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Short Form

DLN: 93492133000331 OMB No 1545-1150

2009

Department of the Treasury

Internal Revenue Service

Form 990-EZ

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 Open to Public $$500,\!000$ and total assets less than $$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.

Inspection

A F	or the	2009 calendar year, o	r tax year beginning 07-01-2009 , and endi	ng 06-30-2010		
_		applicable . Please	C Name of organization ROTARY INTERNATIONAL DISTRICT 5890 INC		D Emple	oyer identification number
Address change use IRS					74-20)20519
Name change label or % Jackie Barmore print or Number and street (or P O box, if mail is not delivered to street add					E Teleph	none number
_	nitial reti	urn type.	3525 PRESTON AVE	lieet address) Room/suite		(281) 487-2249
	erminate	Specific		F Group	Exemption	
	mended	Instructions.	city of town, state of country, and zir i i	•	Numbe	
	ррпсацо	on pending tions.	PASADENA, TX 77505			
				G A ccounting m	athod [Cash Accrual
♦ Se	ction !		ons and 4947(a)(1) nonexempt charitable trusts ompleted Schedule A (Form 990 or 990-EZ). 🕏	Other (specif		
I W	ebsit e:	www Rotary5890	org	H Check ► Is not requi		organization
J Ta	x-Exen	npt status (check only o	ne)— 🔽 501(c) (4) ◀(Insert no) 🔽 4947(a)(1) or 🔽 5			0, 990-EZ, or 990-PF)
KCH	neck 🕨	If the organization	is not a section 509(a)(3) supporting organization ar			
			m 990 return is not required, but if the organization c			
			determine gross receipts, if \$500,000 or more, file Form 990 inste		▶ \$	375,706
Pa	art I		nses, and Changes in Net Assets or Fund	Balances (See the	ınstructio İ	
	1		grants, and similar amounts received		.	1 44,338
	2	Program service reve	enue including government fees and contracts .		.	2 257,549
	3	Membership dues and	d assessments		. [3 72,150
	4	Investment income				4 1,669
	5a	Gross amount from s	ale of assets other than inventory	5a		
单	ь	Less cost or other b	asıs and sales expenses	5b		
ē	c	Gain or (loss) from sa	ale of assets other than inventory (Subtract line 5b fro	om line 5a)		5c
Revenue	6	Special events and a check here	ctivities (complete applicable parts of Schedule G) I	f any amount is from g	aming,	
	a	Gross revenue (not in	ncluding \$ _of contributions			
	"	reported on line 1)		65		
	١.			6a		
	b	· ·	s other than fundraising expenses	6b		
	C	• •	from special events and activities (Subtract line 6b fi	rom line 6a)	•	6c
	7a		ory, less returns and allowances	7a		
	b	Less cost of goods s	old	7b		
	С	Gross profit or (loss)	from sales of inventory (Subtract line 7b from line 7a)	[7c
	8	Other revenue (desci	ribe 🏲)	8
	9	Total revenue. Add li	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8		>	9 375,706
	10	Grants and similar ar	nounts paid (attach schedule) 🕏 🔒			10 58,188
	11	Benefits paid to or foi	r members			11
	12	Salaries, other compensation, and employee benefits				12
å	13	Professional fees and other payments to independent contractors				13
Ě	14	Occupancy, rent, util	Ի	14		
Expense	15	Printing, publications, postage, and shipping				15 3,048
ш						-
	16	Other expenses (des				16 295,991
-	17	Total expenses. Add	-			357,227
SSets	18	•	r the year (Subtract line 17 from line 9)		•	18 18,479
5.5	19	Net assets or fund ba	ilances at beginning of year (from line 27, column (A)) (must agree with		
NetA		end-of-year figure rep	ported on prior year's return)			19 228,128
ž	20	Other changes in net	assets or fund balances (attach explanation) .			20
	21	Net assets or fund ba	lances at end of year Combine lines 18 through 20		▶	21 246,607
Pa	rt II	Balance Sheets	—If Total assets on line 25, column (B) are \$1,250,	000 or more, file Form	990 inst	ead of Form 990-EZ
		/5 o o t	he instructions for Dart II \	(4) D		(D) F
	<u>.</u>	•	he instructions for Part II)	(A) Beginning of ye		(B) End of year
	•	savings, and investm	ents	228	,128 22	256,582
		and buildings			23	
	, , , , , , , , , , , , , , , , , , , ,					9,700
						266,282
		liabilities (describe 🟲			26	19,675
27	Net as	ssets or fund balances	(line 27 of column (B) must agree with line 21) .	228	,128 27	246,607

