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Form 990-EZ

## 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 \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization WASILLA SUNRISE ROTARY CLUB	D Employer identification number 92-0176569
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 876972	E Telephone number
	City or town, state or country, and ZIP + 4 WASILLA, AK 99687	F 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).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► WWW.WASILLASUNRISEROTARY.COM

J Tax-Exempt status (check only one)  501(c) (4) (insert no)  4947(a)(1) or  527

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

L 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 ► \$ 52,148

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 12,126
3 Membership dues and assessments	3 10,156
4 Investment income	4 241
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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c 16,439
a Gross revenue (not including \$ of contributions reported on line 1) <input checked="" type="checkbox"/>	6a 27,939
b Less direct expenses other than fundraising expenses	6b 11,500
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 16,439
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 ►)	8 1,686
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 40,648
10 Grants and similar amounts paid (attach schedule)	10
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 ►)	16 41,110
17 Total expenses. Add lines 10 through 16	17 41,110
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -462
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 19,188
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 18,726

## 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
22 Cash, savings, and investments	24,932	22 20,237
23 Land and buildings		23
24 Other assets (describe ►)	556	24
25 Total assets	25,488	25 20,237
26 Total liabilities (describe ►)	6,300	26 1,511
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,188	27 18,726

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )			<b>Expenses</b> (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? <u>ROTARY IS AN ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS UNITED WORLDWIDE, WHO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS AND HELP BUILD GOODWILL AND PEACE IN THE WORLD</u>			
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			
<b>28</b> PROVIDED A FORUM FOR BUSINESS AND PROFESSIONAL LEADERS TO PROVIDE COMMUNITY AND INTERNATIONAL SERVICE PROGRAMS HOSTED AN INTERNATIONAL EXCHANGE STUDENT IN PROMOTION OF INTERNATIONAL GOODWILL AND FELLOWSHIP (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>	41,110
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) (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)	. . . . . ► <input type="checkbox"/>	<b>32</b>	41,110

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Form **990-EZ** (2009)

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	<b>Section 501(c)(7) organizations.</b> Enter		39a	
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	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		40b	No
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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			
c	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
e	<b>All organizations.</b> 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>WASILLA SUNRISE ROTARY CLUB</u> Telephone no ► <u>(907) 357-8510</u> PO BOX 876972 Located at ► <u>WASILLA, AK</u> ZIP + 4 ► <u>99687</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 ►		42b	No
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
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.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school 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>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> 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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

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

<b>Please Sign Here</b>	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 <u>DAN MOLINA PRESIDENT</u> Type or print name and title	2011-05-06 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature  JANET KENNEDY CPA	Date 2011-05-12	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  SWALLING & ASSOCIATES PC 851 E WESTPOINT DRIVE SUITE 108 WASILLA, AK 99654		EIN <input checked="" type="checkbox"/>	Phone no <input checked="" type="checkbox"/> (907) 376-1272

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

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to 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. ► See separate instructions.

**Employer identification number**

Name of the organization  
WASILLA SUNRISE ROTARY CLUB

**Employer identification number**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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 e-mail 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 activities?  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. Form 990-EZ filers are not required to complete this table

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>ROSE SALE</u> (event type)	<u>GALLONS FOR ROT</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts . . .	10,000	9,505	6,415	25,920
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	10,000	9,505	6,415	25,920
Direct Expenses	4 Cash prizes . . .		806		806
	5 Non-cash prizes . . .		2,500		2,500
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	3,728	1,540	2,759	8,027
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				11,333
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				14,587

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . .				
Direct Expenses	2 Cash prizes . . . .				
	3 Non-cash prizes . . . .				
	4 Rent/facility costs . . . .				
	5 Other direct expenses . .				
	6 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	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				

9 Enter the state(s) in which the organization operates gaming activities . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	<input type="checkbox"/> 11	
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? . . . . .	<input type="checkbox"/> 12	

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<b>13a</b>	<b>13b</b>
<b>a</b> The organization's facility . . . . .	. . . . .	. . . . .
<b>b</b> An outside facility . . . . .	. . . . .	. . . . .
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►	WASILLA SUNRISE ROTARY CLUB	
Address ►	PO BOX 876972 WASILLA, AK 99687	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	. . . . .
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	. . . . .
<b>b</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 ► \$ _____		

## TY 2009 Compensation Explanation

**Name:** WASILLA SUNRISE ROTARY CLUB

**EIN:** 92-0176569

Person Name	Explanation
MARK LEE	
DAN MOLINA	
CAROL KANE	
POLLYANNA JENKS	
JANET KENNEDY	
JOHN GLASS	
CURTIS GREEN	

## TY 2009 Other Assets Schedule

**Name:** WASILLA SUNRISE ROTARY CLUB**EIN:** 92-0176569

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	50	
PREPAID EXPENSES AND DEFERRED CHARGES	506	
	556	

## TY 2009 Other Expenses Schedule

**Name:** WASILLA SUNRISE ROTARY CLUB

**EIN:** 92-0176569

Description	Amount
EXPENSES	
OFFICE EXPENSE	360
WEBSITE EXPENSE	419
CONFERENCE EXPENSE	328
CLUB SERVICE	1,996
COMMUNITY PROJECTS	2,202
CREDIT CARD FEES	688
DUES/MEMBERSHIPS	5,243
SUPPLIES	1,131
INTERNATIONAL SERVICE	1,500
MEETING EXPENSE	15,125
MISCELLANEOUS EXPENSE	123
TRAINING	1,712
ROTORACT/INTERACT EXPENSE	678
RYLA EXPENSE	1,759
SCHOLARSHIPS	2,000
VOCATIONAL SERVICE	250
YOUTH EXCHANGE	5,596

## TY 2009 Other Liabilities Schedule

**Name:** WASILLA SUNRISE ROTARY CLUB**EIN:** 92-0176569

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		1,511
DEFERRED REVENUE	6,300	
	6,300	1,511

## TY 2009 Other Revenues Schedule

**Name:** WASILLA SUNRISE ROTARY CLUB**EIN:** 92-0176569

Description	Amount
MISCELLANEOUS INCOME	1,686

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 92-0176569  
**Name:** WASILLA SUNRISE ROTARY CLUB

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

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
MARK LEE  PO BOX 877001 WASILLA, AK 99687	PAST PRESIDE 0	0		
DAN MOLINA  PO BOX 875910-513 WASILLA, AK 99687	PRESIDENT EL 0	0		
CAROL KANE  PO BOX 520502 BIG LAKE, AK 99652	PRESIDENT 0	0		
POLLYANNA JENKS  3311 S JENKS DR WASILLA, AK 99654	SECRETARY 0	0		
JANET KENNEDY  4701 E SHORELINE CIRCLE WASILLA, AK 99654	TREASURER 0	0		
JOHN GLASS  6631 E WOLF LAKE DR WASILLA, AK 99654	DIRECTOR 0	0		
CURTIS GREEN  4000 PALMDALE WASILLA, AK 99654	DIRECTOR 0	0		