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# Form 990-EZ

Department of the Treasury

# Short Form Return of Organization Exempt From Income Tax 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

OMB No 1545-1150

Open to Public Inspection

nter	na <u>l</u> Rev	nue Service The organization may have to use a copy of this return to satisfy state reporting re	equirements		Inspection
A F	or the	2009 calendar year, or tax year beginning July 1 , 2009, and	ending	Jun	e 30, 2010
<b>3</b> c	heck if a	plicable Please C Name of organization		D	Employer identification number
	Addre: chang	s use IRS			
Г	7	label or		91	-1151893
	Initial	Number and street (as B.O. how a made a not delivered to street address)	/suite	1	Telephone number
	Termir	ation See P.O. Box 40418		ء ا	206-546-9240
	Amend	ed Specific City or fown state or country and ZIP + 4			<u> </u>
_	return Applic	instructions. Bellevue, WA 98015-4418			Group Exemption Number · · . ▶ 0573
Ь	pendin		G Accounti		Tuliber
	• 56	a completed Schedule A (Form 990 or 990-EZ).	Other (sp	_	
			<del></del>		if the organization is not
					-
		e: www.rotary5030.org	•		ach Schedule B (Form 990,
_		mpt status (check only one) -   501(c) ( 4 ) ◀ (insert no )   4947(a)(1) or   527	990-EZ, o		
_	heck I			•	
		0-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure t		plete	
		5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990		\$	253,06
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (	<u>See the ir</u>	nstru	ictions for Part I.)
	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts	. <b></b> L	2	134,70
	3	Membership dues and assessments		3	108,86
	4	Investment income		4	1,30
	5 a	Gross amount from sale of assets other than inventory 5a			· ·
		Less cost or other basis and sales expenses			
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
9	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
Kevenue	ă	Gross revenue (not including \$ of contributions			
9		reported on line (1)		-	
۴	<b>h</b>			1	
-		,		ا ـ ۵	
ı		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	• • • • • ⊢	6c	
		Gross sales of inventory, less returns and allowances		1	
	D	Less cost of goods sold		_	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u></u> ⊦	7 c	
	8	Other revenue (describe ► See Attached		8	8,20
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	253,06
	10	Grants and similar amounts paid (attach schedule)	1401	10	
	11	Benefits paid to or for members		11	
မှု မြ	12	Salaries, other compensation, and employee benefits	_ %  ·  -	12	
Su	13	Professional fees and other payments to independent contractors	╌┞╡	13	3,25
Expenses	14	Occupancy, rent, utilities, and maintenance		14	
<u> </u>	15	Printing, publications, postage, and shipping		15	2,19
	16	Other expenses (describe Program Services. See Page 2, Part II	( ) [	16	202,47
-	17	Total expenses. Add lines 10 through 16		17	207,92
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	45,14
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		•	30,23
188	1.5			4.	176,36
	20	end-of-year figure reported on prior year's return)		19	170,30
Net	20 21	Other changes in net assets or fund balances (attach explanation)		20	221,50
- I				21	<del></del>
C G	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form		ot F	
_		(See the instructions for Part II )  (A) Beginning		<del> </del>	(B) End of year
2	Cash		176,584	<del>     </del>	231,30
3	Land	and buildings Prepaid Expenses)	<del></del>	23	
4			3,139		6,84
5			179,723		238,14
6		liabilities (describe   See Attached )	3,360		16,63
7			176,363	27	221,50
\$A	000 F	or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (200

Form 990-EZ (2009)					Page 2
Part III Statement of Program Service Accomplishme	ents (See the instruct	ions for Part III.)			penses
What is the organization's primary exempt purpose? See Attac	hed				for section and 501(c)(4)
Describe what was achieved in carrying out the organization's exe	mpt purposes In a clea	r and concise manne	er.	organizatı	ons and section
describe the services provided, the number of persons benefited, and				4947(a)(1 for others	) trusts, optional
28 Rotary District Conference to review ac			-	Tor ourier	<del>'</del>
plan and motivate for future projects	COmpilalments,	and to			
pran and motivate for future projects	<del></del>			1	
		<del></del>	<u> </u>		
	s foreign grants, check he		28a		113,540
29 Training seminars and meetings to train	club and distr	ict leaders			
				ļ	
(Grants \$ ) If this amount include	s foreign grants, check he	re	29a		45,538
30 Support for service projects and indivi		<u> </u>	11-00		
district	acce notary ora	20 211 0110			
arstrict					
		. 1			
(Grants \$ ) If this amount include	s foreign grants, check her	re ▶	30a	<u> </u>	43,389
31 Other program services (attach schedule)	. <i>.</i>		<u></u>		
	s foreign grants, check hei		31a		
32 Total program service expenses (add lines 28a through 31a)			▶ 32		202,473
Part IV List of Officers, Directors, Trustees, and Key Emplo			(See the in	structions	for Part IV)
	(b) Title and average	(c) Compensation	(d) Contr	butions to	(e) Expense
(a) Name and address	hours per week	(it not paid,		enefit plans & ompensation	account and
Nancy Dalton	devoted to position Governor	enter -0)	deletted G	Jiliperisation	other allowances
				ام	_
6521 46th Avenue NE Seattle, WA 98115	20	0		0	
Don Gregory	Secreatry				
1048 West James Kent, WA 98031	1	0		0	
Lynell Smnith	Treasurer				
5701 First Ave. S. Seattle, WA 98108	6	o		0	C
John Rasmussen	Board Member				
16524 9th Pl. NW Seattle, WA 98177	4	l ol		0	C
John Matthews	Board Member	-			
5435 W Mercer Way, Mercer Island, WA 98040	10	o		o	
Katrhy Johnson	Board Member				_
240 NW Gilman Blvd. Issaquah, WA 98027	2	0		0	
		_			
	··· <u>-</u> -				
					<del></del>
	<del></del>				
			L		

