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A For the 2010 calendar year, or tax year beginning 07-01-2010

PO BOX 1952

C Name of organization

ROTARY INTERNATIONAL

WALLA WALLA SUNRISE ROTARY CLUB

As Filed Data -

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

DLN: 93492136045252

D Employer identification number

91-1662581

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Name change

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

and ending 06-30-2011

Open to Public Inspection

Form **990-EZ** (2010)

Initial return		turn	PO BOX 1952		(500) 5	26 1240	
Terminated		ted				26-1240	
ranciaca ictain			F Group Exemption Number ►	n			
ΙW	ebsite	N/A	✓ Cash Accrual Other (specify) ► only one) — 501(c)(3) ✓ 501(c)(4) ◄(insert no) 4947(a)(1) or		H Check ► 🔽 i	ach Sch	edule B
		_			(Form 990, 99		·
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization and -EZ or Form 990 return is not required though Form 990-N (e-p to file a return, be sure to file a complete return				
L Add more			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ	ıf total asse	ets (Part II, line 25, col	umn (B) b	pelow) are \$500,000 or 30,147
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund B le organization used Schedule O to respond to any question in th		(See the instruct	ons for	Part I) . ▽
	1	Contribution	s, gifts, grants, and similar amounts received			1	6,529
	2	Program ser	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	16,263
	4	Investment	income			4	29
	5a	Gross amour	nt from sale of assets other than inventory	5a			
<u>.</u>	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	c	Gain or (loss	5c				
ě	6	Gaming and					
	a	Gross income fr	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	b		ne from fundraising events (not including \$ <u>7,326</u> of contributions line 1) (attach Schedule G if the sum of such gross income and c				
	c	Less direct	expenses from gaming and fundraising events	6c	3,906		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and sul	otract line 6c)	6d	3,420
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b]	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	ue (describe in Schedule O)	•		8	
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	26,241
	10	Grants and s	similar amounts paid (list in Schedule O)			10	9,618
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
ů,	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	1,300
S S	15	Printing, pub	lications, postage, and shipping			15	7
_	16	O ther expen	ses (describe in Schedule O)			16	14,070
	17	Total expens	ses. Add lines 10 through 16			17	24,995
<u></u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	1,246
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must agre	ee with		
ą,		end-of-year	figure reported on prior year's return)			19	17,861
ž	20	Other chang	es ın net assets or fund balances (explaın ın Schedule O)			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		•	21	19,107

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Check if the organization used	Schedule O to respond to	any question in t	hıs Part II			<u> </u>
(See the instruct	ions for Part II)	[(A) Bea	ınnıng of year	\top	(B) End of year
22 Cash, savings, and investments .			, , ,	17,86	1 22	19,107
23 Land and buildings					23	
24 Other assets (describe in Schedule O)		.			24	
25 Total assets				17,86	1 25	19,107
26 Total liabilities (describe in Schedule C	0)			•	26	
27 Net assets or fund balances (line 27 of	column (B) must agree wit	th line 21) .		17,86	1 27	19,107
Part III Statement of Program S Check if the organization used	-		hıs Part II	ı . Г		Expenses Required for section 501
What is the organization's primary exempt public Service Rotarians are investment the Community and youth		SERVICE AND O	THER AC	TIVITIES TO	or 49	ganizations and section 947(a)(1) trusts,
Describe what was achieved in carrying out describe the services provided, the number program title					-, OL	otional for others)
28 See Additional Data Table						
(Grants \$) If this	s amount includes foreign (grants, check her	e	. ▶┌	288	a
29						
(Grants \$) If this	s amount includes foreign (grants, check her	e	. ▶┌	298	a
30						
(Grants \$) If this	s amount includes foreign (grants, check her	e	. ▶┌	30a	a
31 Other program services (describe in Sch (Grants \$) If this	nedule O) . . . s amount includes foreign (grants, check her	e	. ▶ ┌	31	a
32 Total program service expenses (add line	es 28a through 31a) .			▶	32	20,598
Part IV List of Officers, Directors, Trus			-		nstruction	ons for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion (I, em	d) Contributio ployee benefit ferred compen	plans	
See Additional Data Table	·	,		·		

