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Form **990-EZ****Short 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)

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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 **07/01/09**, and ending **06/30/10****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 Name of organization**ROTARY INTERNATIONAL
EDMONDS ROTARY CLUB**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 115

Room/suite

City or town, state or country, and ZIP + 4

EDMONDS**WA 98020****D** Employer identification number**91-6059620****E** Telephone number**425-771-1744****F** Group ExemptionNumber **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: **EDMONDS.ROTARYCLUB.PRO****J** Tax-exempt status (check only one) — ☒ 501(c) (**4**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H 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 **► \$ 167,189****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	3,687
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	6,169
	4	Investment income	4	1,346
	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)	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	123,578
	b	Less: direct expenses other than fundraising expenses	6b	94,172
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	29,406	
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 ► SEE STATEMENT 2)	8	32,409	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	73,017	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3	10	38,956
	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	15,470
	15	Printing, publications, postage, and shipping	15	69
	16	Other expenses (describe ► SEE STATEMENT 4)	16	51,351
	17	Total expenses. Add lines 10 through 16 ►	17	105,846
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,829
	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	140,437
	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	107,608

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

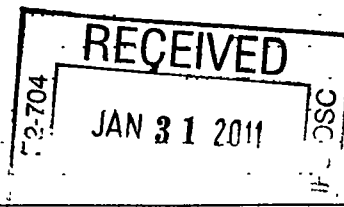
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	140,437	107,608
23 Land and buildings		
24 Other assets (describe ► _____)		
25 Total assets	140,437	107,608
26 Total liabilities (describe ► _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	140,437	107,608

SCANNED FEB 14 2011

Expenses

Net Assets



p 2

Expenses

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

SEE STATEMENT 5

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 SEE STATEMENT 6

(Grants \$ **14,829**) If this amount includes foreign grants, check here

28a

43,710

29 SEE STATEMENT 7

(Grants \$ **6,600**) If this amount includes foreign grants, check here

29a

6,677

30 SEE STATEMENT 8

(Grants \$ **350**) If this amount includes foreign grants, check here

30a

350

31 Other program services (attach schedule) **SEE STATEMENT 9**

(Grants \$ **12,732**) If this amount includes foreign grants, check here

31a

12,732

32 Total program service expenses (add lines 28a through 31a)

32

63,469

Part IV List of Officers, Directors, Trustees, and Key Employees. 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
CAROL KINNEY PO BOX 115	EDMONDS WA 98020	PRESIDENT 10.00	0	0
KIRK GREINER PO BOX 115	EDMONDS WA 98020	VICE-PRESID. 5.00	0	0
PAM LEMAY PO BOX 115	EDMONDS WA 98020	SECRETARY 5.00	0	0
JOEL PHILLIPPS PO BOX 115	EDMONDS WA 98020	TREASURER 5.00	0	0
DON HENDERSON PO BOX 115	EDMONDS WA 98020	PRESIDENT-ELECT 5.00	0	0
DOUG PURCELL PO BOX 115	EDMONDS WA 98020	PAST PRESIDENT 2.00	0	0
VERN CHASE PO BOX 115	EDMONDS WA 98020	PUBLIC RELATIONS 2.00	0	0
PAT THORPE PO BOX 115	EDMONDS WA 98020	FOUNDATION CHAIR 2.00	0	0
JIM WELSH PO BOX 115	EDMONDS WA 98020	SERVICE CHAIR 2.00	0	0
MEENAKSHI TOMAR PO BOX 115	EDMONDS WA 98020	MEMBERSHIP CHAIR 2.00	0	0
FRANK YAMAMOTO PO BOX 115	EDMONDS WA 98020	FUNDRAISING CHAIR 2.00	0	0
PAM HALSAN PO BOX 115	EDMONDS WA 98020	ADMINISTRATION CHAIR 2.00	0	0
SOPHIE HAMILTON PO BOX 115	EDMONDS WA 98020	SERGEANT-AT-ARMS 2.00	0	0

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," attached 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 instr		
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		
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		
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 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		
42a The organization's books are in care of		
Located at		
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)?		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 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 and enter the amount of tax-exempt interest received or accrued during the tax year		
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

Form 990-EZ (2009)

ROTARY INTERNATIONAL

91-6059620

Page 4

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 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 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."

