

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

	ĀF	or the 20	3 calendar year, or tax year beginningJULY 1	, 2008, and	d ending JU	NE 30,	, 20 09
	B cr	eck if applicable	Please C Name of organization ROTARY INTERNATIONAL	LACEY	•	D Employer identification	tion number
		Address change	use IRS label or Doing Business As			23-71499	44
		Name change	print or Number and street (or P O box if mail is not delivered to street	address)	Room/suite	E Telephone number	
	-	Instral return	type See PO BOX 3301		1	1.360.45	6.2400
	-	Termination	Specific City or town, state or country, and ZIP + 4		1		
	-	Amended	tinstruc- tions LACEY, WA 98503-3301			G Gross receipts \$	111,276
	\vdash	return Application	F Name and address of principal officer			H(a) Is this a group return	
	L	pending	·	WA 9850	3	affiliates? H(b) Are all affiliates include	
	_				3	If "No," attach a list (
	_	Tax-exempt		527		· ·	
	$\overline{}$	_	http://wwwlaceyrotary.org	 1.		H(c) Group exemption num	
		Type of orga	1 1	<u> </u>	L Year of format	tion 1969 M State of	riegai domicile WA
	Pa		nmary				
		1 Brief	describe the organization's mission or most significant activities	RAISE FUN	NDS FOR C	COMMUNITY PROJ	ECTS
	9	ANI	CONDUCT OTHER CIVIC ACTIVITIES.				
	auc						
S	ern						
	Governance	2 Chec	this box if the organization discontinued its operations	or disposed of i	more than 25%	of its assets	
ල ද	8 G	3 Num	er of voting members of the governing body (Part VI, line 1a)				116
c.V		4 Num	er of independent voting members of the governing body (Part V	I, line 1b)		4	116
APR.	viti		number of employees (Part V, line 2a)				 _
₹	Activities	6 Tota	number of volunteers (estimate if necessary)			6	116
	٩	7a Tota	gross unrelated business revenue from Part VIII, line 12, column (7a	825
띪			related business taxable income from Form 990-T, line 34				
SCANNEC		D MELL	nelated business taxable income from 330-1, line 34	• • • • • • • •		Prior Year	Current Year
Z		0 0	hutian and ments (Dot VIII, line 1h)			70,101	41,566
	enne	8 Cont	bution and grants (Part VIII, line 1h)		• • • •	70,101	41,500
\mathbb{Q}	ven	9 Prog	im service revenue (Part VIII, line 2g)		· • • • • 	242	150
ගා	Rev	10 Inve	ment income (Part VIII, columnts), lines 3, 4, and 7d)			243	150
		11 Othe	revenue - add unes 8 through 11 (must equal Part VIII, column (A			51,960	41,613
		12 Tota	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> _</u>	122,304	83,329
		13 Gran	s and similar amounts paid (Part IX) column (A), lines 1-3) ts paid to a formembers (Part IX, column (A), line 4)		🖵	41,492	43,527
		14 Bene	ts paid to a for members (Part IX, column (A), line 4)		🖳		
	S	15 Sala	es, other compensation, employee behefits (Part IX, column (A), li	nes 5-10)			
	Expenses	16a Profe	ssional fundraising (each and X column (A), line 11e)				
	çpe	b Tota	undraising expensee, Part IX, column (D), line 25)				
	Ü		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			102,930	37,173
		18 Tota	expenses Add lines 13-17 (must equal Part IX, column (A), line 2	5)		144,422	80,700
			ue less expenses Subtract line 18 from line 12		· · · · · ⊢	-22,118	2,629
	-Se	13 Reve	de less expenses Gubitate inte le mentante 12			Beginning of Year	End of Year
	Net Assets or Fund Balances	20 Tota	assets (Part X, line 16)			73,906	73,233
	Bala				• • • • •	5,584	2,281
	a t		iabilities (Part X, line 26)		• • • • • ⊢	68,322	70,952
			sets or fund balances Subtract line 21 from line 20			60,322	10,932
	Pa		nature Block				
		ign ere	penalties of perjury. Leclare that I have examined this return, includelief, it is true, porfect, and complete—Declaration of preparer (other Signature of officer Complete—Declaration of preparer (other Complete—Declaration of preparer (other Complete).	ding accompanying than officer) is be	g schedules and ased on all info	d statements, and to the primation of which prepared to the pr	best of my knowledge rer has any knowledge
			Type or print name and title	Date,	Check if	Preparer's	dentifying number
	Paid		arer's to	1 / .	self-	(see instruct	tions)
		aror's	iture Jales Jul	3/36/10	employed	, 	48-3692
		, Firn	ROBERT J. KREITLER, C.P.A.	<i></i>		EIN ▶ 91-1	
		addı	ss, and ZIP + 4 / 2413 PACIFIC AVE. SE, STE A				956.9893
	May	the IRS d	cuss this return with the preparer shown above? (See instructions)			X Yes No