Part IIII Statemen	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 Facilitate the activities o			
Describe what was achieved describe the services proprogram title			
28 See Additional Data T	able		
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here 🕨 🦵	30a	
31 O ther program service (Grants \$)	es (attach schedule)	31a	
32 Total program service	expenses (add lines 28a through 31a)	32	273.966

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Form **990-EZ** (2009)

Pa	Other Information (Note the statement requirements in the instructions for Part V.)				
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity				
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο	
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				
а	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		Νo	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Νο	
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		Νο	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a				
b	Did the organization file Form 1120-POL for this year?	37b		Νo	
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		Νo	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9	4			
b	Gross receipts, included on line 9, for public use of club facilities	4			
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		Νο	
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				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo	
41	List the states with which a copy of this return is filed 🕨				
42a		(28	1)487	-2249	
	3525 Preston Ave Located at ▶ Pasadena, TX ZIP + 4	► _ 77	7505		
ь	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		Yes	No	
	account)?	42b		Νο	
	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 ?	42c		Νo	
	If "Yes," enter the name of the foreign country				
	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	• •		▶ Г	
			Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of				
	Form 990-EZ.	44		Νo	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο	

and both the organization engage in indirect or indirect political campaign activities on behalf of or in opposition to another analysis of the organization engage in lobbying activities? If Yes, "complete Schedule C, Part II 46 4 47 48 15 the organization angage in lobbying activities? If Yes," complete Schedule C, Part II 48 15 the organization make any transfers to an exempt non-charable related organization? 48 16 17 Yes, "was the related organization as action 527 organization? 49 16 17 Yes," was the related organization as action 527 organization? 49 16 17 Yes, "was the related organization as action 527 organization? 49 16 17 Yes," was the related organization as action 527 organization? 49 16 17 Yes, "was the related organization as action 527 organization? 49 16 17 Yes, "was the related organization of the highest compensated employees (other than officers, directors, trustees and key manufactors) who each received more than \$100,000 00 of compensation from the organization II there is none, enter "None" (c) Compensation of the organization from the organization from the organization from the organization from the organization for the organization for the organization for the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization for the organization for the organization for the organization for the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization for the highest compensation from the organization for the organization for the highest compensation from the organization for the orga	Pari	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	n 4947(a)(1) none					stions
AP Did the organization organization is bobying activities? If "Yes," complete Schedule C, Part II 48 Is the organization as chool described in section 170 (b)(1)(A)(n)? If "Yes," complete Schedule E 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 No. 40 No.	46	Did the	e organization engage in direct	or indirect political car	npaign activities on b	behalf of or in opp	osition to		Yes	No
48 Is the organization as shool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49		candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		
As Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section \$27 organization? 50 Complete this table for the organization of the highest compensated and properties of the highest compensation of the reasonal more than \$100,000 of compensation from the organization of the reasonal more than \$100,000 of compensation of the reasonal more than \$100,000 of compensation of the reasonal more than \$100,000 of compensation from the organization. There is no me, enter "None" (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. There is no me, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. NONE 51 Complete this table for the organization. There is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service. (c) Compensation. NONE 51(d) Total number of other independent contractors each receiving over \$100,000 (b) Type of service. (c) Compensation and leder, is stue, correct, and complete Declaration of pequer (other this officer) is based on all information of which prepare has any knowledge and leder, is stue, correct, and complete Declaration of pequer (other this officer) is based on all information of which prepare has any knowledge and leder, is stue, correct, and complete Declaration of pequer (other this officer) is based on all information of which prepare has any knowledge and leder, is stue, correct, and complete Declaration of pequer (other this officer) is based on all information of which prepare has any knowledge and leder, is stue, correct, and complete Declara	47	Did the	ıd the organization engage ın lobbyıng activities? If "Yes," complete Schedule C, Part II					47		
