

			,		
Do 1 6b,	not include amounts reported on lines 7b, 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 organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			A. 1. 40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	D Legal				
	Accounting	995.		995.	
	Lobbying	3301			
	Prof fundraising svcs See Part IV, In 17	- 1-70		* ·	
	Investment management fees		\$ 1500		
	_				
	Other	6 016	6 016	_	
	Advertising and promotion	6,016.	6,016.	F 011	
13	Office expenses	18,732.	12,921.	5,811. 5,120.	-
14	Information technology	5,120.		5,120.	
15	Royalties				
16	Occupancy				
17	Travel	40,069.	40,069.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	135,434.	135,304.	130.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,039.		1,039.	
24	covered above (Expenses grouped together	ş	*		
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	1 A 3		- 15-ka	
	below.)	A STATE OF THE STA		Fred Sales	7.00
	a ROTARY YOUTH EXCHANGE EXP	156,848.	156,848.		<u> </u>
	b_DISTRICT_GRANTS	33,047.	33,047.		
	c				
	d BACKGROUND CHECKS e ETHICS PROJECT				
	f All other expenses.	<u></u>			
_25		397,300.	384,205.	13,095.	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				
BA		<u> </u>			Form 990 (2009)

Pa	rt X	Balance Sheet				
	•		-	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		30,160.	1	71,492.
	2	Savings and temporary cash investments		106,271.	2	114,218.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		12,144.	4	12,367.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		4
		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net			7	
S E	8	Inventories for sale or use			8	2,663.
S	9	Prepaid expenses and deferred charges		6,419.	9	4,717.
	10 a	Land, buildings, and equipment cost or other basis	10a			
		Complete Part VI of Schedule D			<u> </u>	
	b	Less: accumulated depreciation.	10Ь		10 c	
	11	Investments — publicly-traded securities			11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34) .	154,994.	16	205,457.
	17	Accounts payable and accrued expenses		62,171.	17	92,347.
	18	Grants payable			18	
	19	Deferred revenue		19		
L	20	Tax-exempt bond liabilities.		20	L	
AB	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
AB-L-T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II			
. I		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated the	nird parties.		23	
	24	Unsecured notes and loans payable to unrelated third	l parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		62,171.	26	92,347.
N E T		Organizations that follow SFAS 117, check here ▶	X and complete lines		متعي	* * * * * * * * * * * * * * * * * * * *
		27 through 29 and lines 33 and 34.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 35	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A S S	27	Unrestricted net assets		92,823.	27	113,110.
E T S	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	<u></u>		29	
O R F		Organizations that do not follow SFAS 117, check he lines 30 through 34.	ere and complete		 	
FUZD	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
Ā	32	Retained earnings, endowment, accumulated income			32	
BALAZCES	33	Total net assets or fund balances.		92,823.	33	113,110.
S	34	Total liabilities and net assets/fund balances.		154,994.	34	205,457.

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Form **990** (2009)

		Yes	No
1 Accounting method used to prepare the Form 990 L Cash X Accrual L Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
b Were the organization's financial statements audited by an independent accountant?	2 b		_ X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	ıt, 2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	* -	(%. ,	4
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on consolidated basis, separate basis, or both	a , ,	*	#
Separate basis Consolidated basis Both consolidated and separate basis	* *	* ;	7104
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit 3b		

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Form 990 (2009)

SCHEDULE O (Form 990) ·

Supplemental Information to Form 990

OMB No 1545-0047

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Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

ROTARY DISTRICT 5190 [51-0148377	
Form 990, Part III, Line 4d - Other Program Services Description	
The District provides grants directly to clubs to provide financial support for	
their qualifying community or international projects	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Group Study Exchange: The District supports a Rotary International program whereby a	
team of professional people from the district go to another country and a reciprocal	
team_comes_from_that_countryThese_teams_tour_businesses_similar_to_their_own_in	
each_country. The program is designed to develop professional and leadership skills_	
amoung young people to better prepare them to address the needs of their communities	
and an increasingly global workplace.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
A DRAFT OF THE 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW BEFORE THE RETURN IS	
SIGNED BY THE PREPARER. AFTER THE 990 IS REVIEWED AND APPROVED BY THE GOVERNING BODY	
IT IS SIGNED BY THE PREPARER AND SENT BACK TO THE GOVERNING BODY FOR FINAL REVIEW	
BEFORE FILING.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL INFORMATION ARE MADE AVAILABLE UPON	
REQUEST	
	<b>-</b> -
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Schedule C	(Form 990) 2009		Page 2
Name of the or	DISTRICT 5190	Employer identification number 51-0148377	
KOTIMI	DISTRICT STS	101 01100//	
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		-	
-			
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		- 	
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