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Form 990-EZ

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

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final 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 province, country, and ZIP or foreign postal code  
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) \_\_\_\_\_

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: [EDMONDSROTARY.ORG](http://EDMONDSROTARY.ORG)

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

**K** 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. **\$ 188,850**

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				1	4,208
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	6,614
	4	Investment income				4	130
	5a	Gross amount from sale of assets other than inventory		5a		5c	
	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				6d	37,075
	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	150,019		
c	Less direct expenses from gaming and fundraising events		6c	112,944			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						
7a	Gross sales of inventory, less returns and allowances		7a		7c		
b	Less cost of goods sold		7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)				8	27,879	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	75,906	
Expenses	10	Grants and similar amounts paid (list in Schedule O)				10	31,501
	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	53,343
	17	Total expenses. Add lines 10 through 16				17	84,844
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-8,938
	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	131,009
	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	122,071



**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
<b>22</b> Cash, savings, and investments . . . . .	127,116	<b>22</b>	122,195
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	3,893	<b>24</b>	275
<b>25</b> Total assets . . . . .	131,009	<b>25</b>	122,470
<b>26</b> Total liabilities (describe in Schedule O). . . . .		<b>26</b>	399
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	131,009	<b>27</b>	122,071

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

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>30</b>	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) <b>32</b>		50,475

**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
BETH KEALY	2 00	0		
PAST-PRESIDE				
ROBERT JORGENSEN	2 00	0		
MEMBERSHIP C				
DOUG LOFSTROM	10 00	0		
PRESIDENT				
TONYA DRAKE	2 00	0		
VICE PRESIDE				
RANDY HUTCHINS	2 00	0		
COMMUNITY SE				
RICHARD OKIMOTO	3 00	0		
YOUTH SVC C				
SCOTT JAMES	3 00	0		
PRESIDENT EL				
DAVID KAUFER	2 00	0		
PUBLIC RELAT				
BRENT HAGEN	4 00	0		
TREASURER				
CAROL KINNEY	3 00	0		
SECRETARY				
VALERIE CLAYPOOL	3 00	0		
CLUB ADMINIS				
LAMIN MANNEH	2 00	0		
FOUND /INT'L				



**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
<b>33</b> 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 . . . . .	<b>33</b>		No
<b>34</b> 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) . . . . .	<b>34</b>		No
<b>35a</b> 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>35a</b>		No
<b>b</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 . . . . .	<b>35b</b>		
<b>c</b> 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 . . . . .	<b>35c</b>		No
<b>36</b> 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 . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <span style="float:right; border: 1px solid black; padding: 2px;"><b>37a</b></span>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		No
<b>38a</b> 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? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter . . . . .			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
<b>b</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 . . . . .	<b>40b</b>		No
<b>c</b> 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 ▶ _____			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
<b>e</b> 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 . . . . .	<b>40e</b>		No
<b>41</b> List the states with which a copy of this return is filed ▶ _____			
<b>42a</b> The organization's books are in care of ▶ <u>EDMONDS ROTARY</u> Telephone no ▶ <u>(425) 771-1744</u> Located at ▶ <u>PO BOX 115 EDMONDS, WA</u> ZIP + 4 ▶ <u>98020</u>			
<b>b</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)? . . . . .	<b>42b</b>		No
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>			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>		No
If "Yes," enter the name of the foreign country ▶ _____			
<b>43</b> 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 . . . . . ▶ <span style="border: 1px solid black; padding: 2px;"><b>43</b></span>			
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>		No
<b>b</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 . . . . .	<b>44b</b>		No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>		No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>		No
<b>45b</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) . . . . .	<b>45b</b>		No



		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b>	***** Signature of officer		2017-09-21 Date		
	SCOTT JAMES PRESIDENT ELECT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRENT W HAGEN	Preparer's signature	Date 2017-09-28	Check <input type="checkbox"/> if self-employed	PTIN P00199208
	Firm's name ► THE HAGEN FIRM PLLC			Firm's EIN ► 91-1942431	
	Firm's address ► 110 THIRD AVENUE NORTH SUITE 201 EDMONDS, WA 98020			Phone no. (425) 771-5556	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► ☒ **Yes** ☐ **No**



