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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder 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

2008

Open to Public  
Inspection

<b>A For the 2008 calendar year, or tax year beginning</b>		July 1	, 2008, and ending	June 30	, 20 09
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Rotary Club of Honolulu		99	0053560
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	
		2255 Kuhio Avenue		# 718	( 808 ) 922-5526
		City or town, state or country, and ZIP + 4		F Group Exemption Number . . . ► 0573	
		Honolulu, HI 96815-2658		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I Website:</b> ► <a href="http://www.honolulurotary.com">www.honolulurotary.com</a>					
<b>J Organization type (check only one):</b> <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Check ► <input checked="" type="checkbox"/> 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.</b>					
<b>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 ► \$</b>				262,740	

**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 . . . . .	3 257,380
	4 Investment income . . . . .	4 190
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c 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"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a
	b Less: direct expenses other than fundraising expenses . . . . .	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe ► <u>primarily advertising</u> ) . . . . .	8 5,170
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. . . . . ►	9 262,740
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 53,857
	13 Professional fees and other payments to independent contractors . . . . .	13 1,256
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 8,758
	15 Printing, publications, postage, and shipping . . . . .	15 620
	16 Other expenses (describe ► <u>Schedule #2</u> ) . . . . .	16 187,515
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 252,006
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 10,734
	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 79,296
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 90,030

<b>Part II Balance Sheets.</b> 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 . . . . .	210,682	22	94,954
23 Land and buildings . . . . .		23	
24 Other assets (describe ► <u>Receivables, prepaid expenses</u> ) . . . . .	1,705	24	1,974
25 Total assets . . . . .	212,387	25	96,928
26 Total liabilities (describe ► <u>Accounts payable, prepaid dues and fees</u> ) . . . . .	133,090	26	6,898
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	79,296	27	90,030

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <u>Service to community</u>				
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, or other relevant information for each program title.				
28	Member lunch costs			
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 135,933
29	Rotary participation			
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a 23,061
30	Roster, periodicals, and website			
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a 8,954
31	Other program services (attach schedule)			
	(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a 8,838
32	Total program service expenses (add lines 28a through 31a)			► <input type="checkbox"/> 32 176,786
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for 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
Hunter, Richard 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	President approx. 8 hours	0	0	0
Johns, Timothy 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Vice President approx. 2 hours	0	0	0
McDivitt, Kat 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Secretary approx. 1 hour	0	0	0
James M. Sterrett 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Treasurer approx. 1 hour	0	0	0
Bellino, David 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Doyle, Susan 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Ewing, James 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Field, John D. Jr. 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Jacobs, Selby 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Leineweber, Michael J. 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Maresca, Shannon 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Miller, Michael R. 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Sakata, Carol S. 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0
Scoggins, Kim 2255 Kuhio Avenue; Suite 718 Honolulu, HI 96815	Director approx. 1 hour	0	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

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 section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** . . . . .

b Did the organization file **Form 1120-POL** for this year? . . . . .

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 unpaid at the start of the period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

38b . . . . .

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

39a . . . . .

39b . . . . .

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and (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 . . . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .

d Enter amount of tax on line 40c reimbursed by the organization . . . . .

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .

41 List the states with which a copy of this return is filed. ► **None** . . . . .

42a The books are in care of ► **Mary L. Saunders** . . . . . Telephone no. ► ( 808 ) 922-5526 . . . . .

Located at ► **2255 Kuhio Ave., Suite 718, Honolulu, HI** . . . . . ZIP + 4 ► **96815-2658** . . . . .

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: ► \_\_\_\_\_ . . . . .

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. . . . .

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_ . . . . .

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 . . . . . ► **43** . . . . .

	Yes	No
33	✓	
34	✓	
35a	✓	
35b	✓	
36	✓	
37b	✓	
38a	✓	
38b		
39a		
39b		
40b		✓
40c		
40d		
40e		✓

42b . . . . .

42c . . . . .

43 . . . . .

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
44	✓	
45	✓	

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	
50 Complete this table for the 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
None				
Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ►		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date
 Timothy E. Johns, President		
Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ►	Phone no ► ( )	

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**Rotary Club of Honolulu****99-0053560**

<u>Depreciation schedule</u>	<u>Year purchased</u>	<u>Cost</u>	<u>Accum. deprec.</u>	<u>Net value</u>
Clubmate (Sec 179)	2001	626	626	0
DSL (Sec 179)	2002	167	167	0
Digital camera (Sec179)	2002	299	299	0
Fax machine (Sec 179)	2002	312	312	0
Lamps, fan and stand (Sec 179)	2002	66	66	0
Fireworks software (Sec179)	2003	299	299	0
Shelves, tables & equipment (Sec 179)	2003	355	355	0
Computer workstation (Sec179)	2003	135	135	0
Other (Sec179)	2003	37	37	0
Paper shredder (Sec179)	2004	53	53	0
Memory upgrade (Sec 179)	2004	115	115	0
Microwave (Sec 179)	2004	47	47	0
Dell Computer (Sec 179)	2005	1,537	1,537	0
Hard drive, RAM, Back up system (Sec 179)	2005	602	602	0
USB hub (Sec 179)	2005	800	800	0
Cannon scanner (Sec 179)	2005	333	333	0
		<b>5,783</b>	<b>5,783</b>	<b>0</b>

**Rotary Club of Honolulu**  
Fiscal year ended June 30, 2009

**99-0053560**

**Other expenses**  
**990-EZ - Part I - Line 16**

Lunch expense	135,933
National and local dues	23,061
Communications and publications	8,954
Conferences	5,207
Communications	2,422
Service charges	2,267
Office supplies	1,473
Equipment rent and copying	1,407
Program	1,174
Insurance	900
Repairs & software	269
Other	4,449
	<hr/> <u>187,515</u>