### 1949 bit from the organization make any transfers to an exempt non-charitable related organization? ### 167 Yes," was the related organization a section 527 organization? ### 100,000 of compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if If there is none, enter "None" ### 100,000 of Compensation from the organization if If there is none, enter "None" ### 100,000 of Compensation from the organization if If there is none, enter "None" ### 100,000 of Compensation from the organization if If there is none, enter "None" ### 100,000 of Compensation from the organization if If there is none, enter "None" ### 100,000 of Compensation from the organization if If there is none, enter "None" ### 100,000 of Compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if there is none, enter "None" ### 100,000 of Compensation from the organization if the organization is not entered in the organization in the organization is not entered in the organization in the organization is not entered in the organizatio	48	Is the	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48		
50 Complete this stable for the organization? seven by 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 over \$100,000 of compensation from the organization. If there is none, enter "None" (b) Tritis and average hours per week devoted to position of the paid of the paid of the employee benefit plans a deferred compensation. (c) Compensation from the organization of the expensation of the employee benefit plans a deferred compensation from the organization of the employee benefit plans a deferred compensation. 50(f) Total number of other employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from the organization of the employees paid over \$100,000 of compensation from	49a	Did the	e organization make any transfe	ers to an exempt non-c	harıtable related orga	anızatıon?		49a		No
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 over \$100,000 NONE 50(f) Total number of other employees paid over \$100,000 50(f) Total number of other employees paid over \$100,000 51 Complete this table for the organization of the reganization of the organization of the property of compensation of compensation of compensation from the organization of the property of the pro	ь	If"Yes	," was the related organization	a section 527 organiz	atıon?			49b		
None and address of each employee per week devoted to position deferred compensation deferred compensation deferred compensation deferred compensation other allowances										
50(f) Total number of other employees paid over \$100,000	(a) N			hours per week	(c) Compensa	tion employee	benefit plans &	account and		and
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 NONE 51(d) Total number of other independent contractors each receiving over \$100,000	NONE	≣								
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Date Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Sig		of com	pensation from the organization	n If there is none, ente	r"None"					
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 *******	NONE	=								
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 *******										
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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 2011-05-13	51(d)) Tota	number of other independent o	ontractors each receiv	ring over \$100,000					
Sign Here Signature of officer Date	_									
Paid Preparer's signature Non Paid Preparer Firm's name (or yours if self-employed), address, and ZIP + 4 Paid Preparer's Use Only Date 2011-05-13 Check if self-empolyed Preparer's identifying number (See instructions) EIN EIN EIN EIN EIN		se	******							
Paid Preparer's Use Only Preparer's Prim's name (or yours if self-employed), address, and ZIP + 4 EIN	Here	١	Jackie Barmore Treasurer			Date				
Use Only if self-employed), address, and ZIP + 4	Paid					self-			nber	
address, and Zir + 4	•	nlv	f self-employed),				EIN 🕨			
		1	audress, and ZIP + 4							

Software ID: Software Version:

EIN: 74-2020519

Name: ROTARY INTERNATIONAL DISTRICT 5890 INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved manner, describe the service for each program title.	501(Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
school students to go to and	ough support of rotary youth exchange program Programs designed for high d come from foreign countries for studies and cultural immersion If this amount includes foreign grants, check here ►	28a	115,226	
to club officers and members	rences providing development of future rotary programs and leadership training s of the district benefiting approximately 500+ rotarians, family and friends If this amount includes foreign grants, check here ► _	29a	138,786	
	viding rotarians with information regarding the service programs of rotary both ternationally through contributions to The Rotary Foundation open to all	30a	7,260	
Leadership training program abroad (Grants \$)	ns for young adults through studies and cultural immersion both local and If this amount includes foreign grants, check here ►		12,694	