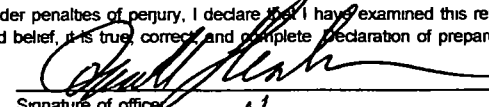
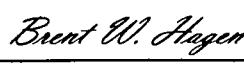
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		Date <u>1/25/2011</u>	
Paid Preparer's Use Only	Type of print name and title <u>DONALD HENDERSON president</u>			
	Preparer's signature	 Date <u>01/24/11</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<u>THE HAGEN FIRM, PLLC,</u> <u>110 THIRD AVENUE NORTH, SUITE 201</u> <u>EDMONDS, WA 98020</u>		EIN ▶ Phone no ▶ <u>425-771-5556</u>
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Special Events Schedule

Form , 990

2009

For calendar year 2009, or tax year beginning 07/01/09, and ending 06/30/10

Name _____

ROTARY INTERNATIONAL
EDMONDS ROTARY CLUB

Employer Identification Number

91-6059620

	(A)	(B)	(C)	Others	Total
Gross receipts	122,047	1,531	0	0	123,578
Less contributions	0	0	0	0	0
Gross revenue	122,047	1,531	0	0	123,578
Less direct expenses	93,696	476	0	0	94,172
Net income (loss)	28,351	1,055	0	0	29,406

Description	(A)	WATERFRONT FESTIVAL
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
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8	8	8
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99	99	99
100	100	100

(B) **PHOTOMARATHON**

(C)

Others

91-6059620

Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	\$ 6,169
TOTAL	\$ 6,169

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
LUNCHES	\$ 32,409
TOTAL	\$ 32,409

DMONROTARY Rotary International
1-6059620
YE: 6/30/2010

Federal Statements

1/24/2011 1:37 PM

Statement 3 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount of Payment
OTARY INTERNAT'L VE ROTARY CENTER VANSTON, IL 60201	INTERNATIONAL DUES	3,026
OTARY DISTRICT 5030 834 SE 32ND ST. ERCER ISLAND, WA 98040	DISTRICT DUES	1,419
TOTAL		<u>4,445</u>

91-6059620

Federal Statements

FYE: 6/30/2010

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
CLUB RETREAT	491
CLUB MEETINGS/EVENTS	476
DISTRICT CONFERENCE	3,543
INTERNATIONAL CONFERENCE	2,000
GENERAL SUPPLIES	1,038
PROGRAM SUPPLIES	8,761
CRIME PREVENTION SUPPLIES	14,653
LUNCH COSTS	17,190
BUSINESS PERMITS	10
COMMUNITY MEMBERSHIP DUES	175
OTHER MISCELLANEOUS	35
BANK CARD PROCESSING COST	1,322
BANK FEES	27
TELEPHONE	453
MEETING SUPPLIES	400
COMPUTER SUPPLIES	777
TOTAL	\$ <u>51,351</u>

91-6059620

Federal Statements

FYE: 6/30/2010

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

TO PROVIDE DIRECT AND INDIRECT SUPPORT, THROUGH OTHER NON-PROFIT ORGANIZAITONS, TO OUR COMMUNITY, AND ESPECIALLY OUR YOUTH.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

COMMUNITY SERVICES: THE EDMONDS ROTARY CLUB PROVIDES ADDITIONAL FUNDS TO OTHER COMMUNITY SERVICE AND NON-PROFIT PROGRAMS THAT FURTHER OUR MISSION OF "SERVICE ABOVE SELF" IN OUR COMMUNITY AND OUR COUNTRY.

Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

SCHOLARSHIPS: THE EDMONDS ROTARY CLUB PROVIDES ANNUAL COLLEGE SCHOLARSHIP FUNDS TO OUR LOCAL HIGH SCHOOL YOUTH WHO DEMONSTRATE THROUGH THEIR SCHOOL AND COMMUNITY ACTIVITIES THE ROTARY MISSION OF SERVICE ABOVE SELF. WE FUNDED AN ENDOWED SCHOLARSHIP FUND AT THE LOCAL COMMUNITY COLLEGE AND WE FUNDED SCHOLARSHIPS FOR YOUTH TO ATTEND THE ROTARY YOUTH LEADERSHIP EXCHANGE.

Statement 8 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**Description**

PAUL HARRIS FOUNDATION: THE EDMONDS ROTARY CLUB PROVIDES A MATCHING CONTRIBUTION TO EACH MEMBERS' CONTRIBUTION TO ROTARY INTERNATIONAL'S PAUL HARRIS FOUNDATION. THIS FOUNDATION PROVIDES DIRECT TOTAL OR MATCHING FUNDS TO HUMANITARIAN CAUSES BOTH DOMESTICALLY AND THROUGHOUT THE WORLD.

Statement 9 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

VOCATIONAL SERVICE: THE EDMONDS ROTARY CLUB SUPPORTS THE PROMOTION OF VOCATIONAL SERVICE PROJECTS THAT ENHANCE THE COMMUNITY AND THE EDUCATION OF YOUNG ADULTS IN RELATION TO VARIOUS VOCATIONAL OPPORTUNITIES.

INTERNATIONAL SERVICE: THE EDMONDS ROTARY CLUB PARTICIPATES WITH OTHER ROTARY CLUBS AND SERVICE ORGANIZATIONS TO SUPPORT INTERNATIONAL DISASTER RELIEF PROGRAMS AND OTHER SERVICES TO DEVELOPING AND NEEDY NATIONS.