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Short Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No 1545-1150

2011

Open to Public  
Inspection

- 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

## A For the 2011 calendar year, or tax year beginning

07-01, 2011, and ending

06-30, 2012

## B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

## 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

PO 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

G Accounting Method  Cash  Accrual Other (specify) ►

## I Website: ► N/A

J Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization or section 527 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 ► \$ 31,364

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances see the instructions for Part ICheck if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,000
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	25,264
	4 Investment income	4	255
	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)		
	6 Gaming and fundraising events	5c	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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 in Schedule O)	8	4,845
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,364
	10 Grants and similar amounts paid (list in Schedule O)	10	46,719
Net Assets	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 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	24,282
	17 Total expenses. Add lines 10 through 16	17	71,001
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(39,637)
	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	93,054
Net Assets	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	53,417

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2011)

19

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	117,588	22	67,637
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	4,109	24	3,465
25 Total assets	121,697	25	71,102
26 Total liabilities (describe in Schedule O)	28,643	26	17,685
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,054	27	53,417

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **ENCOURAGE & FOSTER THE IDEAL OF SERVICE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28 ROTARY INTERNATIONAL FOUNDATION CONTRIBUTIONS**

(Grants \$ 6,315 ) If this amount includes foreign grants, check here . . . . . ►  28a 0

**29 ESTABLISHMENT OF ROTARY CHARITIES**

(Grants \$ 40,404 ) If this amount includes foreign grants, check here . . . . . ►  29a 0

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 0

**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) Reportable compensation (Form W-2/1099-MISC if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD HANOVER PO BOX 525, MOSES LAKE WA 98837	PRESIDENT 5	0	0	0
REGAN BONATO PO BOX 525, MOSES LAKE WA 98837	TREASURER 4	0	0	0
DAVID CAMPBELL PO BOX 525, MOSES LAKE WA 98837	SECRETARY 3	0	0	0
GEORGE MONLUX PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
KIMBERLY ASHLEY PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
RANDY DICKINSON PO BOX 525, MOSES LAKE WA 98837	PAST PRESIDENT 2	0	0	0
FREDERICK SKINNER PO BOX 525, MOSES LAKE WA 98837	PRESIDENT ELECT 3	0	0	0
ROB WEST PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
TOM THOMAS PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0
JACK BECKER PO BOX 525, MOSES LAKE WA 98837	DIRECTOR 2	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .

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) . . . . .

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .

    b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .

    c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

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 . . . . .

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? . . . . .

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 tax year covered by this return? . . . . .

    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 . . . . .

    b Gross receipts, included on line 9, for public use of club facilities 39a

    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 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 . . . . .

    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 . . . . .

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 ► PO 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)? . . . . .

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.? . . . . .  
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 ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

    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 . . . . .

    c Did the organization receive any payments for indoor tanning services during the year? . . . . .

    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 . . . . .

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45 b 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 may need to be completed instead of Form 990-EZ (see instructions) . . . . .

	Yes	No
33		X
34		X
35a		X
35b		
35c		X
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		X
40e		X
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

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 . . . . .

	Yes	No
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		
48		
49a		
49b		

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? . . . . .

**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, directors, trustees and key

Complete this table for the organization's highest compensated employees (i.e., the 10 highest compensated 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

Sign  
Here

Signature of officer

Date

RICHARD HANOVER, PRESIDENT

Type or print name and title

9/5/2012

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STROUD W KUNKLE CPA</b>	Preparer's signature 	Date <b>8-29-12</b>	Check <input type="checkbox"/> If self-employed	PTIN <b>P01204165</b>
	Firm's name ► <b>Sutter Kunkle &amp; Thompson PS</b>	Firm's EIN ►			
	Firm's address ► <b>112 E Broadway Ave/PO Box 490</b>				
	<b>Moses Lake WA 98837</b>	Phone no		<b>509-765-4501</b>	

May the IRS discuss this return with the preparer shown above? See Instructions . . . . .  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

ROTARY INTL CLUB OF MOSES LAKE

Employer identification number

91-6054987

**01. Description of other revenue (Part I, line 8)**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEAL ASSESSMENTS	32,471
MEAL COSTS	(27,626)

**02. List of grants and similar amounts paid (Part I, line 10)**

<u>ACTIVITY</u>	ROTARY INTERNATIONAL PROGRAMS
<u>GRANTEE</u>	THE ROTARY FOUNDATION
	EVANSTON IL 60201
<u>RELATIONSHIP</u>	NONE
<u>AMOUNT</u>	6,315

<u>ACTIVITY</u>	COMMUNITY DEV. & YOUTH ENHANCEMENT
<u>GRANTEE</u>	ROTARY CHARITIES OF MOSES LAKE
	MOSES LAKE WA 98837
<u>RELATIONSHIP</u>	NONE
<u>AMOUNT</u>	40,404

**03. Description of other expenses (Part I, line 16)**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ROTARY INTERNATIONAL DUES	4,527
DISTRICT 5060 DUES	2,720
COMMITTEE EXPENSES	3,275
BULLETIN	259

Name of the organization

ROTARY INTL CLUB OF MOSES LAKE

Employer identification number

91-6054987

SUPPLIES 13,361

DISTRICT CONFERENCE/ASSEMBLY 140

## 04. Description of other assets (Part II, line 24)

BEGINNING

CATEGORY	OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	4,109	2,406
DUE FROM ROTARY CHARITIES	0	1,059

## 05. Description of total liabilities (Part II, line 26)

BEGINNING

CATEGORY	OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	15,893	9,713
DUE ROTARY INTERNATIONAL	3,300	6,058
DUE ROTARY SCHOLARSHIP FNDTN	7,792	642
DRAWING CARRYOVER	1,658	1,272