

Form **990EZ**
 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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
 ROTARY CLUB OF EAST PORTLAND

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 14664

City or town, state or province, country, and ZIP or foreign postal code
 PORTLAND, OR 97293

D Employer identification number
 93-0519736

E Telephone number

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: ▶ WWW.EASTPORTLANDROTARY.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 ▶ \$ 27,544

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	16,322
	4 Investment income	4	52
	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	7,040
c Less direct expenses from gaming and fundraising events	6c	5,173	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,867	
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	4,130	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	22,371	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,854
	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	1,000
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	20,432
	17 Total expenses. Add lines 10 through 16 ▶	17	23,286
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-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)	19	61,429
	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	60,514

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	61,429	22 60,514
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	61,429	25 60,514
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	61,429	27 60,514

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?
 THE CLUB IS DEDICATED TO COMMUNITY SERVICE, INTERNATIONAL SERVICE AND TO ASSIST MEMBERS IN IMPROVING THE GENERAL STANDARDS OF PRACTICE IN THEIR VOCATIONS

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) 32	23,286

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
MIKE VAN ORMAN PRESIDENT	5 00	0		
BOB STRADER PRESIDENT EL	1 00	0		
PHILL COLOMBO JR CO-SECRETARY	1 00	0		
KAREN PIERCE CO-SECRETARY	1 00	0		
DENNIS BAKER TREASURER	2 00	0		
DAVE MALCOLM IMED PAST P	1 00	0		
KAVIN PASION MEMBERSHIP	1 00	0		
DAVE ANCHEL DIRECTOR	1 00	0		
PETER NORMAN DIRECTOR	1 00	0		
BRAD MAGEE DIRECTOR	1 00	0		
MARK CHAPIN DIRECTOR	1 00	0		
CHRIS PAGE DIRECTOR	1 00	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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of DENNIS BAKER Telephone no (971) 219-8743 Located at 16136 NW CANTERWOOD WAY PORTLAND, OR ZIP + 4 97227

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	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

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.

***** Signature of officer	2020-01-26 Date
DENNIS BAKER, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY A HART	Preparer's signature	Date 2020-02-01	Check <input type="checkbox"/> if self-employed	PTIN P00241609
	Firm's name ▶ VERITY ACCOUNTANCY PC			Firm's EIN ▶ 26-0043046	
	Firm's address ▶ 4000 SE INTERNATIONAL WAY STE F203 MILWAUKIE, OR 972228864			Phone no (503) 281-5213	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 93-0519736

Name: ROTARY CLUB OF EAST PORTLAND

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>28 THE CLUB IS DEDICATED TO COMMUNITY SERVICE, INTERNATIONAL SERVICE AND TO ASSIST MEMBERS IN IMPROVING THE GENERAL STANDARDS OF PRACTICE IN THEIR VOCATIONS THE CLUB OPERATES IN EAST PORTLAND, OREGON AND ASSISTS THE COMMUNITY MAINLY IN THE SURROUNDING AREA AND PROVIDES SUPPORT SERVICES FOR FOSTER CHILDREN AND YOUTH/MENTORING PROGRAMS (Grants \$ 1,854)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	23,286

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

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

ROTARY CLUB OF EAST PORTLAND

Employer identification number

93-0519736

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	FINES 3,051 OTHER 1,079 TOTAL 4,130

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 412 CONFERENCES AND CONVENTIONS 4,758 INSURANCE 167 DUES AND ASSESSMENTS 10,917 GUEST SERVICES & LUNCHESES 756 PUBLICITY & HISTORY PROMO 372 MISCELLANEOUS 448 CLUB SERVICE 2,602 TOTAL 20,432

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE CLUB IS DEDICATED TO COMMUNITY SERVICE, INTERNATIONAL SERVICE AND TO ASSIST MEMBERS IN IMPROVING THE GENERAL STANDARDS OF PRACTICE IN THEIR VOCATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	THE CLUB IS DEDICATED TO COMMUNITY SERVICE, INTERNATIONAL SERVICE AND TO ASSIST MEMBERS IN IMPROVING THE GENERAL STANDARDS OF PRACTICE IN THEIR VOCATIONS THE CLUB OPERATES IN EAST PORTLAND, OREGON AND ASSISTS THE COMMUNITY MAINLY IN THE SURROUNDING AREA AND PROVIDES SUPPORT SERVICES FOR FOSTER CHILDREN AND YOUTH/MENTORING PROGRAMS