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Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545 1150

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)

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

Open to Public Inspection

Combination periodic Company C	Α	For the 2008 calendar year, or tax year beginning $7/01$, 2008, and ending $6/30$, 2	009
Website: N/A Note that the state of the	В		nployer ident	tification number
Termination for the complete of Schedule (1) Control (Address change use RS THE ROTARY CLUB OF QUINCY, WASHINGTON 9	1-6057	528
Social return Security Specific Spec	┕	Print or F.O. DOA 041	lephone num	ber
# Section 501(x/3) organizations and 4947(x/1) nonexempt charitable trusts	⊢	Initial return type QUINCY, WA 98848 5	09-787	-4513
*Section 501(c/x3) organizations and 4947(x)1) nonexempt charitable trusts *Section 501(c/x3) organizations and 4947(x)1) nonexempt charitable trusts **Website** N/A	-	Lermination Specific		
**Section S01/C(3) organizations and 4847(a/1) noneverted charitable trusts within a completed Schedule A (Form 390 or 359-EZ). Website: N/A S01(c)	-	Itions		nption >
Website: N/A Website: N/A Website: N/A	-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	d. X C	ash Accrual
Website: N/A Solic 4 4 (mast no) 4987(a)(1) or 527 990-EZ, or 990-FX	_	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶		
A				
Check The origination of the comparison of t	١.			B (Form 990,
Section Sect	J	Organization type (check only one) $ A $ 501(c) (4) $-$ (insert no) $ A $ 4947(a)(1) or $ A $ 527	<u> </u>	nore than
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Revenue, Expenses, and Sales in Net Assets or Fund Balances (See the instructions for Part I.) 1		\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return	any not n	
1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 18,444. A Investment income 4 1,426. 5a 5b 5b 5c 5b 5c 5b 5c 5c	L		► \$	30,307.
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1, 426. 5 Gross amount from sale of assets other than inventory 5 Less, cost or other basis and sales expenses c Gam or (less) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (compilet applicable parts of Schedule 6) if any amount is from gaming, check here a Gross revenue (not including 5 of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (less) from special events and activities (Subtract in 5b from in 5a) (att sch) b Less cost of goods sold c Gross prother of inse 1) b Less cost of goods sold c Gross prother of (loss) from sales of inventory. Jess returns and all owneres 7 Total revenue (aderinbe 7 of or members 10 Grants and similar amounts paid (attach schiedule) (1) Total revenue (aderinbe 7 of or members 11 Scalaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Coupancy, rent, utilities, and maintenance 14 Total expenses (describe 8 See Statement 2) 16 Cities repeates (describe 8 See Statement 2) 17 Total expenses (defertly for the year (Subtract line 17 from line 9) 18 Excess or (defertly for the year (Subtract line 17 from line 9) 19 Total expenses (defertly for the year (Subtract line 17 from line 9) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances as the adaptive of year (From line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Cash, savings, and investments 21 Land and buildings 22 Cash, savings, and investments 23 Land and buildings 24 Other assets of fund balances as the adaptive of the payment of year (A) Beginning of year (B) End of year	P	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Inst	ructions	for Part I.)
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	_	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.		Form 990-EZ (2008)

