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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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 \$500,000 and total assets less than \$1,250,000 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**A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010**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
ROTARY CLUB OF WEST OLYMPIA
P.O. BOX 1781
OLYMPIA, WA 98507-1781

D Employer identification number

91-1032810

E Telephone number

(360) 456-7751

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: ▶ WWW.WESTOLYMPIAROTARY.ORG**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 53,258.

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	28,740.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	24,139.
	4	Investment income	4	379.
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	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		
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 ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	53,258.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	13,000.
	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	5,200.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 2)	16	39,432.
	17	Total expenses. Add lines 10 through 16	17	57,632.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,374.
	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	62,798.
	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	58,424.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	62,798.	58,424.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	62,798.	58,424.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,798.	58,424.

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

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Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? SEE STATEMENT 3

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

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)**28** SUPPORT COMMUNITY SERVICE AND INTERNATIONAL SERVICE PROJECTS.(Grants \$) If this amount includes foreign grants, check here ☐**28a** 44,632.**29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a)**32** 44,632.**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
TIFFANY SCROGGS 7751 GREENRIDGE SREET S.W. OLYMPIA, WA 98512	SECRETARY 2.00	0.	0.	0.
DIRK HAVLAK 1613 CAMDEN CIRCLE S.W. OLYMPIA, WA 98512	PAST PRESIDENT 1.00	0.	0.	0.
ANN ALVORD 2114 CRAIG ROAD S.E. OLYMPIA, WA 98501	PRESIDENT 5.00	0.	0.	0.
TERESA DEAN 6229 COOPER POINT ROAD N.W. OLYMPIA, WA 98502	EXEC SECRETARY 2.00	0.	0.	0.
AARON STEELE 2115 CRAIG ROAD S.E. OLYMPIA, WA 98501	DIRECTOR 1.00	0.	0.	0.
BRENT WALZ 300 FIR STREET N.E. OLYMPIA, WA 98506	DIRECTOR 1.00	0.	0.	0.
JEFF ROBERTSON 3632 25TH WAY S.E. OLYMPIA, WA 98501	TREASURER 2.00	0.	0.	0.
SANDI WILSON 3904 HOFFMAN COURT S.E. OLYMPIA, WA 98501	1.00	0.	0.	0.
JUDITH HOEFLING 1500 LAKE PARK DRIVE S.W. #20 TUMWATER, WA 98512	DIRECTOR 1.00	0.	0.	0.
SALLY BECKWITH 1023 SURREY TRACE S.E. TUMWATER, WA 98501	1.00	0.	0.	0.
GERRY CHILD 727 FOX RUN DRIVE N.W. OLYMPIA, WA 98502	DIRECTOR 1.00	0.	0.	0.
DALE KAMERRER 4205 AMBER COURT S.E. OLYMPIA, WA 98501	PRESIDENT ELECT 1.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b X		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **JEFF ROBERTSON** Telephone no **(360) 456-7751**
 Located at **P.O. BOX 1781 OLYMPIA WA** ZIP + 4 **98507-1781**

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)? **42b** 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**

c At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** X
 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 ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 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 | |
| 49b If 'Yes,' was the related organization a section 527 organization? | 49b | |

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

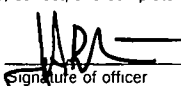
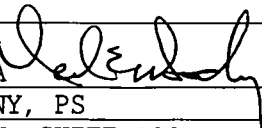
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

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

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

d 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		9-27-10 Date	
	JEFF ROBERTSON		TREASURER	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	NEIL E. WOODY, CPA 	Date	8-4-10
	Firm's name (or yours if self-employed), address, and ZIP + 4	MCSWAIN AND COMPANY, PS 222 N. CAPITOL WAY, SUITE 108 OLYMPIA, WA 98501		
	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
	EIN	N/A		
	Phone no	360-357-9304		

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

☒ Yes
 ☐ No

BAA

Form 990-EZ (2009)

ROTARY CLUB OF WEST OLYMPIA

91-1032810

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP-WWU	
DONEE'S NAME:	MICHELLE PHILLIPS	
DONEE'S ADDRESS:	516 HIGH STREET BELLINGHAM, WA 98225	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP-TIFFIN	
DONEE'S NAME:	GABRIELLE CHRISTIANSON	
DONEE'S ADDRESS:	155 MIAMI STREET TIFFIN, OH 44883	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP-ST. MARTIN'S	
DONEE'S NAME:	DANIEL MAST	
DONEE'S ADDRESS:	5300 PACIFIC AVENUE S.E. LACEY, WA 98503	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP- CWU	
DONEE'S NAME:	JUSTIN BURRIER	
DONEE'S ADDRESS:	400 EAST UNIVERSITY WAY ELLENSBURG, WA 98926	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP-CENTRALIA CC	
DONEE'S NAME:	DANIEL DEVRIES	
DONEE'S ADDRESS:	600 CENTRALIA COLLEGE BLVD CENTRALIA, WA 98531	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP-MICH STATE U	
DONEE'S NAME:	AUBREY OWADA	
DONEE'S ADDRESS:	RED CEDAR ROAD EAST LANSING, MI 48824	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP-UW	
DONEE'S NAME:	LUC HOA	
DONEE'S ADDRESS:	1500 45TH AVENUE N.E. SEATTLE, WA 98115	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP- UW	
DONEE'S NAME:	DALTON MORGAN	
DONEE'S ADDRESS:	1500 45TH AVENUE N.E. SEATTLE, WA	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP-WWU	
DONEE'S NAME:	BRITTANY LAWRENCE	
DONEE'S ADDRESS:	516 HIGH STREET BELLINGHAM, WA 98225	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP- UNIV OF ID	
DONEE'S NAME:	RACHEL ESTEP	
DONEE'S ADDRESS:	875 PERIMETER DRIVE MOSCOW, ID 83844	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP-EWU	
DONEE'S NAME:	RONNIE HAMLIN	
DONEE'S ADDRESS:	101 SUTTON HALL CHENEY, WA 99004	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP- UW	
DONEE'S NAME:	JACLYN REESE	
DONEE'S ADDRESS:	1500 45TH AVENUE N.E. SEATTLE, WA 98115	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP- LIFE PACIFIC	
DONEE'S NAME:	AMANDA WARNER	
DONEE'S ADDRESS:	1100 WEST COVINA BLVD SAN DIMAS, CA 91773	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$ 579.
COMMUNITY PROJECTS	12,420.
CONFERENCES, CONVENTIONS, AND MEETINGS	878.
DUES	8,745.
INTERNATIONAL SERVICE PROJECTS	7,579.
MEETINGS-GUESTS	671.
MEMBER SERVICES	1,112.
MISCELLANEOUS	500.
OFFICE EXPENSES	831.

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FEDERAL STATEMENTS

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ROTARY CLUB OF WEST OLYMPIA

91-1032810

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

TOY RUN EXPENSES
WEBSITE

	\$	5,817.
		300.
TOTAL	\$	<u>39,432.</u>

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MAIN OBJECTIVE OF ROTARY IS SERVICE-IN OUR COMMUNITY, WORKPLACES AND
THROUGHOUT THE WORLD.