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

5cm 990 (2008)

JSA 8E1010 2 000

Form 990 (2008)

Form :	990 (2008)			Page 3
Par	Checklist of Required Schedules		I	1
_	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schodule A	1		x
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		 -	
	The first of the f	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
-	Schedule C, Part II	4		x
5	Sections 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 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		Х
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_	ļ	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
40	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		X
10 11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		├ ^
''	Pode VI VII VIII IV or V og applicable	11		x
12	Did the organization receive an audited financial statement for the year for which it is completing this return			1
••	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part 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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20		X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if Yes, complete Schedule I, Parts I and III	21	х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	- 22	^	 -
	Schodula I	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			i
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
25a	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
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? 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			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		X
27	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	Table and the state of the appropriate and the state of t			

Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L. 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Х 37 VI........

Form **990** (2008)

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		-	
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-		1 .
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			لـــــــا
	this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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			3.5
	account)?	4a		X
b	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	5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	35		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5 c		
٥.	Prohibited Tax Shelter Transaction?	6a		x
	Did the organization solicit any contributions that were not tax deductible?			
b	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			!
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			İ
	required?	7h		 -
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		
а	Did the organization make any taxable distributions under section 4966?	9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter			
a	mitiation rees and capital contributions included on rare vin, line 12			
11	Gloss receipts, included on Form 990, Fait VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sect	ion A. Governing Body and Management			
	Fig. 2 and 11/2 all response to lines 2. 7h holes, and for a "Ala" response to lines R or Oh holes, describe the		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
. b	Enter the number of voting members that are independent.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2_	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			۱.,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	7	
6	Does the organization have members or stockholders?	6	Х	
7a			v	
L	of the governing body?	7a	x	
o D	Did the organizations contemporaneously document the meetings held or written actions undertaken during	7 b		
8				
_	the year by the following The governing body?	0 -	v	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a	$\frac{x}{x}$	
b	Dans the appropriate here legal charters bronzhou av officiaca?	8b		x
9a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	9a		
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	90		
10	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	10	Λ.	
''	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
Socti	on B. Policies	1 1		
Secu	OII B. FOIICIES		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		x
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		
	Other officers or key employees of the organization?	15b		
-	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ WASHINGTON			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization ► KIM PARKS, 5148 81ST AVE, OLYMPIA, WA. 98501 360.456.2400			-

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

Check this box if the organization did not compensate any officer, director, trustee, or key employee (F) (B) (C) (E) Position (check all that apply) Reportable Reportable Estimated Name and Title Average hours per compensation compensation amount of Individual trustee or director Officer Highest compensated employee Institutional trustee ē from related other week from employee the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations ROBIN HUNT, PRESIDENT 3 X BRUCE STUWE, PRES-ELECT 3 X ROBYN MCLEAN, TREASURER 3 X JOANN MESOJEDNEK, SEC 3 X BETTY MURPHY, MEMBERSHIP 3 X GARY JOINER, PUBLIC RELATIONS 3 X SHERLY APTE, CLUB SERVICE 3 X KEN ARDENSEN, FOUNDATION 3 X KATHY HOUSTON, CLUB ADMIN