Forn	1 990-E로 (2008) THE ROTARY CLUE				6057528	Page 2
Par	t III Statement of Program Se	ervice Accomplishment	s (See the instruct	ions.)	Ex	penses
What	s the organization's primary exempt purpose? Se	e Statement 5			Required f	or 501(c)(3)
Desc	ribe what was achieved in carrying out thribe the services provided, the number of	je organization's exempt purp	oses. In a clear and cor	ncise manner,	and (4) org	anizations and rusts, optional
aesc	ribe the services provided, the number of ram title.	r persons benefited, or other r	relevant information for	eacn 4	or others)	rusts, optional
28	ROTARY EXCHANGE STUDENT-	PROVIDE A FOREIGN (COUNTRY LIVING			
	FOR QUALIFIED STUDENTS		200111111111111111111111111111111111111			
	100 700000 100 01000000					
				<u>-</u>	00 -	
		nis amount includes foreign gr			28 a	
29	SUPPORT TO THE INTERNATION	ONAL ROTARY FOUNDAT	LION FOR POLIO	AND OTHER		
	PROGRAMS	. 				
	(Grants \$) If th	nis amount includes foreign gr	ants, check here	▶	29 a	6,200.
30						
	(Grants \$) If the	nis amount includes foreign gr	ants, check here	:	30 a	
31	Other program services (attach schedule					
	· . ·	nis amount includes foreign gr	ants, check here	▶ 🗍 :	31 a	
32	Total program service expenses (add lir			▶ ;	32	6,200.
Par		· ,	nplovees. (List each o	one even if not comi	pensated	See the instrs)
1 441	The state of the s	(b) Title and average hours		(d) Contributions to		xpense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans	and and c	ther allowances
		to position		deferred compensation	on	
JES	S SLUSHER	Vice President	0.		0.	0.
128	B ST SW	0				
QŪI	NCY, WA 98848	1				
LYN	N CHILD	Director	0.		0.	0.
	BOX 277	0				
	NCY, WA 98848	1				
	ID THOMSEN	Tronguror	0.		0.	0.
		Treasurer			٠.	0.
	BOX 277	. 0				
	NCY, WA 98848					
	I GREBB	President	0.		0.	0.
PO_	BOX 277] 0				
QUI	NCY, WA 98848					
MAT	T MELBURN	Secretary	0.		0.	0.
311	L ST SW	Ī				
	NCY, WA 98848	1				
	CK ALLEN	Director	0.		0.	0.
	WILLOW AVE NE	1	· ·		٠٠	••
	NCY, WA 98848					
QUI	NC1, WA 90040				_	
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	n 990-EZ (2008) THE ROTARY CLUB OF QUINCY, WASHINGTON 91-605752	:8	Р	age 3
Pa	Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		163	110
	each activity	33	ļ	X
34	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	34		Х
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 your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			77
	proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		X
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
	If 'Yes,' complete applicable parts of Schedule N	36		Χ
	a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 Ь		Х
	a 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?	38 a	ļ	X
Į	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	4		
	b Gross receipts, included on line 9, for public use of club facilities a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	. <u> </u> 		
701	section 4911 N/A, section 4912 N/A, section 4955 N/A			
1	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	40 b		X
•	Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958 Letter amount of tax on line 40c reimbursed by the organization 0.			
	· · · · · · · · · · · · · · · · · · ·	1		
	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	40 e		X
41	List the states with which a copy of this return is filed None			
42.	a The books are in care of ► LEMASTER & DANIELS, PLLC Telephone no ► 509-7	97_1	512	
420	Located at > 405 SOUTH CENTRAL AVE. ZIP + 4 > 98848	<u> </u>	217	
			V	
I	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If 'Yes,' enter the name of the foreign country			
		_		37 / -
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	,		N/A N/A
	43			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
BAA	Form 990 must be completed instead of Form 990-EZ	45 rm 990)-E7 (X 2008)
1	10		(

Form 990-	EZ (2008) THE ROTARY CLUB OF	QUINCY, WASHIN	GTON	91-60575	528	Р	age 4
Part VI	Section 501(c)(3) organization	s only. All section		zations must answer qu	uestions	46-	49
`	and complete the tables for lin	es 50 and 51.					
46 Did t	he organization engage in direct or indirec	t political campaign act	vities on behalf of or	in opposition to candidates	-	Yes	No
•	ublic office? If 'Yes,' complete Schedule C				46		
	he organization engage in lobbying activiti	•	·	alata Cabadala E	47		
	e organization operating a school as descr he organization make any transfers to an e			piete Schedule E	48 49 a		
	es,' was the related organization(s) a secti	•	erated organization?		49a	-	
50 Com	plete this table for the five highest comper ved more than \$100,000 of compensation	nsated employees (othe	r than officers, direct	ors, trustees and key employ	LL	each	<u> </u>
• •	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 and deferred compensation	(e) Exp accoun	t and	
						,	
	of other employees paid over \$100,000						
51 Comp from	plete this table for the five highest comper the organization. If there is none, enter 'N	lone.'					
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compe	ensation	<u> </u>
		·			· <u>·</u> ·		
otal numb	per of other independent contractors received		<u> </u>				-
Sign Here	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (Date	ledge and b	elief, it	is
	Type or print name and title	nsen, Tre	easurer				
	Type or print name and title	···		Prena		una Niu	mber
	l .		P-1-		rers identity		
Paid Pre-	Preparer's signature DAVID A. THOMSEI		5-17	Check if self employed N/A	rer's Identify nstructions)		
Pre- parer's	Signature DAVID A. THOMSEN Firm's name (or yours if self ADE South Control	els, PLLC	\$-17	-1O self employed ► N/A			
	Firm's name (or LeMaster & Danie	els, PLLC al Avenue	\$-17	1/1 self			

