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SCANNED APR 2 3

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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

OMB No 1545-1150

2008

Open to Public Inspection

А	For the	2008 calendar y	ear, or tax year beginning 0//01 , 2008, and ending	19 06	/30	, 20 09	
В		, Juga IDS				ntification number	
H	Address	label		91	<u>i </u>	1489837	
\forall	Name cha	Pilli	or Number and street (or P.O. box, if mail is not delivered to street address) Roo	om/suite E Telep	hone nu	mber	
H	Initial retu Termination	6'	PO BOX 1021	l ()		
H	Amended	Spec		F Group	Evenn	ntion	
H		Instr on pending tions	er				
=				G Accounting me		✓ Cash	
	• Secti		nizations and 4947(a)(1) nonexempt charitable trusts must attach ompleted Schedule A (Form 990 or 990-EZ).	Other (specify)		Cash Accrual	
				H Check ▶ 17	if the o	rganization is not	
ı	Websit	te: ► <u>N/A</u>	·			edule B (Form 990,	
			only one) —	990-EZ, or 990		· · · · · · · · · · · · · · · · · · ·	
_	Check >	If the organiz	ation is not a section 509(a)(3) supporting organization and its gross receipts	are normally not	more th	an \$25,000. A return is	
_			anization chooses to file a return, be sure to file a complete return				
			b line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead	•	▶\$	95117	
P	art I	Revenue, Ex	penses, and Changes in Net Assets or Fund Balances (Se	<u>ee the instruct</u>	ions fo	or Part I.)	
	1	Contributions, of	ifts, grants, and similar amounts received		1		
	2		e revenue including government fees and contracts		2		
	3	_	ues and assessments		3	24411	
	4	Investment inc			4	1060	
	1 _				7.2"		
	5a		from sale of assets other than inventory		Ži.		
	b		ther basis and sales expenses 5b				
4	c	Gain or (loss) fro	m sale of assets ot Reminarinventory (Subtract line 5b from line 5a) (atta	ach schedule) .	5c		
ž	6	Special events and	activities (complete applicable parts of Schedule G). (Cany amount is from gaming, check	k here ▶ 🔲			
Revenue	a	·					
ě	_	Gross revenue reported on lin	***				
_				58573 43114	adding Maken		
	b	Less: direct ex	senses of iqualitian and dising-expenses		6c	15459	
	C	Net income or (loss) from specia (Paris and activities (Subtract line 6b from line 6a)				10400	
	7a		inventory, less returns and allowances				
	b	Less: cost of g	oods sold		ندند		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
	8					11133	
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	. ▶	9	52063	
	10	Grants and sin		10	35878		
	11	Benefits paid t		11			
S		-		12			
se	12	Salaries, other		13			
penses	13	Professional fe			 		
Exp	14	Occupancy, re		14			
ш	15	Printing, public		15 16			
	16	6 Other expenses (describe ►				16108	
	17	Total expense	_, , , , ▶	17	51986		
Net Assets	18	Excess or (defi	cit) for the year (Subtract line 17 from line 9)		18	77	
	19	Net assets or	ust agree with				
		end-of-year fig		19	86423		
	20	Other changes		20	3672		
	21	Net assets or f	▶	21	90172		
P	21 Net assets or fund balances at end of year. Combine lines 18 through 20						
			(A) Beginning of y	rear	(B) End of year		
22	Cael	h savings and i	23 22	90172			
23	don, savings, and investments						
		Land and buildings					
24			964	24 23 25			
25				004			
	26 Total liabilities (describe ►				0 26		
-					23 27		
Fo	r Privac	y Act and Paper	ork Reduction Act Notice, see the Instruction for Form 990.	Cat No 10642I		Form 990-EZ (2008)	

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)				Expenses			
What is the organization's primary exempt purpose?				(Rec	quired for 501(c)(3)		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,				and	(4) organizations 4947(a)(1) trusts,		
describe the services provided, the number of persons	benefited, or other relevant inf	ormation for each p	rogram title.	opti	onal for others)		
Various grants to charities, and scholarships							
(Grants \$ 35878) If this amount in	ncludes foreign grants, check	chere	. ▶ □	28a	35878		
29							
(Grants \$) If this amount in	cludes foreign grants, check	chere	. ▶ 🗆	29a			
30							
(Grants \$) If this amount in				30a			
31 Other program services (attach schedule)							
(Grants \$) If this amount in				31a			
32 Total program service expenses (add lines 28a				32	35878		
Part IV List of Officers, Directors, Trustees, and Ke							
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	olans &	(e) Expense account and		
	devoted to position	enter -0)	deferred comper	isation	other allowances		
MIKE SMITH	PRESIDENT			_			
BELLINGHAM WA		0		0	<u> </u>		
SCOTT MIHELICH	PRESIDENT-ELECT			^			
BELLINGHAM WA		0		0	<u>_</u>		
BILL MERSEREAU	TREASURER	0	1	0	,		
BELLINGHAM WA		-					
	·						
]				
		 					