Part '	Other Information (Note the statement requirements in the instructions 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	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		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			
а	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?	35a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets	000		
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	376	أحصا	
JUA	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		â
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
70a	section 4911 ▶, section 4912 ▶, section 4955 ▶	:		
h	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
U	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	40ь		x
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	405		
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations 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	40e		X
41	List the states with which a copy of this return is filed  None			
	The organization's books are in care of ▶ Lynell Smith Telephone no ▶ 206-658	-402	3	
	Located at ▶ 5701 First Avenue South Seattle, WA ZIP + 4 ▶ 98108		•	
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	[	Yes	No
	account)?	42b		x
	If "Yes," enter the name of the foreign county ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		×
	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	_		
		[	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		ж
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	45	]	x
	F	om 99	0-EZ	(2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer and complete the tables for lines 50 and 51.  46 Did the organization engage in direct or indirect political campaign activities on behalf of or in oppose candidates for public office? If "Yes," complete Schedule C, Part I  47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, diemployees) who each received more than \$100,000 of compensation from the organization. If there is reployee than \$100,000  (a) Name and address of each employee paid more hours per week devoted to position.  (b) Tritle and average hours per week devoted to position.	sition to  Yes  46  47  48  49a  49b   Irrectors, trustees and none, enter "None "								
candidates for public office? If "Yes," complete Schedule C, Part I  47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49a Did the organization make any transfers to an exempt non-charitable related organization?  50 If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, diemployees) who each received more than \$100,000 of compensation from the organization If there is responsible than \$100,000 of compensation from the organization of the position of the organization is supplyed being the position of the organization of the position of the position of the organization of the position of the properties of the propertie	46 47 48 49a 49b  Irrectors, trustees and none, enter "None "	key							
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47 48 49a 49b  Irrectors, trustees and none, enter "None "								
ls the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49a Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, diemployees) who each received more than \$100,000 of compensation from the organization of the related organization organization of the related organization of the rel	48 49a 49b  Birectors, trustees and none, enter "None "  Bubutions to enefit plans & account and account and								
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, diemployees) who each received more than \$100,000 of compensation from the organization if there is remployees (a) Name and address of each employee paid more than \$100,000 of compensation (c) Compensation (d) Contribution (effective devoted to position (d) Contribution (effective devoted to position (effective devoted to position)	49a 49b  Irrectors, trustees and none, enter "None "  Inputions to enefit plans & account and								
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, dispension) who each received more than \$100,000 of compensation from the organization. If there is no fear and address of each employee paid more than \$100,000 than \$1	Irrectors, trustees and none, enter "None "  Inbuttons to enefit plans & account and								
Complete this table for the organization's five highest compensated employees (other than officers, discontinuous) who each received more than \$100,000 of compensation from the organization. If there is no compensation from the organization of the properties of the complex of	Irrectors, trustees and none, enter "None "  Inbuttions to account and account and								
employees) who each received more than \$100,000 of compensation from the organization. If there is r  (a) Name and address of each employee paid more than \$100,000  (b) Title and average hours per week devoted to position  (c) Compensation imployee being deferred contained.	none, enter "None "  ibutions to (e) Expense account and								
(a) Name and address of each employee paid more than \$100,000 than \$100,000 deferred core	enefit plans & account and								
		<del></del>							
f Total number of other employees paid over \$100,000 ▶		_							
Complete this table for the organization's five highest compensated independent contractors who established \$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	each received more t								
(a) Name and address of each independent contractor paid more than \$100,000	(e) compensation								
		_							
d Total number of other independent contractors receiving over \$100,000 ▶									
	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.								
Here Signature of officer Date Date	· / torico / torico								
Nancy Dalton, District Governor Type or print name and title	s identifying number (See instruction	มาร)							
Type or print name and title  Preparer's signature  Date  Check if Self-employed properties									
Type or print name and title  Preparer's signature  Date  Check if Preparer's self-									

# Rotary International District 5030

EIN: 91-1151893

Form 990-EZ June 30, 2010

### Page 1, Part I, Line 8:

Web Site and District Directory Advertising Support from Rotary International		875 7,325
Total		8,200
Page 1, Part II:	6-30-09	6-30-10
Line 24: Other Assets Prepaid Expenses	3,139	6,840
Line 26: Liabilities  Deferred Income  Funds Held for Others	3,360	12,000 4,636
Total Liabilities	3,360	16,636

### Page 2, Part III

Question: What is the organization's primary exempt purpose?

Answer: Rotary is a world wide service organization established to provide local

community service, promote high ethical standards in all vocations, and to promote world understanding and peace. A district is a geographically organized group of individual Rotary clubs. The purpose of the district is to assist and support clubs in achieving the

goals enumerated above.