Part V Other Information (Note the statement requirements in the instructions for Part V.)							
	Ch	neck if the organization used Schedule O to respond to any question in this	s Part V	_			
					Yes	No	
33		ganization engage in any activity not previously reported to the IRS? If "Y n of each activity in Schedule O		33		No	
34	of the ame	significant changes made to the organizing or governing documents? If "Y ended documents if they reflect a change to the organization's name Othe O (see instructions)	es," attach a conformed co rwise, explain the change o · · · · ·	py n 34		No	
35	others), b	anization had income from business activities, such as those reported on l ut not reported on Form 990-T, explain in Schedule O why the organizatio -T		on			
а		ganization have unrelated business gross income of \$1,000 or more or wa 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No	
b	If"Yes," h	f "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)					
36	the year?	ganization undergo a liquidation, dissolution, termination, or significant dis If "Yes," complete applicable parts of Schedule N		ng 36		No	
37a	Enter amour	nt of political expenditures, direct or indirect, as described in the instructions	37a				
b	Did the or	ganization file Form 1120-POL for this year?		37b		Νo	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		, or key employee or were				
	any such l	loans made in a prior year and still outstanding at the end of the tax year o	covered by this return?	38a		Νo	
b	If "Yes," c	omplete Schedule L, Part II and enter the total amount involved .	38b				
39		1(c)(7) organizations. Enter					
		fees and capital contributions included on line 9	39a				
		eipts, included on line 9, for public use of club facilities	39b				
40a		1(c)(3) organizations. Enter amount of tax imposed on the organization duri					
b	b Section 4911 ►, section 4912 ►, section 4915 ►, section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					No	
c		01(c)(3) and $501(c)(4)$ organizations. Enter amount of tax imposed on orged persons during the year under sections $4912,4955$, and 4958		_			
d		01(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rei on	mbursed by the	_			
e		ations. At any time during the tax year, was the organization a party to a pon? If "Yes," complete Form 8886-T		40e		No	
41	List the state	es with which a copy of this return is filed 🕨					
42a	The organ	nization's books are in care of MARIANNE RENICK	Telephone	no 🟲 <u>(50</u>	9)526	-1240	
	Located a	P O BOX 1952 It ► WALLA WALLA, WA	ZIP +	4 - 9	▶ 99362		
b	At any tim	e during the calendar year, did the organization have an interest in or a si	anature or other authority			T	
_		ancial account in a foreign country (such as a bank account, securities acc		42b	Yes	No No	
		nter the name of the foreign country 🕒					
	See the in	structions for exceptions and filing requirements for Form TD F 90-22.1, Re	eport of Foreign Bank and				
c		ne during the calendar year, did the organization maintain an office outside	of the US?	42c		No	
	If "Yes," e	nter the name of the foreign country					
43		947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 the amount of tax-exempt interest received or accrued during the tax year				▶ Г	
44a	Dıd the or	ganızatıon maıntaın any donor advısed funds? <i>If "Ye</i> s <i>", Form 990 must be c</i>	ompleted instead of		Yes	No	
Form 990-EZ.			44a		No		
b			tion operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed				
_	instead of Form990-EZ			44b		No	
c	Did the or	ganization receive any payments for indoor tanning services during the ye	ar?	44c			
d	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Wo,' provide an explanation in Schedule O					No	

Form 99	90-EZ (2010)							Page 4
							Yes	No
	s any related organization a controlle es,' Form 990 and Schedule R must be			ng of section !	512(b)(13)? <i>If</i>	45		No
	id the organization receive any paymeaning of section 512(b)(13)? If 'Ye					45a		No
	id the organization engage, directly of andidates for public office? If "Yes,"			on behalf of or	'in opposition to			
						46	<u> </u>	No
Part '	VI Section 501(c)(3) organal All section 501(c)(3) organal 47-49b and 52.			-			-	stions
	Check if the organization used	Schedule O to respon	d to any question in th	nis Part VI			Yes	. Г No
47 D	ıd the organızatıon engage ın lobbyır	ng activities? If "Yes,"	complete Schedule C	, Part II		47		
48 Is	the organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," comple	ete Schedule E		48		
49a D	ıd the organızatıon make any transfe	rs to an exempt non-c	harıtable related orga	nızatıon?		49a		
b If	"Yes," was the related organization	a section 527 organiz	ation?			49b		
	omplete this table for the organization of the complete this table for the organization of the complete the c							
		(b) Title and averag			ontributions to		e) Expe	nse
(a) Na	me and address of each employee paid more than \$100,000	hours per week	(c) Compensati	ion employe	e benefit plans &	a	ccount	and
	. ,	devoted to position	l	deferre	d compensation	othe	erallow	ances
50(f)	Total number of other employees pa	ıd over \$100,000 .						
	omplete this table for the organization of the compensation from the organization from the organization			ontractors wh	o each received n	nore th	an \$10	0,000
) Name and address of each indeper			(b) Ty	pe of service	(c) (Compen	
	, italie and address of each indeper	racine contractor para r	more than \$100,000	(5) 1)	pe of service	(6)	Jompen	3411011
51(d)	Total number of other independent c	ontractors each receiv						
52	Did the organization complete Sche			zations and 49		npt ch	arıtable	trusts
	must attach a completed Schedule						Yes 🗌	
Under n	enalties of perjury, I declare that I have	examined this return. i	ncludina accompanyina	schedules and	statements, and to	the be	est of my	,
knowled	ge and belief, it is true, correct, and co							
knowled	ge.							
	Tk.							
Sign	****** Signature of officer				2012-05-14 Date			
Here	MARIANNE RENICK TREASURER Type or print name and title							
	<u> F </u>	1	Data	Charle of	Drono	uor : d	hifica t · ·	
Paid	Preparer's signature DEBORA L ZALAZNIK		Date 2012-05-15	Check if self-employed	Preparer's taxpay (See instructions)		urication i	iumber
Prepare Use On	uf self-employed),	IOORE & ASSOCIATES PLLC		<u>'</u>	EIN Þ			
200 OII	address, and ZIP + 4 PO BOX 172	4			Phone no 🕨 (50	191 526	- 5680	
	•	LA, WA 99362			F (30			
May the	IRS discuss this return with the pre	parer shown above? S	ee instructions		.	l y	es l	No

