



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



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- 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 \$1,000,000 and total assets less than \$2,500,000 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.

A For the 2008 calendar year, or tax year beginning

07-01, 2008, and ending

06-30, 2009

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ROTARY INTL CLUB OF MOSES LAKE

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

Room/suite

P.O. BOX 525

City or town, state or country, and ZIP + 4

MOSES LAKE, WA 98837

D Employer identification number

91-6054987

E Telephone number

(509) 765-3305

F Group Exemption

Number . . . 0573

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual  
Other (specify) ►

I Website: ► N/A

J Organization type (check only one) - ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527H 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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$

65,422

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	31,910
	4	Investment income	4	1,073
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including of contributions reported on line 1)	6a	29,404
	6b	Less direct expenses other than fundraising expenses	6b	923
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) <b>SCHG.</b>	6c	28,481	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► <b>STM141</b> )	8	3,035	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,499	
Expenses	10	Grants and similar amounts paid (attach schedule) <b>STM122</b>	10	37,453
	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 ► <b>STM130</b> )	16	29,711
	17	<b>Total expenses.</b> Add lines 10 through 16	17	67,164
Net Assets or Fund Balances	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2,665)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	79,857
	20	Other changes in net assets or fund balances (attach explanation) <b>STM104</b>	20	3,342
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	80,534

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	97,586	100,988
23 Land and buildings		
24 Other assets (describe ► <b>STM131</b> )	11,881	13,477
25 <b>Total assets</b>	109,467	114,465
26 <b>Total liabilities</b> (describe ► <b>STM132</b> )	29,610	33,931
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	79,857	80,534



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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	X
<b>35</b> 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 your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38 a</b> 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 unpaid at the start of the period covered by this return? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . . <b>40b</b>		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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 . . . . . <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42 a</b> The books are in care of ▶ <b>REGAN BONATO</b> Telephone no ▶ <b>509-765-3305</b>		
Located at ▶ <b>P.O. DRAWER E MOSES LAKE, WA</b> ZIP + 4 ▶ <b>98837</b>		
<b>b</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)? . . . . . <b>42b</b>		X
If "Yes," enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . . <b>42c</b>		X
If "Yes," enter the name of the foreign country. ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here . . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44</b>		X
<b>45</b> 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 . . . . . <b>45</b>		X



Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ **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.**

OMB No. 1545-0047

2008

**Open to Public Inspection**

ROTARY INTL CLUB OF MOSES LAKE

Employer identification number

91-6054987

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
 **e** ☐ Solicitation of non-government grants  
**b** ☐ Email solicitations
 **f** ☐ Solicitation of government grants  
**c** ☐ Phone solicitations
 **g** ☒ Special fundraising events  
**d** ☐ In-person solicitations
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

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

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

Washington,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>PRIV AUCTION</b> (event type)	(b) Event #2 <b>FAIR TICKETS</b> (event type)	(c) Other Events <b>2</b> (total number)	(d) Total Events Add col (a) through col (c)
R e v e n u e	1 Gross receipts . . . . .	23,635	5,059	710	29,404
	2 Less Charitable contributions . . . . .				
	3 Gross revenue (line 1 minus line 2) . . . . .	23,635	5,059	710	29,404
D i r e c t  E x p e n s e s	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Other direct expenses . . . . .			923	923
	8 Direct expenses summary Add lines 4 through 7, column (d) . . . . .				( 923 )
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .				28,481

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
R e v e n u e	1 Gross revenue . . . . .				
D i r e c t  E x p e n s e s	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

## Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY	ROTARY INTERNATIONAL PROGRAMS	10,846	NONE
GRANTEE	THE ROTARY FOUNDATION		
ADDRESS			
ACTIVITY	ROTARY INTERNATIONAL PROGRAMS	2,000	NONE
GRANTEE	WORLD COMMUNITY SERVICE GUATEMALA		
ADDRESS			
ACTIVITY	ROTARY INTERNATIONAL PROGRAMS	750	NONE
GRANTEE	GUNPO YOUTH EXCHANGE		
ADDRESS			
ACTIVITY	ROTARY INTERNATIONAL PROGRAMS	1,000	NONE
GRANTEE	ROTOPLAST		
ADDRESS			
ACTIVITY	INTERNATIONAL SERVICE	1,000	NONE
GRANTEE	MEDICAL MISSION TO NIGERIA		
ADDRESS			
ACTIVITY	COMMUNITY SERVICE	1,809	NONE
GRANTEE	MOSES LAKE SCHOOL DISTRICT		
ADDRESS			
	TOTAL	<u>17,405</u>	



## Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY	COMMUNITY SERVICE	11,000	NONE
GRANTEE	MOSES LAKE FOOD BANK		
ADDRESS			
ACTIVITY	COMMUNITY SERVICE	500	NONE
GRANTEE	SAFE KIDS BIKE SAFETY HELMETS		
ADDRESS			
ACTIVITY	COMMUNITY SERVICE	250	NONE
GRANTEE	TROOP CARE PACKAGE POSTAGE		
ADDRESS			
ACTIVITY	COMMUNITY SERVICE	1,600	NONE
GRANTEE	SENIOR CENTER PAVING		
ADDRESS			
ACTIVITY	SCHOLARSHIP AND SCHOLASTIC PROGRAMS	5,898	NONE
GRANTEE	ROTARY SCHOLARSHIP FOUNDATION		
ADDRESS			
ACTIVITY	SCHOLARSHIP AND SCHOLASTIC PROGRAMS	800	NONE
GRANTEE	BUSINESS WEEK		
ADDRESS			
	TOTAL	<u>20,048</u>	

**Federal Supporting Statements**

**2008**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 16  
OTHER EXPENSES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ROTARY INTERNATIONAL DUES	4,984
DISTRICT 5060 DUES	2,825
COMMITTEE EXPENSES	5,305
BULLETIN	1,076
SUPPLIES	14,434
DISTRICT CONFERENCE/ASSEMBLY	<u>1,087</u>
 TOTAL	 <u><u>29,711</u></u>

**FORM 990EZ, PART II, LINE 24  
OTHER ASSETS SCHEDULE 3**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	11,881	8,477
DISTRICT CONFERENCE ADVANCE	<u>          </u>	<u>5,000</u>
 TOTAL	 <u><u>11,881</u></u>	 <u><u>13,477</u></u>

**FORM 990EZ, PART II, LINE 26  
OTHER LIABILITIES SCHEDULE 3**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	7,590	18,181
DUE ROTARY INTERNATIONAL	10,131	3,348
DUE ROTARY SCHOLARSHIP FNDTN	<u>11,889</u>	<u>12,402</u>
 TOTAL	 <u><u>29,610</u></u>	 <u><u>33,931</u></u>

# Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

## FORM 990EZ, PART I, LINE 8 OTHER REVENUES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEAL ASSESSMENTS	39,458
MEAL COSTS	(36,423)
TOTAL	<u>3,035</u>

## FORM 990EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS SCHEDULE

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PRIOR YEAR ADJUSTMENT	<u>3,342</u>
TOTAL	<u>3,342</u>