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Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	17,861	22	19,107
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .		24	
25	Total assets . . . . .	17,861	25	19,107
26	Total liabilities (describe in Schedule O) . . . . .		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	17,861	27	19,107

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
(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 (describe in Schedule O) . . . . .		
(Grants \$ )	If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	20,598

Part IV

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

Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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? (see instructions) . . . . .	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 tax year 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 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 . . . . .	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 ▶ MARIANNE RENICK Telephone no ▶ (509) 526-1240 P O BOX 1952 Located at ▶ WALLA WALLA, WA ZIP + 4 ▶ 99362		
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here	Signature of officer		Date			
	MARIANNE RENICK TREASURER					
Paid Preparer's Use Only	Preparer's signature	DEBORA L ZALAZNIK	Date	2012-05-15	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	ZALAZNIK MOORE & ASSOCIATES PLLC PO BOX 1724 WALLA WALLA, WA 99362				EIN
						Phone no (509) 526-5689

May the IRS discuss this return with the preparer shown above? See instructions Yes 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 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.)	
<b>28</b> 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 . . . <input type="checkbox"/>	<b>28a</b>	14,705
<b>29</b> SUPPORT OF LOCAL COMMUNITY ORGANIZATIONS, PARTICULARLY YOUTH ORGANIZATIONS (Grants \$ 1,850) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	1,850
<b>30</b> PAUL HARRIS VOLUNTARY CONTRIBUTIONS TO ROTARY INTERNATIONAL (Grants \$ 3,043) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	3,043
SUPPORT OF NOON ROTARY CLUB INTERNATIONAL PROJECT (Grants \$ 1,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		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  P O BOX 1952 WALLA WALLA, WA 99362	PRESIDENT 1 00	0		
MARIANNE RENICK  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  P O BOX 1952 WALLA WALLA, WA 99362	VICE PRESIDE 1 00	0		
RICHARD COLLUM  P O BOX 1952 WALLA WALLA, WA 99362	SECRETARY 1 00	0		
EARL GOODING  P O BOX 1952 WALLA WALLA, WA 99362	VICE PRESIDE 1 00	0		

SCHEDULE O

(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.

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> ROTARY INTERNATIONAL WALLA WALLA SUNRISE ROTARY CLUB	<b>Employer identification number</b>  91-1662581
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Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	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

Identifier	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

Identifier	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

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

## 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	