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 achieve manner, describe the servic for each program title.	501(c	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
OF THE WALLA WALLA SU	TINGS, CONVENTIONS, DUES AND EXPENSES INCURRED FOR MEMBERS JNRISE ROTARY CLUB If this amount includes foreign grants, check here	28a	14,705	
	COMMUNITY ORGANIZATIONS, PARTICULARLY YOUTH ORGANIZATIONS If this amount includes foreign grants, check here 「	29a	1,850	
	TARY CONTRIBUTIONS TO ROTARY INTERNATIONAL If this amount includes foreign grants, check here	30a	3,043	
	ARY CLUB INTERNATIONAL PROJECT If this amount includes foreign grants, check here ► 厂		1,000	

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
ABBY VANDERPLAAT PO BOX 1952 WALLA WALLA, WA 99362	PRESIDENT 1 00	0		
MARIANNE RENICK D P O BOX 1952 WALLA WALLA, WA 99362	TREASURER 2 00	0		
CRAIG SIEVERTSEN P O BOX 1952 WALLA WALLA, WA 99362	PAST PRESIDE 1 00	0		
HENRY WORDEN III 2 P O BOX 1952 WALLA WALLA,WA 99362	VICE PRESIDE 1 00	0		
RICHARD COLLUM PO BOX 1952 WALLA WALLA,WA 99362	SECRETARY 1 00	0		
EARL GOODING DO BOX 1952 WALLA WALLA, WA 99362	VICE PRESIDE 1 00	0		

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As Filed Data -

DLN: 93492136045252

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization ROTARY INTERNATIONAL WALLA WALLA SUNRISE ROTARY CLUB **Employer identification number**

91-1662581

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	· '	ROTARY INTERNATIONAL PER CAPITA DUES 2,509 1560 SHERMAN AVE EVANSTON IL 60201 ROTARY DISTRICT 5080 PER CAPITA DUES 1,216 601 W MAIN AVE, STE 320 SPOKANE WA 99201

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 106 PO BOX RENT 44 PETS 515 SPEAKER GIFTS 499 PLAQUES, PINS, ETC 518 ANNUAL BANQUET 1,108 DIST GOV DINNER 274 MEAL COSTS WEEKLY MEETING 9,921 ROTOPLAST 500 MEMORIAL SCHOLARSHIP 500 RYLA 85 TOTAL 14,070

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PUBLIC SERVICE ROTARIANS ARE INVOLVED IN COMMUNITY SERVICE AND OTHER ACTIVITIES TO BENEFIT THE COMMUNITY AND YOUTH

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	SUPPORT OF NOON ROTARY CLUB INTERNATIONAL PROJECT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492136045252

TY 2010 Compensation Explanation

Name: ROTARY INTERNATIONAL

WALLA WALLA SUNRISE ROTARY CLUB

EIN: 91-1662581

Person Name	Explanation
ABBY VANDERPLAAT	
MARIANNE RENICK	
CRAIG SIEVERTSEN	
HENRY WORDEN III	
RICHARD COLLUM	
EARL GOODING	