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

►X Yes No Form **990-EZ** (2008)

parer's Use

Only

BAA

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545 1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization Employer identification number Type or print THE ROTARY CLUB OF QUINCY, WASHINGTON 91-6057528 Number, street, and room or suite number. If a P.O. box, see instructions File by the due date for filing your return See P.O. BOX 641 instructions City, town or post office, state, and ZIP code For a foreign address, see instructions QUINCY, WA 98848 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 5227 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 8870 Form 990-PF Form 1041-A The books are in the care of ► LEMASTER & DANIELS, PLLC Telephone No ► 509-787-4513_____ FAX No. - If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 If it is for part of the group, check this box 🕨 and attach a list with the names and EINs of all members the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for. calendar year 20 _ _ _ or \overline{X} tax year beginning 7/01 , 20 08 , and ending 6/30 , 20 09 . Change in accounting period 2 If this tax year is for less than 12 months, check reason. Initial return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ nonrefundable credits. See instructions b if this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 3b \$ 0. made. Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 0. 3c \$ See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

payment instructions

Form 8868 (Rev. 4-2009)

Form 8868	(Rev 4-2009)		Page 2
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pa	art II and check this hox	r age Z ► X
-	complete Part II if you have already been granted an automatic 3-month extens		Form 8868.
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	mon on a providuoly mod	. 6,,,, 6,6,6
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no	conies needed)
[.Z.,.X13,.Z.,X2,]	Name of Exempt Organization		ver identification number
-			
Type or print	THE ROTARY CLUB OF QUINCY, WASHINGTON		5057528
File by the	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS	use only
extended due date for filing the	LeMaster & Daniels, PLLC 405 South Central Avenue	L	
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Quincy, WA 98848		
Check type	of return to be filed (File a separate application for each return)		
Form 9	90 Form 990-PF	Form 1041-A	Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
X Form 9	90-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month exten	sion on a previously file	d Form 8868.
 The book 	oks are in care of ► LEMASTER & DANIELS, PLLC		
Telepho	one No ► 509-787-4513 FAX No. ►		
If the o	rganization does not have an office or place of business in the United States, ch	eck this box	▶ 🗍
• If this is	s for a Group Return, enter the organization's four digit Group Exemption Number	er (GEN)	. If this is for the
whole grou	p, check this box 🕒 📗 If it is for part of the group, check this box 🏲 🗌 a	nd attach a list with the r	names and EINs of all
members to	ne extension is for.		
4 I requ	lest an additional 3-month extension of time until $\ _5/15$ $\ _$, 20 $\ 10$).	
5 For cal	alendar year $_$, or other tax year beginning $_7/01$, 20 (08 , and ending <u>6/3</u> 0	, 20 <u>09</u>
		Final return Ch	ange in accounting period
7 State	in detail why you need the extension Taxpayer respectfully	requests additi	onal_time_to
gat	her information necessary to file a complete and	accurate tax re	turn.
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative fundable credits. See instructions	e tax, less any	8a \$
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credents made. Include any prior year overpayment allowed as a credit and any amiform 8868.	lits and estimated tax punt paid previously	8b \$
c Balan	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or, it. TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy	f required, deposit	8c.\$
	Signature and Verification	- '	·
Under penaltie correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form	, and to the best of my knowledg	ge and belief, it is true,
Signature -	Title ►		Date ►
			

2008	Federal Statements		-	Page 1
THE F	ROTARY CLUB OF QUINCY, WA	SHINGT	ON	91-6057528
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid				
Donee's Name: Cash Amount Given:	ROTARY INTERNATIONAL		\$	6,200.
Donee's Name: Cash Amount Given:	VARIOUS DONATIONS		\$	3,028.
Donee's Name: Cash Amount Given:	VARIOUS SCHOLARSHIPS		\$	7,905.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses				-
BANK CHARGES LICENSE & PERMITS MISCELLANEOUS Office Expenses OFFICE SUPPLIES Seminars & Training SUPPLIES			\$ Total \$	25. 68. 656. 388. 83. 500. 864. 2,584.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets				
Accounts Receivable OTHER ASSETS		Total	\$ 1,489. \$ 31,158.	1,638. 20,806. 22,444.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities	**		***	
Accounts Payable and Accrued OTHER CURRENT LIABILITIES	l Expenses	Total	\$ 16,750. \$ 1,615.	17,750. 1,615. 19,365.

2008

Federal Statements

Page 2

THE ROTARY CLUB OF QUINCY, WASHINGTON

91-6057528

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

ROTARY IS A WORLDWIDE ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS THAT PROVIDES HUMANITARIAN SERVICE, ENCOURAGES HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELPS BUILD GOODWILL AND PEACE IN THE WORLD.