		 	<u> </u>				
		 	<u> </u>				
***************************************	1						

Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		√
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	887	√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	<u> </u>	<u> </u>	
	Did the organization file Form 1120-POL for this year?	37b		✓ Län -
	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 unpaid at the start of the period covered by this return? If "Ves" complete Schedule I Part II and enter the total amount involved 38b N/A	38a		✓
	The rest, complete ochedule E, rart if and effer the total amount involved	å. · .		
30	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	X	7.4	7
	Initiation fees and capital contributions included on line 9	*		,
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	• 	: <u>*</u> نگند	
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	×.		1 1 1
q	Enter amount of tax on line 40c reimbursed by the organization ▶	Harmanna.	<u> </u>	-
е	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		
41	List the states with which a copy of this return is filed. ▶			-
	The books are in care of ► BILL MERSEREAU Located at ► 4923 SEACLIFF LANE, BOW WA ZIP + 4 ►	982	36-65 32	43
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	42b	Yes	No
	account)?		**	
	and Financial Accounts.	42c	- 4	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42U		_ * _
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	• •	•	▶ ⊔
		1810	Yes	No ***
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	<u> </u>	<u>~</u>
45	Form 990-EZ	-4-4		
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part	VI Section 501(c)(3) organizations only. and complete the tables for lines 50 ar		c)(3) organiza	ations mus	st answer quest	ions 4	6–49	
46 [Did the organization engage in direct or indirect p	olitical campaign a	tivities on be	half of or in	opposition to		Yes	No
	candidates for public office? If "Yes," complete So					46		
47 [Did the organization engage in lobbying activities?	If "Yes," complete	Schedule C,	Part II .		47		
	s the organization operating a school as describe					48		<u> </u>
49a [Did the organization make any transfers to an exe	mpt non-charitable	related organ	uzation?		49a		
	f "Yes," was the related organization(s) a section					49b	<u> </u>	
	Complete this table for the five highest compensate each received more than \$100,000 of compensation					y emplo	oyees)	who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	· ''	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowan	nd
					-			
Totalr	number of other employees paid over \$100,000						-	
	Complete this table for the five highest compensa compensation from the organization. If there is no		ntractors who	each rece	ived more than \$1	100,000) of	
	(a) Name and address of each independent contractor p	oald more than \$100,000		(b) Typ	e of service	(c) Con	npensat	lion
Total	number of other independent contractors each re-	ceiving over \$100,0	00 ▶					
Sign	Under penalties of perjury, I declare that I have examinand belief it is true, dorrect, and complete Declaration	ed this return, including on of preparer (other tha	accompanying son officer) is base	d on all inform	3-30-/0	best of mer has an	ny knov ny know	vledge vledge
Here	Signature of officer BILL MERSEREAU TREASURER			D.	ate			
	Type or print name and title			los d				
Paid Prepai	Preparer's signature		Date	Check if self-employed	Preparer's Identifying	Number (See instr	uctions)
Use O	nly if self-employed),			EI PI	hone no ► ()			
May t	address, and ZIP + 4 P he IRS discuss this return with the preparer show	n above? See instr	uctions .			· 🗆 Y	es 🗆	No

SUNRISE ROTARY CLUB OF BELLINGHAM EIN # 91-1489837

FORM 990-EZ YEAR ENDING JUNE 30, 2009

PART 1, LINE 16, OTHER EXPENSES

1,907
3,946
10,255

16,108

1,907 3,946

LINE 20, OTHER CHANGES

ADJUST YEAR END BALANCE TO ACTUAL 3672

Form 8868

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709 partment of the Treasury File a separate application for each return. **▶** [7] • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of his Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic θ-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charbes & Nonprofits. name or Exempt Organization Employer identification number Type or 91 print SUNRISE ROTARY CLUB OF BELLINGHAM 1489837 File by the due date for filing your raturn. See instructions Number, street, and room or suite no. If a P O box, see instructions. PO BOX 1021 City, town or post office, state, and ZIP code. For a foreign address, see instructions BELLINGHAM, WA 98227-1021 Check type of return to be filed (file a separate application for each return): ☐ Form 4720 ☐ Form 990 ☐ Form 990-T (corporation) ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 5227 ☐ Form 990-BL Form 990-T (trust other than above)
Form 1041-A ☑ Form 990-EZ ☐ Form 6069 ☐ Form 8870 Form 990-PF The books are in the care of ▶ BILL MERSEREAU Telephone No. ➤ (360) 738-8090 FAX No. ▶ } • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)____ for the whole group, check this box . . . > . . If it is for part of the group, check this box a list with the names and ElNs of all members the extension will cover. .. > and attach for the organization's return for alendar year 20..... or ☑ tax year beginning 7/01 , 20 08 , and ending 6/30 , 20 09 2 If this tax year is for less than 12 months, check reason: 🔲 Initial return 🖂 Final return 🗀 Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6089, enter the tentative tax, less any nonrefundable credits. See instructions За b. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit. 36 0 c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or. If required, by using EFTPS (Electronic Federal Tax Payment) System). See instructions 3c \$ 0 Caution, if you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO