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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Rotary International - Westerville Sunrise Rotary Club		<b>D</b> Employer identification number 31-1426601
		Number and street (or P O box, if mail is not delivered to street address) PO Box 1200		<b>E</b> Telephone number (614) 901-7100
		City or town, state or country, and ZIP + 4 Westerville, OH 43086		<b>F</b> Group Exemption Number 0573




☐ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**






<b>I Website:</b> <input type="checkbox"/> <u>www.westervillerotary.org</u> <b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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**K Check** ☐ If the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.



<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	54,207
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<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	6,725
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	27,421
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	19,879
	<b>4</b>	Investment income . . . . .	<b>4</b>	182
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
	<b>a</b>	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	<b>6a</b>	0
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe  _____)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	<b>9</b>	54,207	

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	7,338
	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	28
	16	Other expenses (describe  )	16	42,498
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 	17	49,864
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	4,343
	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	10,661
	20	Other changes in net assets or fund balances (attach explanation) 	20	-648
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 	21	14,356

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	19,769	<b>22</b> 17,716
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe  )	4,210	<b>24</b> 5,940
<b>25</b>	<b>Total assets</b> . . . . .	23,979	<b>25</b> 23,656
<b>26</b>	<b>Total liabilities</b> (describe  )	13,318	<b>26</b> 9,300
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	10,661	<b>27</b> 14,356

Part III Statement of Program Service Accomplishments (See the instructions for Part III )		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster First The development of acquaintance as an opportunity for service Second High ethical standards in business and professions, the recognition of the worthiness of all useful occupations, and the dignifying by each Rotarian's occupation as an opportunity to serve society Third The application of the ideal of service in each Rotarian's personal, business, and community life Fourth The advancement of international understanding, goodwill, and peace through a world fellowship of business and professional persons united in the ideal of service		
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		
28 Seminars and conventions - by attending seminars and conventions sponsored by Rotary International and the Club's District, the members gain invaluable leadership skills, knowledge about the world community, and how to utilize available resources to accomplish the charitable and humanitarian objectives of Rotary (i e , service) This year's expense covers three district meetings and the Rotary International convention (Grants \$ 2,771) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 Per Capita Dues paid to Rotary International and the Club's District chapter provide access and support to all of the resources provided at the international and district level As a Rotary Club, these per capita expenses are required (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	7,338
30 Fellowship opportunities (weekly and periodic social gatherings)allow members to become acquainted, listen to weekly speakers who are community or charitable leaders, and enables members to support each other in pursuing charitable projects These expenses benefit the roughly 80 members of the Club (Grants \$ 37,779) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) . . . . . If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .	32	40,550

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

Part V Other Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
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	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 period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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 OH		
42a	The organization's books are in care of Rich Mannino Telephone no (614) 568-7777 PO Box 1200 Located at Westerville, OH ZIP + 4 430861200		
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>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of 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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	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		2011-05-15 Date	
Paid Preparer's Use Only	Pat Knott President Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:

EIN: 31-1426601

Name: Rotary International - Westerville  
Sunrise Rotary Club

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Doug Fosselman PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Pat Kemmer PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Jeff Daniels PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Mark Kelly PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Joan McKinney PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Dave Wartel PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Renee Kropat PO Box 1200 Westerville, OH 430861200	Sergeant-At-Arm 2 00	0		
Larry Jenkins PO Box 1200 Westerville, OH 430861200	Past President 2 00	0		
Carl Smerdel PO Box 1200 Westerville, OH 430861200	Treasurer 2 00	0		
Julie Friend PO Box 1200 Westerville, OH 430861200	Secretary 2 00	0		
Heather Linch PO Box 1200 Westerville, OH 430861200	Vice President 2 00	0		
Pat Knott PO Box 1200 Westerville, OH 430861200	President-Elect 5 00	0		
Walter Lundstrom PO Box 1200 Westerville, OH 430861200	President 5 00	0		

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** Rotary International - Westerville

Sunrise Rotary Club

**EIN:** 31-1426601**Software ID:** 09000047**Software Version:** 2009v1.7

<b>Item No.</b>	1
<b>Class of Activity</b>	Dues
<b>Donee's Name</b>	Rotary District 6690
<b>Donee's Address</b>	399 Hickory Lane Westerville, OH 43081
<b>Amount (FMV)</b>	1,660
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	Supporting Organization
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	Dues
<b>Donee's Name</b>	Rotary International
<b>Donee's Address</b>	14255 Collections Center Dr Chicago, IL 60693
<b>Amount (FMV)</b>	5,678
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	Supporting Organization
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	



## TY 2009 Other Assets Schedule

**Name:** Rotary International - Westerville

Sunrise Rotary Club

**EIN:** 31-1426601

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	216	96
Accounts Receivable	3,994	5,844

TY 2009 Other Changes in Net Assets Schedule

**Name:** Rotary International - Westerville  
Sunrise Rotary Club

**EIN:** 31-1426601

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Amount
Prior Period Adjustment	-648

**TY 2009 Other Expenses Schedule**

**Name:** Rotary International - Westerville  
Sunrise Rotary Club

**EIN:** 31-1426601

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Amount
Weekly Meeting Expenses	585
The Lakes Holiday party	3,490
Rotary Information / Supplies	348
Relay for Life	193
Public Relations	509
Meetings & Conferences	2,771
Medallion Installation Banquet	3,118
MCL meeting meals	23,698
Installation Banquet Exp/Award	3,635
Holiday Party Misc Expenses	530
Halloween Party	576
Fellowship Expenses	1,385
Family of Rotary	221
Administrative Expenses	1,439

## TY 2009 Other Liabilities Schedule

**Name:** Rotary International - Westerville

Sunrise Rotary Club

**EIN:** 31-1426601

**Software ID:** 09000047

**Software Version:** 2009v1.7

Description	Beginning of Year Amount	End of Year Amount
Advanced Dues	200	
Accounts Payable and Accrued Expenses	13,118	9,300