Part VII Section A. Officers, Directors, Tro		y – 11	<u>ıpı</u> c		co, C)	and i	ng.	(D)	(E)	- CS (CC	Ji ili iu e		
(A) Name and title	(B) Average	Posit	uan (that ap	nlv)	Reportable	(E) Reportabl	_	Fe	(F) timated	4
Name and title	hours per	2 5		_				compensation	compensat			ount o	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	nplo	Former	from	from relate	ed	(other	
	ļ	dua	Ē	"	를	st c	4	the	organizatio			ensati	
		Υ <u>π</u>] <u>a</u>		oye	" ŏ		organization (W-2/1099-MISC)	(W-2/1099-N	iisc)		om the inization	
		stee	Sny		Ф	pen		(***2/1099-101130)				relate	
			ee			Highest compensated employee	-		-			nizatio	
			-	_									
						_							
	<u> </u>												
		-											
-													
					_	-							
				-									
1b Total	<u></u>						>						
2 Total number of individuals (including thos	e in 1a) w	/ho r	ece	ived	l m	ore ti	han	\$100,000 in rej	oortable com	pensa	ition fi	om t	he
organization ▶ 0									· · · · ·			Yes	No
3 Did the organization list any former office													
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	tabl 150	le d	omi	ensa If "V	itior 'es "	n and other comp " complete Sched	pensation fro ule 1 for su	om ach			
individual											4		х
5 Did any person listed on line 1a receiv											5		 X
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete c	SCHEU	uie	0 101	Sui	Jii pei	SUL	<u> </u>		• •	1 3		
1 Complete this table for your five highest	compensat	ed in	der	enc	lent	conf	trac	tors that received	more than	\$100	0,000	of	
compensation from the organization									 	-			
(A) Name and business add	ress							(B) Description of ser	vices	Co	(C) ompens	ation	
					-								
						_	+						
							+						
			•		-								
2 Total number of independent contractors (in compensation from the organization ▶ 0	ncluding t	nose	ın '	1) V	vno	rece	ive	o more than \$10	חו טטט,ט				

Pai	rt VII	Statement of Revenue		, -			
ı	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Fundraising events	5,610				
SE	g	Noncash contributions included in lines 1a-1f \$		41 566			
	h	Total. Add lines 1a-1f		41,566		<u> </u>	
Program Service Revenue	2a b c	Busine	ss Code			Anna Anna	
S	d						
Prograr	e f g	All other program service revenue Total. Add lines 2a-2f				-	
	3	Investment income (including dividends, interest, and other similar amounts)		150	150		
	4	Income from investment of tax-exempt bond proceeds			-		
	5	- · · · · · · · · · · · · · · ·	▶ ersonal				
	6a	Gross Rents					
	b	Less rental expenses					í
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> ▶</u>				
	7a	Gross amount from sales of assets other than inventory	Other				
	b	Less cost or other basis and sales expenses		^ ^	*		E. () () () () () () () () () (
	c d	Gain or (loss)					
	8a	Gross income from fundraising					(
Other Revenue		events (not including \$ of contributions reported on line 1c)					t
Re		See Part IV, line 18	9,710		, , ,		
ē	b	Less direct expenses b 2	8,922				
ot l	c	Net income or (loss) from fundraising events	🕨	40,788	40,788		
	9a	Gross income from gaming activities See Part IV, line 19		<			ŧ
	b c	Less direct expenses					
	10a	Gross sales of inventory, less returns and allowances					,
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue Busine	ss Code				
	11a	BULLETIN ADS 5111	90	825		825	L
	b		_	-			
	ŀ				-		
	C	All other revenue					
	d	All other revenue		825			_
	e	Total. Add lines 11a-11d	• • •				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	.	83,329	40,938		

