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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 \$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.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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 Instructions.	C Name of organization		D Employer identification number
		ROTARY CLUB OF EL PASO		74-0871805
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
		200 S ALTO MESA		915-833-6616
City or town, state or country, and ZIP + 4		F Group Exemption Number ▶ 0573		
EL PASO, TX 79912				

• 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: ▶ WWW.CLUBRUNNER.CA/ELPASO**H** Check ☒ if the organization is not**J** Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 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 ▶ \$ 265,229.**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	105,955.
	3	Membership dues and assessments	3	143,705.
	4	Investment income	4	69.
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	15,500.
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,500.	
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		
8	Other revenue (describe ▶ OGDEN, UT)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	265,229.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4	10	61,262.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	48,581.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5	14	27,410.
	15	Printing, publications, postage, and shipping	15	8,651.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	144,736.
	17	Total expenses. Add lines 10 through 16	17	290,640.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<25,411.>
	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	59,327.
	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	33,916.

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)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	110,019.	84,822.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	22,044.	15,153.
25 Total assets	132,063.	99,975.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	72,736.	66,059.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,327.	33,916.

932171
02-08-10

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

Form 990-EZ (2009)

65 / 16

SCANNED APR 11 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 10**

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

28 SEE STATEMENT 8(Grants \$) If this amount includes foreign grants, check here ☐**28a 145,478.****29 SEE STATEMENT 9**(Grants \$ 42,000.) If this amount includes foreign grants, check here ☐**29a 58,175.****30 THE SUN BOWL TEAM LUNCHEON SUPPORTS THE CLUB'S ANNUAL CHILDREN'S PARTY WHICH TREATS THOUSANDS OF HEAD START CHILDREN TO A HOLIDAY FIESTA AT THE EL PASO COLISEUM.**(Grants \$) If this amount includes foreign grants, check here ☐**30a 41,469.****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32 245,122.****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
TOM GEORGES, 200 SOUTH ALTO MESA, EL PASO, TX 79912	PRESIDENT 3.00	0.	0.	0.
HERB ORTEGA, 200 SOUTH ALTO MESA, EL PASO, TX 79912	PRESIDENT - ELECT 1.00	0.	0.	0.
DEBBIE FALKNOR, 200 SOUTH ALTO MESA, EL PASO, TX 79912	VICE PRESIDENT - PROGRAMS 3.00	0.	0.	0.
CARL RUSSELL, 200 SOUTH ALTO MESA, EL PASO, TX 79912	VICE PRESIDENT - MEMBERSHI 3.00	0.	0.	0.
LINDA EAST, 200 SOUTH ALTO MESA, EL PASO, TX 79912	SECRETARY 3.00	0.	0.	0.
RAY COX, 200 SOUTH ALTO MESA, EL PASO, TX 79912	TREASURER 3.00	0.	0.	0.
CAROL BREY-CASIANO, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
PAUL HAUPT, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
BETSY MILLER, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
SAM PAREDES, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
A C SANDERS III, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
GEORGE CUDAHY, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
GAIL DARLING, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
DAVID DICK, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
SANDI KAHN-CARPENTER, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
JOSEPH STRELITZ, 200 SOUTH ALTO MESA, EL PASO, TX 79912	DIRECTOR 1.00	0.	0.	0.
GREG HARTLEY, 200 SOUTH ALTO MESA, EL PASO, TX 79912	PAST PRESIDENT 1.00	0.	0.	0.

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		X
34 Were any changes made to the organizing or governing documents? 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 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
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		X
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		X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	ARLENE CARRION	
Located at	200 S ALTO MESA, EL PASO, TX	
Telephone no	915-833-6616	
ZIP + 4	79912	
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)?		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.?		X
If "Yes," enter the name of the foreign country		
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	
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

Form 990-EZ (2009)

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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as 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?
- b 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				

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."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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.

Sign Here Signature of officer: HERBERT H. ORTEGA, PRESIDENT-ELECT Date: MARCH 31/11

Paid Preparer's Use Only Preparer's signature: Stanton B. Smith Date: 3/20/11 Check if self-employed: ☐ Preparer's identifying number (See Instr.): 915-566-9305

Firm's name (or yours if self-employed), address, and ZIP + 4: STOCKTON SCURRY & SMITH
4487 NORTH MESA ST., SUITE 110
EL PASO, TX 79902

EIN: 74-0871805
 Phone no: 915-566-9305

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
 ► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

ROTARY CLUB OF EL PASO

Employer identification number
74-0871805

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- ☐ Solicitation of government grants

- g** ☒ Special fundraising events

- 2 a** 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

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CELEBRITY CHEF (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	15,500.			15,500.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	15,500.			15,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				15,500.

