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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2009 calendar year, or tax year beginning

07-01, 2009, and ending

06-30, 2010

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ 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 Tax-exempt status (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 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 ► \$ 139,131

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

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	68,000
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	27,330
	4	Investment income	4	722
	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"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	37,322
E x p e n s e s	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	37,322
	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 ► STM141)	8	5,757
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	139,131
	10	Grants and similar amounts paid (attach schedule)	10	101,499
	11	Benefits paid to or for members	11	
A s s e t s	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 ► STM130)	16	30,447
	17	Total expenses. Add lines 10 through 16	17	131,946
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,185
	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	80,534
	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	87,719	

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)

C a s h	(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	22 100,988 120,444
	23 Land and buildings	23
	24 Other assets (describe ► STM131)	24 13,477 1,024
	25 Total assets	25 114,465 121,468
	26 Total liabilities (describe ► STM132)	26 33,931 33,749
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 80,534 87,719	

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

EEA

Form 990-EZ (2009)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 GRANT LIST ATTACHED

(Grants \$	101,499) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	28a	131,946
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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	131,946
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Part V 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		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
37 a 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?		X
38 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 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		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a 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 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		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 ▶		
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		X
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ REGAN BONATO Telephone no ▶ 509-765-3305 Located at ▶ P.O. BOX 525 MOSES LAKE, WA ZIP + 4 ▶ 98837		
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)?	Yes	No
If "Yes," enter the name of the foreign country ▶		X
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 ?		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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b 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."

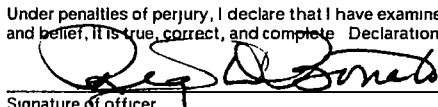
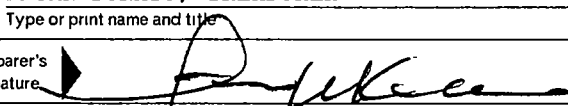
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		11-5-10 Date	
Paid Preparer's Use Only	REGAN BONATO, TREASURER Type or print name and title			
	 Preparer's signature		11-01-2010 Date	<input type="checkbox"/> Check if self-employed
	Sutter, Kunkle & Thompson, PS Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's Identifying No. (See inst.) EIN ▶	
	112 E Broadway Ave/PO Box 490 Moses Lake, WA 98837		Phone no ▶ 509-765-4501	

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

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

ROTARY INTL CLUB OF MOSES LAKE

Employer identification number

91-6054987

Part 1

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

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

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 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 services?

☐ 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

(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			
Total ▶						

- 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) Event #2	(c) Other Events	(d) Total Events Add col (a) through col (c)
		PRIV AUCTION (event type)	FAIR TICKETS (event type)	3 (total number)	
R e v e n u e	1 Gross receipts	28,510	4,242	4,570	37,322
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	28,510	4,242	4,570	37,322
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 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				()
11 Net income summary Combine line 3, column (d), and line 10				37,322	

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))
1 Gross revenue				
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 line 1, column (d), and line 7.				

	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

2009

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	10,530	NONE
GRANTEE	THE ROTARY FOUNDATION		
ADDRESS			
ACTIVITY	ROTARY INTERNATIONAL PROGRAMS	70,000	NONE
GRANTEE	GUATEMALA LITERACY PROJECT		
ADDRESS			
ACTIVITY	ROTARY INTERNATIONAL PROGRAMS	2,000	NONE
GRANTEE	HAITI SHELTER BOXES		
ADDRESS			
ACTIVITY	ROTARY INTERNATIONAL PROGRAMS	1,000	NONE
GRANTEE	ETHIOPIA WATER PROJECT		
ADDRESS			
ACTIVITY	INTERNATIONAL SERVICE	3,300	NONE
GRANTEE	MEDICAL MISSIONS TO AFRICA		
ADDRESS			
ACTIVITY	COMMUNITY SERVICE	5,466	NONE
GRANTEE	MOSES LAKE SCHOOL DISTRICT		
ADDRESS			
	TOTAL	<u>92,296</u>	

Federal Supporting Statements

2009

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	249	NONE
GRANTEE	NEW HOPE DIAPER DRIVE		
ADDRESS			
ACTIVITY	COMMUNITY SERVICE	750	NONE
GRANTEE	FAMILY SERVICES HEALTH ED		
ADDRESS			
ACTIVITY	COMMUNITY SERVICE	1,000	NONE
GRANTEE	COLUMBIA BASIN ALLIED ARTS		
ADDRESS			
ACTIVITY	SCHOLARSHIP AND SCHILASTIC SERVICES	1,000	NONE
GRANTEE	BBCC CAMP QUEST		
ADDRESS			
ACTIVITY	SCHOLARSHIP AND SCHOLASTIC PROGRAMS	5,804	NONE
GRANTEE	ROTARY SCHOLARSHIP FOUNDATION		
ADDRESS			
ACTIVITY	SCHOLARSHIP AND SCHOLASTIC PROGRAMS	400	NONE
GRANTEE	BUSINESS WEEK		
ADDRESS			
	TOTAL	<u>9,203</u>	

Federal Supporting Statements

2009

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	4,611
DISTRICT 5060 DUES	2,885
COMMITTEE EXPENSES	6,979
BULLETIN	495
SUPPLIES	12,327
DISTRICT CONFERENCE/ASSEMBLY	<u>3,150</u>
TOTAL	<u><u>30,447</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	8,477	1,024
DISTRICT CONFERENCE ADVANCE	<u>5,000</u>	
TOTAL	<u><u>13,477</u></u>	<u><u>1,024</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	18,181	5,155
DUE ROTARY INTERNATIONAL	3,348	10,946
DUE ROTARY SCHOLARSHIP FNDTN	12,402	15,906
DUE NICARAGUA PROJECT		1,200
DRAWING CARRYOVER		<u>542</u>
TOTAL	<u><u>33,931</u></u>	<u><u>33,749</u></u>

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2****DESCRIPTION****AMOUNT**MEAL ASSESSMENTS
MEAL COSTS

34,447

(28,690)

TOTAL

5,757