Part IX Statement of Functional Expenses

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

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

	All other organizations must compr	cto oblamii (A) bat ai	c not required to con	ipiete columns (B); (o), and (D).
Do 7b,	not include amounts reported on lines 6b, 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	43,527	43,527		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)			 .	
9	- mer ompro/				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other				
_	Advertising and promotion	1,990	1,990		
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	8,124	8,124		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,545	10,545		
20	Interest			"	
21	Payments to affiliates				
22	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	450	450		
23	Insurance	450	430		
24	Other expenses Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	DUES	12,266	12,266		
	BANK CHARGES	1,590	1,590		
c	STORAGE RENTAL	2,208	2,208		
d					
е		<u></u>		<u>.</u>	
f	All other expenses	_ , _			
25	Total functional expenses Add lines 1 through 24f	80,700	80,700		
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				

ΙPa	art X	Balance Sheet						
	•		(A) Beginning of year				B) of year	r
	1	Cash - non-interest-bearing	73,906	1			73,	,233
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, directors, trustees, key	-					
		employees, or other related parties Complete Part II of Schedule L		5	<u> </u>			
	6	Receivables from other disqualified persons (as defined under section	-					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			l			
		of Schedule L		6	L			
ţ	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use		8				
Ä	9	Prepaid expenses and deferred charges		9				
	10a	Land, buildings, and equipment cost basis 10a						
	b	Less accumulated depreciation Complete						
		Part VI of Schedule D		10c				
	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)	73,906	16			73,	,233
_	17	Accounts payable and accrued expenses		17				
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20	_			
s	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
į		highest compensated employees, and disqualified persons Complete Part II						
₽.		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D	5,584	25			2,	,281
	26	Total liabilities. Add lines 17 through 25	5,584	26			2,	,281
es		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets	68,322	27	ļ		70.	, 952
ala	28	Temporarily restricted net assets	00,022	28				
8	29	Permanently restricted net assets		29				
or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and						
Ĕ		complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		30				
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	-	31				
As	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net	33	Total net assets or fund balances	68,322				70.	, 952
_	34	Total liabilities and net assets/fund balances	73,906					, 233
Pa	irt XI	Financial Statements and Reporting						
							Yes	No
1	Acco	unting method used to prepare the Form 990 X Cash Accrual Othe	er		1			
2a		the organization's financial statements compiled or reviewed by an independent account	tant?			2a		X
b		the organization's financial statements audited by an independent accountant?				2b	<u> </u>	Х
С	If "Y€	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the					
		, review, or compilation of its financial statements and selection of an independent accou				2c		
3a		result of a federal award, was the organization required to undergo an audit or audits as						ŀ
	the S	ingle Audit Act and OMB Circular A-133?				3 a	\sqcup	X
b	If "Ye	es," did the organization undergo the required audit or audits?	<u> </u>			3 b		į

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Inspection

Name	of the organization	<u> </u>				Employer identification	on number
ROTA	ARY INTERNATIONAL LACEY		- -			23-7149944	
Part	Fundraising Activities. Con	nplete if the organ	nization a	nswered	"Yes" to Form 9	90, Part IV, line	17
1	Indicate whether the organization rais	sed funds through	any of the	following	activities Check a	all that apply	
а	Mail solicitations	е	Solic	itation of	non-government g	rants	
b	Email solicitations	f		itation of	government grant	s	
С	Phone solicitations	g	X Spec	cial fundra	ising events		
ď	In-person solicitations						
2 a	Did the organization have a written o or key employees listed in Form 990	r oral agreement v , Part VII) or entity	vith any ind in connec	dividual (in tion with p	icluding officers, d professional fundra	lirectors, trustees aising activities?	Yes No
b	If "Yes," list the ten highest paid individue to be compensated at least \$5,000 b	viduals or entities (by the organization	fundraiser Form 990	s) pursuar 0-EZ filers	nt to agreements i are not required t	under which the fun o complete this tab	draiser is le
	(i) Name of Individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(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			
Tota	····						
re	st all states in which the organizati gistration or licensing HINGTON	ion is registered o	or license	d to solic	it funds or has t	peen notified it is	exempt from
			- 				
						-	
						·	
-							
		_					

