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**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](http://www.irs.gov/form990).

**FGroup Exemption  
Number** 

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

Form **990-EZ** (2015)

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	104,878	22	64,104
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	104,878	25	64,104
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,878	27	64,104

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?

Kirkland Rotary Club is a Charitable, Educational, and Social Organization The club participates in various community service activities, provides funding to community, education and international organizations, provides scholarships and awards to deserving individuals and participates in the international youth exchange program

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

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

72,294

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
Rich Bergdahl President	0	0		
Rick Walter Treasurer	0	0		
Anne Hamilton Secretary	0	0		
Steve Shinstrom Vice President	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	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 . . . . .	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		
35a	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)? . . . . .	35a	No		
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	No		
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 . . . . .	35c	No		
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 ▶ <table><tr><td>37a</td><td></td></tr></table>	37a			
37a					
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 . <table><tr><td>38b</td><td></td></tr></table>	38b			
38b					
39	Section 501(c)(7) organizations Enter <table><tr><td></td><td></td></tr></table>				
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	0		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0		
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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>Rick Walter</u> Telephone no ▶ <u>(425) 455-1620</u> Located at ▶ <u>PO Box 553 Kirkland, WA</u> ZIP + 4 ▶ <u>98083</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 <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	42b	No		
c	At any time during the calendar year, did the organization maintain an office outside 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 <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44a	Did the organization maintain any donor advised funds during the year? 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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .	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? <i>If "No," provide an explanation in Schedule O</i> . . . . .	44d	No		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	No		
45b	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) . . . . .	45b	No		

		Yes	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 . . . . .		
		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 . . . . .

		Yes	No
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 . . . . .	47	
48	Is the organization 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 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
NONE				

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
NONE		

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	<div>*****</div> <div>Signature of officer</div>			<div>2016-09-07</div> <div>Date</div>	
	<div>Rich Bergdahl President</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Prnt/Type preparer's name D Rick Walter		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00188174
	Firm's name <div>Bashey Hutchinson &amp; Walter CPAs</div>				Firm's EIN <div></div>
	Firm's address <div>11033 NE 24th Street Suite 100 Bellevue, WA 98004</div>				Phone no (425) 455-1620
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID: 15000324  
Software Version: 2015v2.0  
EIN: 91-6055281  
Name: Kirkland 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 Provide warm coats to those students who cannot afford them (Grants \$ 1,836) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 To assist for housing needs for homeless people (Grants \$ 500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 To assist disabled children to play baseball (Grants \$ 700) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
To Teen CEO for high school contest for invention (Grants \$ 8,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Provide school supplies to John Muir (Grants \$ 1,200) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Gifts, Charity to misc (Grants \$ 1,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Charity, gifts for performing arts (Grants \$ 500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
To international contingency fund for international relief mission (Grants \$ 6,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Chelan Valley Hope (Grants \$ 1,607) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
To friends of Youth (Grants \$ 451) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Legacy project to provide shelter (Grants \$ 50,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Kirkland Rotary Club

Employer identification number  
91-6055281

Part I Fundraising Activities.

Complete if the organization answered "Yes" on 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 and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash 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: Subtract line 10 from line 3, column (d) . . . . .			

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
1	Gross revenue . . . . .			54,442	54,442
2	Cash prizes . . . . .			5,000	5,000
3	Noncash prizes . . . . .				
4	Rent/facility costs . . . . .				
5	Other direct expenses . . . . .			14,877	14,877
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary: Add lines 2 through 5 in column (d) . . . . .				19,877
8	Net gaming income summary: Subtract line 7 from line 1, column (d) . . . . .				34,565

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☒ No

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?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility	100 000	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization Kirkland Rotary Club	Employer identification number 91-6055281
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Other Revenue \$24059
Grants and Similar Amounts Paid In Excess of \$5,000 2	Class of Activity Higher Education   Donee's Name Scholarships to Kirkland HS Students   Donee's Address Various High Schools Kirkland WA   Relationship of Donee None   Cash Amount Given \$9000
Grants and Similar Amounts Paid In Excess of \$5,000 3	Class of Activity Program Services   Donee's Name City of Kirkland Kirkland WA   Relationship of Donee None   Cash Amount Given \$50000
Grants and Similar Amounts Paid In Excess of \$5,000 4	Class of Activity Program Services   Donee's Name Seattle Intl District Rotary Club Seattle WA   Relationship of Donee Both Rotary Clubs   Cash Amount Given \$6500
Grants and Similar Amounts Paid In Excess of \$5,000 5	Class of Activity Program Services   Donee's Name Various smaller donations Kirkland WA   Relationship of Donee None   Cash Amount Given \$7794
Other Expenses 1	Dinnner Expense \$25214
Other Expenses 2	Club Services Expenses \$4322
Other Expenses 3	Rotary Dues \$3884
Other Expenses 4	Rtry dist 5030 \$1820
Other Expenses 5	Pets \$1160
Other Expenses 6	Other Operating Expenses \$698
Other Expenses 7	Operating Supplies \$396
Other Expenses 8	Bank and C/C Fees \$349
Other Expenses 9	Miscellaneous \$271
Other Revenue	Other revenue consists of Dinner income - \$20,707