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
EdCharlesworth 111407 Hylander Houston,TX 77531	Governor 020 00	0		
Rhonda Kennedy P O Box 417 Sweeny,TX 77480	PDG 002 00	0		
D'Lisa Simmons 1702 Cranway Houston,TX 77055	Director 002 00	0		
James Fagan 23115 Eastgate Village Spring,TX 77373	Director 001 00	0		
Nick Giannone P O Box 1497 Lake Jackson,TX 77561	Director 001 00	0		
Steve Harris 3425 Hwy 6 Sugarland,TX 77478	Director 001 00	0		
Jeff Tallas 9100 SW Freeway Houston,TX 77074	Director 001 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: ROTARY INTERNATIONAL DISTRICT 5890 INC

EIN: 74-2020519

Software ID: 09000123

Software Version: 2009.0.12

Item No.	1
Class of Activity	Education
Donee's Name	Rotary Club of Willowbrook
Donee's Address	17814 Running Brook Lane Spring, TX 77379
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Teen Art Program
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	2
Class of Activity	Education
Donee's Name	Rotary Club of Sweeney
Donee's Address	304 N Main Sweeney, TX 77480
Amount (FMV)	1,500
Purpose of Payment to Affiliate	Bikes for School attendance
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	3
Class of Activity	Education
Donee's Name	Rotary Club of Space Center
Donee's Address	P O Box 58862 Houston, TX 77258
Amount (FMV)	750
Purpose of Payment to Affiliate	Toys Games for Children at Hospital
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	4
Class of Activity	Community Improvement
Donee's Name	Rotary Club of Humble
Donee's Address	8233 Will Clayton Humble, TX 77346
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Food Pantry for Mission
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	5
Class of Activity	Community Improvement
Donee's Name	Rotary Club of Washington Cnty
Donee's Address	4107 Hwy 105 Brenham, TX 77833
Amount (FMV)	1,650
Purpose of Payment to Affiliate	Equip. for Cannery Kitchen
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	6
Class of Activity	Community improvement
Donee's Name	Rotary Club of Danbury
Donee's Address	P O box 167 Danbury, TX 77534
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Alvın Rotary Park
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	7
Class of Activity	Community Envolement
Donee's Name	Rotary Club of Houston
Donee's Address	2814 Quitman Houston, TX 77026
Amount (FMV)	2,000
Purpose of Payment to Affiliate	The Rotary House
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	8
Class of Activity	Medical Equipment
Donee's Name	Rotary Club of Brazosport
Donee's Address	925 Hwy 332 West Lake Jackson, TX 77566
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Equip. for Clinic
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	9
Class of Activity	Community Improvement
Donee's Name	Rotary Club of Cypress Fairbanks
Donee's Address	21920 Hwy 290 Tomball, TX 77377
Amount (FMV)	1,560
Purpose of Payment to Affiliate	Food Pantry Storage
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	10
Class of Activity	Education
Donee's Name	Rotary Club of Herman Park
Donee's Address	2618 Wichita St Houston, TX 77004
Amount (FMV)	1,716
Purpose of Payment to Affiliate	Computers for Elementary School
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	11
Class of Activity	Medical equipment
Donee's Name	Rotary Club of Richmond
Donee's Address	3000 Plantation Dr Richmond, TX 77469
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Pediatric Equip
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-03