Pa	Fundraising Events. Comple more than \$15,000 on Form	te if the organization -990-EZ, line 6a. Lis	answered "Yes" to Feat events with gross re	orm 990, Part IV, lii eceipts greater than	ne 18, or ì \$5,000	reporte	d
		(a) Event #1 DUCK DASH (event type)	(b) Event #2	(c) Other Events	(d) Total I (a) thro	Events (Arough col	dd col (c))
Revenue	1 Gross receipts			(100 100 100 100 100 100 100 100 100 100		69	,710
	3 Gross revenue (line 1 minus line 2)	69,710				69	,710
	4 Cash prizes						
Direct Expenses	5 Non-cash prizes						-
t Exp	6 Rent/facility costs						
Direc	7 Other direct expenses	28,922				28	, 922
Pa	8 Direct expense summary Add lines 4 9 Net income summary Combine lines art III Gaming. Complete if the org	3 and 8 in column (d).		<u> </u>	·	40,	922) 788
	than \$15,000 on Form 990-E	Z, line 6a	T				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		l gaming i hrough co	
<u>~</u>	1 Gross revenue				 		
ses	2 Cash prizes						
Expe	3 Non-cash prizes						
Direct Expenses	4 Rent/facility costs						
	5 Other direct expenses		l lu ov	n			
	6 Volunteer labor	Yes%	Yes% No	Yes% No			
	7 Direct expense summary Add lines 2	through 5 in column (d)			. ()
	8 Net gaming income summary Combi	ne lines 1 and 7 in colur	nn (d)	<u>.</u> .	<u>, </u>		
9	Enter the state(s) in which the organizati	on operates gaming act	tivities NONE		Г	Yes	No
a	a Is the organization licensed to operate gb If "No," Explain	aming activities in each	of these states?		9	a	
	a Were any of the organization's gaming li b If "Yes," Explain	censes revoked, suspe	ended or terminated duri	ng the tax year?	10)a	
		other with population					
11 12	Does the organization operate gaming a Is the organization a grantor, beneficiary formed to administer charitable gaming?	or trustee of a trust or	a member of a partner	ship or other entity		2	

Independent contractor

Schedule G (Form 990 or 990-EZ) 2008

17a

17

Description of services provided >

Employee

in the organization's own exempt activities during the tax year ▶\$

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent

Director/officer

Mandatory distributions

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047

2008

Cr 22 Complete if the organization answered "Yes " on Form 990 Part IV lines 21

Onen to Publ

Department of the Treasury Internal Revenue Service		Complete in the organization answers	vereumes, tach to Form	990.	IIIES 21 OI 22.		Inspection
Name of the organization						Employer identification number	on number
ROTARY INTERNATIONAL LACEY	LACEY					23-7149944	
Part General Information	General Information on Grants and Assistance	stance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	intain records to substanti to award the grants or ass	ate the amount of sistance?	the grants or assista	ince, the grantees' e	fligibility for the grants		X Yes No
2 Describe in Part IV the org	janization's procedures fo	r monitoring the u	se of grant funds in th	e United States			
Part Il Grants and Other Form 990, Part IV	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	ments and Orga ent that received	and Organizations in the United States. Complete if the organization answered "Yes" on at received more than \$5,000. Check this box if no one recipient received more than \$5,00.	i ted States. Comp) Check this box if	viete if the organiza ino one recipient r	ation answered "Ye eceived more thar	ss" on \$5,000.
USE Part IV and SC	Use Part IV and Schedule I-1 (Form 990) if additional space is needed and address of openization (b) FIN (b) FIN (b) FIN (c) IRC section (d) Amount of cash oran	r additional space	e is needed	(a) Amount of non-cash	(f) Method of valuation	of Description of	(h) Duraces of great
or government		ıf applicable	assistance	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
				1			
2 Enter total number of section 501(c)(3) and government organizations	ion 501(c)(3) and governr	ment organizations					
3 Enter total number of other organizations	r organizations					A	
For Privacy Act and Paperwo	rk Reduction Act Notice,	see the instruction	e Instructions for Form 990.			Sche	Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed Part III

