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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 private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization ROTARY INTL CLUB OF MOSES LAKE	D Employer identification number 91-6054987
Number and street (or P O box, if mail is not delivered to street address) PO BOX 525	E Telephone number
City or town, state or province, country, and ZIP or foreign postal code MOSES LAKE, WA 98837	F Group Exemption Number ► 0573

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► PORTAL CLUBRUNNER CA/1363

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ► (Insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 53,317

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	25,610
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	26,162
	4 Investment income	4	22
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions 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	1,523
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	53,317
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,039
	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	45,789
	17 Total expenses. Add lines 10 through 16 ►	17	51,828
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,489
	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	48,521
	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	50,010

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	66,216	22	61,297
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	937	24	630
25 Total assets	67,153	25	61,927
26 Total liabilities (describe in Schedule O)	18,632	26	11,917
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,521	27	50,010

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, optional for others)

28 ROTARY INTERNATIONAL FOUNDATION CONTRIBUTIONS (Grants \$ 5,307)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	
29 PROVIDING AUTOMATED EXTERNAL DEFIBRILLATORS FOR BIG BEND COMMUNITY COLLEGE BUILDINGS (Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	25,611
30 (Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	25,611

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
REGAN BONATO TREASURER	6 00	7,200	0	0
DAVID CAMPBELL PAST PRESIDENT	2 00	0	0	0
BILL BAILEY DIRECTOR	2 00	0	0	0
SHAWN O'BRIEN SECRETARY	4 00	0	0	0
HOWARD SKAUG PRESIDENT	5 00	0	0	0
TOM THOMAS DIRECTOR	2 00	0	0	0
MARLO MERRILL DIRECTOR	2 00	0	0	0
DAVID THOMAS DIRECTOR	2 00	0	0	0
JEREMY NOLAN DIRECTOR	2 00	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

	Yes	No
33	33	No
34	34	No
35a	35a	No
b	35b	
c	35c	No
36	36	No
37a	37a	
b	37b	No
38a	38a	No
b	38b	
39	39a	
a	39b	
40a	40b	No
b	40c	
c	40d	
d	40e	No
41		
42a	REGAN BONATO	Telephone no (509) 765-3305
	PO BOX 525 MOSES LAKE, WA	ZIP + 4 98837
b	42b	No
If "Yes," enter the name of the foreign country	42c	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	43	
If "Yes," enter the name of the foreign country		
43		
44a	44a	No
b	44b	
c	44c	No
d	44d	
45a	45a	No
45b	45b	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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) 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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 must attach a completed Schedule A Yes No

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 HOWARD SKAUG PRESIDENT Type or print name and title	2015-11-11 Date
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Paid Preparer Use Only	Print/Type preparer's name Stroud W Kunkle	Preparer's signature	Date 2015-11-10	Check <input type="checkbox"/> if self-employed	PTIN P01204165
	Firm's name <input type="checkbox"/> Sutter Kunkle & Thompson PS			Firm's EIN <input type="checkbox"/> 91-0926935	
	Firm's address <input type="checkbox"/> 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

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
ROTARY INTL CLUB OF MOSES LAKE**Employer identification number**

91-6054987

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNTMEAL ASSESSMENTS 32,151MEAL COSTS (30,628)
List of grants and similar amounts paid Part I line 10	ACTIVITY ROTARY INTERNATIONAL PROGRAMS GRANTEE THE ROTARY FOUNDATION STREET ONE ROTARY CEN TER CITY, STATE, ZIP EVANSTON, IL 60201RELATIONSHIP NONE AMOUNT 5,307ACTIVITY COMMUNITY DE V & YOUTH ENHANCEMENT GRANTEE ROTARY SCHOLARSHIP FOUNDATION STREET PO BOX 525 CITY, STATE , ZIP MOSES LAKE, WA 98837RELATIONSHIP NONE AMOUNT 732
Description of other expenses Part I line 16	DESCRIPTION AMOUNTROTARY INTERNATIONAL DUES 4,516DISTRICT 5060 DUES 2,880COMMITTEE EXPENSES 2,425SUPPLIES 10,357AED PROJECT 25,611
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEARACCOUNTS RECEIVABLE 937 630
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARACCOUNTS PAYABLE 9,963 4,257DUE ROTARY INTERNATIONAL 6,387 5,817DUE ROTARY SCHOLARSHIP FNDTN 2,282 1,417DRAWING CARRY OVER 0 426