## 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 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.)	
<p><b>28</b> 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</p> <p>(Grants \$ 13,672)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	30,327



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

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.)	
<b>29</b> 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 FUND AN ENDOWED SCHOLARSHIP FUND AT THE LOCAL COMMUNITY COLLEGE AND WE FUND SCHOLARSHIPS FOR YOUTH TO ATTEND THE ROTARY YOUTH LEADERSHIP EXCHANGE AND OTHER RELEVANT CONFERENCES  (Grants \$ 8,750) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	9,810



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

<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<b>30</b> 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 \$ 1,955) <div style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<b>30a</b>	1,955



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

<b>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.</b>	<b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<p>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</p> <p>(Grants \$ 1,000)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		8,383



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

2016

Open to Public Inspection

Name of the organization  
ROTARY INTERNATIONAL  
EDMONDS ROTARY CLUB

Employer identification number  
91-6059620

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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)
		<b>WATERFRONT FEST</b> (event type)	<b>ART FESTIVAL GR</b> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	136,212	8,367		144,579
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	136,212	8,367		144,579
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	47,328			47,328
	<b>7</b> Food and beverages . . . . .	11,396	3,857		15,253
	<b>8</b> Entertainment . . . . .	21,914			21,914
	<b>9</b> Other direct expenses . . . . .	26,680	192		26,872
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				111,367
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				33,212

**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))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Revenue	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**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
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ROTARY INTERNATIONAL  
EDMONDS ROTARY CLUB

**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

**2016**

**Open to Public  
Inspection**

**Employer identification number**

91-6059620

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	LUNCHES 27,879 TOTAL 27,879



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	ROTARY INTERNAT'L INTERNATIONAL DUES 4,186 ONE ROTARY CENTER 1560 SHERMAN AVE EVANSTON IL 60201 ROTARY DISTRICT 5030 DISTRICT DUES 1,938 7834 SE 32ND ST SUITE 201 MERCER ISLAND W A 98040



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	NONE SCHOLARSHIPS 8,750 0 0



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	WASHINGTON KIDS IN TRANSITION 3204 NE 198TH PL LAKE FOREST PARK, WA 98155 6,312 0 0



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES POSTAGE 160 TELEPHONE 458 DISTRICT CONFERENCES 3,900 DEMOTION PARTY 976 CLUB RETR EAT 2,870 RYLA/WORLD AFFAIRS 1,060 PRESIDENT ELECT TRAINING 831 ROTARY INTERNATIONAL CONF 1,259 ROTARY ACADEMY 360 CLUB MEETINGS 4,794 BANK FEES 340 COMMUNITY MEMBERSHIP DUES 236 GENERAL SUPPLIES 2,171 LUNCH COSTS 28,384 PROGRAM SUPPLIES 210 PUBLIC RELATIONS SUPPLIES 2 12 SOFTWARE 689 STUDENT OF THE MONTH GIFT 400 TRINITY PLACE SUPPLIES 4,033 TOTAL 53,343



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 3,893 0 DUE FROM EDMONDS ROTARY FOUNDATION 0 275 TOTAL 3,893 275



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	DUE TO RI FOUNDATION 0 399



## 990 Schedule O, Supplemental Information

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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 FUND AN ENDOWED SCHOLARSHIP FUND AT THE LOCAL COMMUNITY COLLEGE AND WE FUND SCHOLARSHIPS FOR YOUTH TO ATTEND THE ROTARY YOUTH LEADERSHIP EXCHANGE AND OTHER RELEVANT CONFERENCES



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 30	PAUL HARRIS FOUNDATION THE EDMONDS ROTARY CLUB PROVIDES A MATCHING CONTRIBUTION TO EACH M EMBERS' CONTRIBUTION TO ROTARY INTERNATIONAL'S PAUL HARRIS FOUNDATION THIS FOUNDATION PRO VIDES DIRECT TOTAL OR MATCHING FUNDS TO HUMANITARIAN CAUSES BOTH DOMESTICALLY AND THROUGHOUT THE WORLD



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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