Item No.	12
Class of Activity	Education
Donee's Name	Rotary Club of Bellaire SW
Donee's Address	P O Box 58862 Houston, TX 77258
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Oven for Elem. School
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	13
Class of Activity	Community Improvement
Donee's Name	Rotary Club of Rosenburg
Donee's Address	4107 Hwy 105 Brenham, TX 77833
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Equip. for Seabourne Park
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	14
Class of Activity	Education
Donee's Name	Rotary Club of Pearland
Donee's Address	2501 Country Club Dr Pearland, TX 77581
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Defrillibrators for PISD
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	15
Class of Activity	Community Improvement
Donee's Name	Rotary Club of Alvın
Donee's Address	1046 FM 517 Alvin, TX 77511
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Food Pantry
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	16
Class of Activity	Education
Donee's Name	Rotary Club of Seabrook
Donee's Address	2425 Nasa Seabrook, TX 77586
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Book freight to children in need
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	17
Class of Activity	Community improvement
Donee's Name	Rotary Club of Galena Park
Donee's Address	1302 Keene Galena Park, TX 77547
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Helping a Hero Housing
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	18
Class of Activity	Community Imrpovement
Donee's Name	Rotary Club of Houston
Donee's Address	2814 Quitman Houston, TX 77026
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Save life training
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	19
Class of Activity	Education
Donee's Name	Rotary Club of Memorial
Donee's Address	10709 Memorial Dr Houston, TX 77096
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Bike helmets Car Seats
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	20
Class of Activity	Education
Donee's Name	Rotary Club of Pasadena
Donee's Address	P O Box 1932 Pasadena, TX 77501
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Dictionaries to Elem. Children
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	21
Class of Activity	Medical education
Donee's Name	Rotary Club of Katy
Donee's Address	1450 Grand Parkway Katy, TX 77450
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Pregnancy Health Center
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	22
Class of Activity	Community Imrpovement
Donee's Name	Rotary Club of Humble
Donee's Address	8233 Will Clayton Humble, TX 77346
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Barrier Free Park
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	23
Class of Activity	Community Program
Donee's Name	Rotary Club of Willowbrook
Donee's Address	17814 Running Brook Spring, TX 77379
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Barrier Free Park
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	24
Class of Activity	Education
Donee's Name	Rotary Club of 288 Corridor
Donee's Address	9415 Broadway Pearland, TX 77584
Amount (FMV)	1,190
Purpose of Payment to Affiliate	Teens AxCess
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	25
Item No.	25
Class of Activity	Community Improvement
Donee's Name	Rotary Club of Sugarland
Donee's Address	4400 Palm Royale Houston, TX 77083
Amount (FMV)	1,622
Purpose of Payment to Affiliate	Save a Life Training
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	26
Class of Activity	Scholarship
Donee's Name	LaRahıa Smith
Donee's Address	3001 South Congress Austin, TX 78704
Amount (FMV)	500
Purpose of Payment to Affiliate	College Scholarship
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	27
Class of Activity	Scholarship
Donee's Name	Abel Valle
Donee's Address	201 Strand Union Bozeman, MT 59717
Amount (FMV)	1,400
Purpose of Payment to Affiliate	College Scholarship
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	28
Class of Activity	Scholarship
Donee's Name	Marshall Perry Mosley
Donee's Address	401 George Bush Dr College Station, TX 77840
Amount (FMV)	2,000
Purpose of Payment to Affiliate	College Scholarship
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	29
Class of Activity	Community Improvement
Donee's Name	Rotary Club of Sharpstown
Donee's Address	6780 Southwest Frwy Houston, TX 77042
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Barrier Free Park
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	30		
Class of Activity	Community Improvement		
Donee's Name	Boys & Gırls Vıllages Foundation		
Donee's Address	7378 HWY 90 E Lake Charles, LA 70615		
Amount (FMV)	7,300		
Purpose of Payment to Affiliate	Furniture for Home		
Relationship			
Description			
Book Value			
How BV Determined			
How FMV Determined			
Date of Gift	2009-08		

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TY 2009 Other Assets Schedule

Name: ROTARY INTERNATIONAL DISTRICT 5890 INC

EIN: 74-2020519

Software ID: 09000123

Software Version: 2009.0.12

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable		9,700

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TY 2009 Other Expenses Schedule

International Convention Expenses

Name: ROTARY INTERNATIONAL DISTRICT 5890 INC

EIN: 74-2020519

Software ID: 09000123

Software Version: 2009.0.12

2,951 1,350
1,350
500
2,493
2,886
4,892
504
4,134
1,788
221
105
200
115,226
138,786
7,260
9,080

3,615

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TY 2009 Other Liabilities Schedule

Name: ROTARY INTERNATIONAL DISTRICT 5890 INC

EIN: 74-2020519

Software ID: 09000123

Software Version: 2009.0.12

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable		19,675