ספס ספוופתחום וו (ספס ווווים ו) ו- ו סווים ספס	חונוטוומו שלפים ופ	ם וא ווספתפת			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COMMUNITY SERVICES	VARIOUS	26,609			
FOUNDATIONS	VARIOUS	4,688			
VOCATIONAL SERVICE	VARIOUS	388			
INTERNATIONAL SERVICE	VARIOUS	11,842			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	lete this part to	provide the info	ormation required	In Part I, line 2, and an	other additional information

Schedule I (Form 990) 2008

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ROTARY INTERNATIONAL LACEY

Part 1

Related Organizations and Unrelated Partnerships

2008 Open to Public

OMB No 1545-0047

Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.

Employer identification number 23-7149944

Schedule R (Form 990) 2008 (F)
Direct controlling
entity (F)
Direct controlling
entity MEMBERSHIP COMMON (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets 501 (c) (3) (**D**) Exempt Code section (D) Total income 501 (C)
Legal domicile (state | E (C) Legal domicile (state or foreign country) WASHINGTON SCHOLARSHIPS (B) Primary activity Primary activity (B) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations 91-1333657 (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity Identification of Disregarded Entities PO BOX 3301, LACEY, WA 98509 LACEY ROTARY FOUNDATION

Part II

Page 2

Schedule R (Form 990) 2008

Part III

Identification of Related Organizations Taxable as a Partnership

ئ و د	Ŷ.		1	!	
(J) General or managing partner?	(<u>v</u>)				
Code V-UBI Ge amount in box 20 of mis Schedule K-1 p (Form 1065)					
(H) Disproportorate albcatora?	Yes				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign					
(B) Primary activity					
(A) Name, address, and EIN of related organization					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

		entity (C corp. S corp. or trust)		end-of-year assets	ownership
			5 5 5		
	,				

Page 3

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations

Yes No	1a X		10 ×	v a	1f X	1g ×	1h X	1i X	X		+ ×	1m X	1n X	-	10 ×	4 d		1r X	Spin	volved	0					Schedule R (Form 990) 2008
] <u>*</u>		:	:				:	1				:		:		:	t	ווייים	Amount involved						Schedule R (
C/V = 2#20 cr																		inclinding covered relationships and transaction thresholds	ים יכומניטוואוויס מויס מש	(b) Transaction type (a-r)	I,N					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV	a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity	c Gift, grant, or capital contribution from other organization(s)	d Loans or loan guarantees to or for other organization(s)	e Loans or loan guarantees by other organization(s)	f Sale of assets to other organization(s)	a Purchase of assets from other organization(s)		i Lease of facilities, equipment, or other assets to other organization(s)	i loco of facilities commant or other seeds from other erronization(s)	Lease of requires, equipment, or other assets from other organization (s)		m Sharing of facilities, equipment, mailing lists, or other assets	n Sharing of paid employees			p Reimbursement paid by other organization for expenses	q Other transfer of cash or property to other organization(s)	r Other transfer of cash or property from other organization(s).	if the answel to any of the above is 100, see the mandanation of who may make complete this line,	(A) Name of other organization(s)	(1) LACEY ROTARY FOUNDATION	(2)	(4)	(5)	(9)	

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(B) (C) (D) Name, address, and EIN of entity Name, address, and EIN of entity Name, address, and EIN of entity	(B)	(C) Legal domicile	(D) Are all partners	(E) Share of	(F) Disproportionate		(H) General or
		(state or foreign country)	section 501(c)(3) organizations?		allocations?	of Schedule K-1	managing partner?
			Yes No		Yes No	(rorm 1005)	Yes No
							· · <u>-</u>
		:					
							-
							_
			_				
					-		
	:						
						Schedule R (Form 990) 2008	990) 2008