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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY INTERNATIONAL
EDMONDS ROTARY CLUB
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 115
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 Exemption Number ▶ 0573

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶ _____
I Website: ▶ EDMONDSROTARY.ORG
J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 165,921

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	12,500
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	5,623
	4	Investment income	600
	5a	Gross amount from sale of assets other than inventory	
	b	Less cost or other basis and sales expenses	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	b	Gross income from fundraising events (not including \$ 126,450 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	
	c	Less direct expenses from gaming and fundraising events	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	40,047
	7a	Gross sales of inventory, less returns and allowances	
	b	Less cost of goods sold	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	30,748
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	79,518
Expenses	10	Grants and similar amounts paid (list in Schedule O)	42,570
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	
	14	Occupancy, rent, utilities, and maintenance	5,594
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	29,439
	17	Total expenses. Add lines 10 through 16	77,603
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1,915
	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)	107,608
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	109,523

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	107,608	22	109,523
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	107,608	25	109,523
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	107,608	27	109,523

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROVIDE DIRECT AND INDIRECT SUPPORT, THROUGH OTHER NON- PROFIT ORGANIZAITONS, TO OUR COMMUNITY, AND ESPECIALLY OUR YOUTH

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, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here	28a	
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 (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)		32	44,021

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	36	No
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?	37b	No
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 tax year covered by this return?	38a	No
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	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
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	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>LIBBY FREESE</u> Telephone no ▶ <u>(425) 771-1744</u> PO BOX 115 Located at ▶ <u>EDMONDS, WA</u> ZIP + 4 ▶ <u>98020</u>		
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 .	42b	No
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 ▶ _____	42c	No
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 ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	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, 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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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.

Sign Here	***** Signature of officer		2011-11-01 Date			
	LAMIN MANEH, PRESIDENT Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	BRENT W HAGEN	Date	2011-11-02	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	THE HAGEN FIRM PLLC 110 THIRD AVENUE NORTH SUITE 201 EDMONDS, WA 98020			EIN	
				Phone no	(425) 771-5556	

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

YesNo













Additional Data

Software ID:
Software Version:
EIN: 91-6059620
Name: ROTARY INTERNATIONAL
EDMONDS ROTARY CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 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 (Grants \$ 4,288) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	9,732
29 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 (Grants \$ 20,950) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	20,950
30 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 (Grants \$ 2,039) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	2,039
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 (Grants \$ 11,300) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		11,300

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
DONALD HENDERSON  PO BOX 115 EDMONDS,WA 98020	PRESIDENT 10 00	0		
KIRK GREINER  PO BOX 115 EDMONDS,WA 98020	VICE-PRESIDE 5 00	0		
PAMELA LEMAY  PO BOX 115 EDMONDS,WA 98020	SECRETARY 5 00	0		
LIBBY FREESE  PO BOX 115 EDMONDS,WA 98020	TREASURER 5 00	0		
LAMIN MANNEH  PO BOX 115 EDMONDS,WA 98020	PRESIDENT EL 5 00	0		
JAMES HODGES  PO BOX 115 EDMONDS,WA 98020	SGT -AT-ARMS 2 00	0		
DOUGLAS PURCELL  PO BOX 115 EDMONDS,WA 98020	PUBLIC RELAT 2 00	0		
SOPHIE HAMILTON  PO BOX 115 EDMONDS,WA 98020	CLUB ADMINIS 2 00	0		
BRIAN LARMEN  PO BOX 115 EDMONDS,WA 98020	MEMBERSHIP C 2 00	0		
MICHAEL KEALY  PO BOX 115 EDMONDS,WA 98020	FOUNDATION C 2 00	0		
JAMES WELCH  PO BOX 115 EDMONDS,WA 98020	COMMUNITY SE 2 00	0		
CAROL KINNEY  PO BOX 115 EDMONDS,WA 98020	PAST PRESIDE 2 00	0		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ROTARY INTERNATIONAL EDMONDS ROTARY CLUB	Employer identification number 91-6059620
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	LUNCHES 30,748 TOTAL 30,748

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	ROTARY INTERNAT'L INTERNATIONAL DUES 2,819 ONE ROTARY CENTER 1560 SHERMAN AVE EVANSTON IL 60201 ROTARY DISTRICT 5030 DISTRICT DUES 1,174 7834 SE 32ND ST SUITE 201 MERCER ISLAND WA 98040

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO INDIVIDUALS	FORM 990-EZ, PART I, LINE 10	NONE SCHOLARSHIPS 20,700 0 0

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES POSTAGE 116 TELEPHONE 229 DISTRICT CONFERENCES 3,055 INTERNATIONAL CONFERENCES 2,000 DEMOTION PARTY 806 CLUB RETREAT 840 GENERAL SUPPLIES 2,408 PROGRAM SUPPLIES 389 LUNCH COSTS 17,972 COMMUNITY MEMBERSHIP DUES 75 OTHER MISCELLANEOUS 603 BANK CARD PROCESSING COST 245 SOFTWARE 419 BANK FEES 282 TOTAL 29,439

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO PROVIDE DIRECT AND INDIRECT SUPPORT, THROUGH OTHER NON- PROFIT ORGANIZAITONS, TO OUR COMMUNITY , AND ESPECIALLY OUR YOUTH

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	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

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT	FORM 990-EZ, PART III, LINE 29	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

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT	FORM 990-EZ, PART III, LINE 30	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

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	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

TY 2010 Compensation Explanation**Name:** ROTARY INTERNATIONAL

EDMONDS ROTARY CLUB

EIN: 91-6059620

Person Name	Explanation
DONALD HENDERSON	
KIRK GREINER	
PAMELA LEMAY	
LIBBY FREESE	
LAMIN MANNEH	
JAMES HODGES	
DOUGLAS PURCELL	
SOPHIE HAMILTON	
BRIAN LARMEN	
MICHAEL KEALY	
JAMES WELCH	
CAROL KINNEY	