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ ARLENE CARRIONAddress ▶ 200 SOUTH ALTO MESA - EL PASO, TX 79912**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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

- 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 File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	ROTARY CLUB OF EL PASO		74-0871805
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	200 S ALTO MESA		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	EL PASO, TX 79912		

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

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

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

ARLENE CARRION

- The books are in the care of **200 S ALTO MESA - EL PASO, TX 79912**
 Telephone No. **915-833-6616** FAX No. **915-849-3544**
- 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 is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2011**.
- 5 For calendar year **2009**, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 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
THE CLUB NEEDS ADDITIONAL TIME TO COMPILE AND GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a 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	\$ N/A

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 **Arlene Carrion** Title **CPA** Date **2/14/11**

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SUPPLIES		1,519.	
CONFERENCES & MEMBER EVENTS		30,422.	
ADMINISTRATIVE EXPENSES		9,080.	
AUTO EXPENSE		1,200.	
MEALS		71,576.	
OTHER PROGRAM EXPENSES		17,991.	
PRESIDENTS FUND		893.	
BAD DEBTS		12,055.	
TOTAL TO FORM 990-EZ, LINE 16		144,736.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	14,042.	8,373.	
OTHER DEPRECIABLE ASSETS	8,002.	6,780.	
TOTAL TO FORM 990-EZ, LINE 24	22,044.	15,153.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	61,125.	54,444.	
DUE TO RI FOUNDATION & ROTARY EL PASO FOUNDATION	4,553.	3,753.	
ROTARY LEADERSHIP INSTITUTE	778.	2,140.	
OTHER	6,280.	5,722.	
TOTAL TO FORM 990-EZ, LINE 26	72,736.	66,059.	

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	4
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AFFILIATE'S NAME

ROTARY DISTRICT 5520

AFFILIATES ADDRESS

3265 ARROWHEAD RD, STE 200
LAS CRUCES, NM 88011

PURPOSE OF PAYMENT

DUES

AMOUNT

5,693.

AFFILIATE'S NAME

ROTARTY INTERNATIONAL

AFFILIATES ADDRESS

1560 SHERMAN AVE
EVANSTON, IL 60201-3698

PURPOSE OF PAYMENT

DUES

AMOUNT

13,569.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

19,262.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION

DEPRECIATION

OTHER EXPENSES

AMOUNT

2,301.

25,109.

TOTAL TO FORM 990-EZ, LINE 14

27,410.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS
APPROVED BUT NOT PAID BY FILING DEADLINE

STATEMENT 6

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
MEDICAL SCHOOL SCHOLARSHIP ENDOWMENT TEXAS TECH UNIVERSITY HEALTH SCIENCES 4800 ALBERTA EL PASO , TX 79905	NONE	42,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

42,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 8

WEEKLY MEETINGS OF ALL MEMBERS, MONTHLY MEETINGS OF NEW MEMBERS AND SPECIAL MEETINGS THROUGHOUT THE YEAR WHICH DEVELOP AND RECOGNIZE SERVICE TO THE COMMUNITY, ENCOURAGE HIGH ETHICAL STANDARDS AND ADVANCE UNDERSTANDING THROUGH FELLOWSHIP.

990-EZ PG 2

STATEMENT 9

ACTIVITIES, SUPPORT AND SERVICES FOR YOUTH AND HEALTH CONSISTING OF: ROTARY YOUTH LEADERSHIP, HEAD START CHILDREN'S HOLIDAY FIESTA, EXCHANGE STUDENTS, STUDENT RECOGNITION, AND FUNDING FOR TEXAS TECH UNIVERSITY HEALTH SCIENCES MEDICAL SCHOOL SCHOLARSHIP ENDOWMENT.

990-EZ PG 2

STATEMENT 10

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY
ENTERPRISE, TO ENCOURAGE HIGH ETHICAL STANDARDS, SERVICE TO COMMUNITY AND
UNDERSTANDING.