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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY INTERNATIONAL DISTRICT 5650 INC

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

6515 SALTGRASS ROAD

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

D Employer identification number
47-0658808
E Telephone number
(402) 477-6574
F Group Exemption Number ▶ 0573

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶ _____
I Website:▶ WWW.ROTARYDISTRICT5650.ORG
J Tax-Exempt status(check only one)—☐ 501(c)(3)☒ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527
H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 169,970

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	133,258
	2	Program service revenue including government fees and contracts	62,016
	3	Membership dues and assessments	55,975
	4	Investment income	4,465
	5a	Gross amount from sale of assets other than inventory5a	5c
	b	Less cost or other basis and sales expenses5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)5c	
	6	Gaming and fundraising events	6d
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)6a	
	b	Gross income from fundraising events (not including \$ 6,274 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	
	c	Less direct expenses from gaming and fundraising events6c6,274	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	0
	7a	Gross sales of inventory, less returns and allowances7a	7c
	b	Less cost of goods sold7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)7c	
	8	Other revenue (describe in Schedule O)	87,982
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9163,696
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
	13	Professional fees and other payments to independent contractors	13
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O)	16156,587
	17	Total expenses. Add lines 10 through 16	17156,587
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	187,109
	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)	1961,635
	20	Other changes in net assets or fund balances (explain in Schedule O)	200
	21	Net assets or fund balances at end of year Combine lines 18 through 20▶	2168,744

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

Cat No 10642I

Form 990-EZ (2010)

Check if the organization used Schedule O to respond to any question in this Part II ☒

(B) End of year

22	Cash, savings, and investments	57,105	22	70,277
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	4,530	24	0
25	Total assets	61,635	25	70,277
26	Total liabilities (describe in Schedule O)	0	26	1,533
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	61,635	27	68,744

Check if the organization used Schedule O to respond to any question in this Part III ☒

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

THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER FIRST - THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, SECOND - HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY, THIRD - THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS, AND COMMUNITY LIFE, FOURTH - THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE ACTIVITIES AND ORGANIZATION OF A ROTARY DISTRICT EXIST SOLELY TO HELP THE INDIVIDUAL ROTARY CLUB ADVANCE THE OBJECT OF ROTARY AND SHOULD NOT DIMINISH SERVICES PROVIDED BY ROTARY CLUBS AND INDIVIDUAL ROTARIANS Grants \$ 33,258) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	156,587
29 Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	156,587

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b <input type="text"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <input type="text"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="text"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/> 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> JAMES A MASTERA Telephone no <input type="text"/> (402) 477-6574 6515 SALTGRASS ROAD Located at <input type="text"/> LINCOLN, NE ZIP + 4 <input type="text"/> 68521		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="text"/> 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

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

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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		Date		
	C ROGER CARRELL GOVERNOR, ROTARY DISTRICT 5650		Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	BARBARA J FAJEN	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	SEIM JOHNSON LLP 18081 BURT STREET SUITE 200 OMAHA, NE 680224722			EIN
					Phone no (402) 330-2660
May the IRS discuss this return with the preparer shown above? See instructions					

YesNo

Additional Data

Software ID:
Software Version:
EIN: 47-0658808
Name: ROTARY INTERNATIONAL DISTRICT 5650 INC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
C ROGER CARRELL 6640 S 91ST STREET OMAHA,NE 68127	DISTRICT GOVERNOR 30 00	0	0	0
J ROBERT PERRIN 6640 S 91ST STREET OMAHA,NE 68127	DISTRICT GOVERNOR ELECT 5 00	0	0	0
JAMES V GRIESEN 6640 S 91ST STREET OMAHA,NE 68127	DISTRICT GOVERNOR NOMINEE 1 00	0	0	0
RICHARD L GALUSHA 6640 S 91ST STREET OMAHA,NE 68127	DISTRICT GOVERNOR NOMINEE 1 00	0	0	0
WM L MCNICHOLS 6640 S 91ST STREET OMAHA,NE 68127	DISTRICT SECRETARY 1 00	0	0	0
JAMES A MASTERA 6640 S 91ST STREET OMAHA,NE 68127	DISTRICT TREASURER 8 00	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ROTARY INTERNATIONAL DISTRICT 5650 INC	Employer identification number 47-0658808
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	CERTIFICATES OF DEPOSIT 4,465

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION ROTARY INTERNATIONAL ALLOCATIONS AMOUNT 7,982

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION DISTRICT GOVERNOR SUPPORT AMOUNT 19,485 DESCRIPTION DISTRICT GOVERNOR ELECT SUPPORT AMOUNT 14,153 DESCRIPTION OTHER DISTRICT OFFICERS AMOUNT 6,685 DESCRIPTION DISTRICT COMMITTEES/PROGRAMS AMOUNT 37,526 DESCRIPTION DISTRICT MEETING SUPPORT AMOUNT 18,308 DESCRIPTION MISCELLANEOUS AMOUNT 285 DESCRIPTION DISTRICT CONFERENCES AMOUNT 21,342 DESCRIPTION YOUTH EXCHANGE EXPENSES AMOUNT 18,832 DESCRIPTION SIMPLIFIED GRANT DISTRIBUTIONS AMOUNT 19,971 TOTAL TO FORM 990-EZ, LINE 16 156,587

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 4,530 END OF YEAR AMOUNT 0

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,533

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL DISTRICT 5650 INC

EIN: 47-0658808

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.