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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? PUBLIC SERVICE ROTARIANS ARE INVOLVED IN COMMUNITY SERVICE AND OTHER ACTIVITIES TO BENEFIT THE COMMUNITY AND YOUTH			
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 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 (attach schedule) ☐			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☐		32	43,657

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 not 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 Form 990-T 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 Form 1120-POL for this year?	37b	No
38a	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 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	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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 ▶ _____		
42a	The organization's books are in care of ▶ <u>MARIANNE RENICK</u> Telephone no ▶ <u>(509) 526-1240</u> P O BOX 1952 Located at ▶ <u>WALLA WALLA, WA</u> ZIP + 4 ▶ <u>99362</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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	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 Form 1041 —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? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	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

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

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		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
	WALLA WALLA, WA 99362			Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

Additional Data

Software ID:

Software Version:

EIN: 91-1662581

Name: ROTARY INTERNATIONAL
WALLA WALLA SUNRISE 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 WEEKLY ROTARY MEETINGS, CONVENTIONS, DUES AND EXPENSES INCURRED FOR MEMBERS OF THE WALLA WALLA SUNRISE ROTARY CLUB (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	13,183
29 PLAYGROUND EQUIPMENT AT FORT WALLA WALLA (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	22,149
30 PAUL HARRIS VOLUNTARY CONTRIBUTIONS TO ROTARY INTERNATIONAL (Grants \$ 5,000) If this amount includes foreign grants, check here . . . ☐	30a	5,000
LOCAL YOUTH AND OTHER COMMUNITY ACTIVITIES (Grants \$ 3,325) If this amount includes foreign grants, check here . . . ☐		3,325

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
FRED MOORE  P O BOX 1952 WALLA WALLA, WA 99362	PRESIDENT 0	0		
MARIANNE RENICK  P O BOX 1952 WALLA WALLA, WA 99362	TREASURER 0	0		
MIKE HUMPHREYS  P O BOX 1952 WALLA WALLA, WA 99362	BOARD MEMBER 0	0		
CRAIG SIEVERTSEN  P O BOX 1952 WALLA WALLA, WA 99362	PRESIDENT EL 0	0		
HENRY WORDEN  P O BOX 1952 WALLA WALLA, WA 99362	VICE PRESIDE 0	0		
RICH COLLUM  P O BOX 1952 WALLA WALLA, WA 99362	SECRETARY 0	0		
JOE BURLINGAME  P O BOX 1952 WALLA WALLA, WA 99362	PAST PRESIDE 0	0		

TY 2009 Compensation Explanation**Name:** ROTARY INTERNATIONAL

WALLA WALLA SUNRISE ROTARY CLUB

EIN: 91-1662581

Person Name	Explanation
FRED MOORE	
MARIANNE RENICK	
MIKE HUMPHREYS	
CRAIG SIEVERTSEN	
HENRY WORDEN	
RICH COLLUM	
JOE BURLINGAME	

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** ROTARY INTERNATIONAL

WALLA WALLA SUNRISE ROTARY CLUB

EIN: 91-1662581

Item No.	1
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVE EVANSTON, IL 60201
Amount (FMV)	
Purpose of Payment to Affiliate	PER CAPITA DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	ROTARY DISTRICT 5080
Donee's Address	601 W MAIN AVE STE 320 SPOKANE, WA 99201
Amount (FMV)	
Purpose of Payment to Affiliate	PER CAPITA DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** ROTARY INTERNATIONAL

WALLA WALLA SUNRISE ROTARY CLUB

EIN: 91-1662581

Description	Amount
EXPENSES	
OFFICE SUPPLIES	57
PO BOX RENT	44
PETS	515
SPEAKER GIFTS	482
BANNERS	176
PLAQUES, PINS, ETC	346
PLAYGROUND EQUIPMENT	18,739
PLAYGROUND FLOORING	2,933
PLAYGROUND SWINGS	152
PLAYGROUND SIGNAGE	325
BANQUET, GOV. DINNER, ETC	279
MEAL COSTS WEEKLY MEETING	10,250