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SCANNED DEC 2 0 2012

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Depa	artment of nal Revenu	the Treasury ue Service	▶ The organization may have to use a copy of this return to satisfy state re	porting requi	rements.	Inspect	ion
\overline{A}	For the	2011 cale	ndar year, or tax year beginning July 1 , 2011, and endin	g Jur	ne 30	, 20 12	
		applicable	C Name of organization Rotary Club of Sumner		D Employe	er identification nu	ımber
	Address		Doing Business As			91-6033379	
_	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/sui	E Telephor	ne number		
	Initial retu	_					
\Box	Terminate		PO Box 272 City or town, state or country, and ZIP + 4				
\exists	Amended		Sumner, WA 98390-0050		G Gross re	ceipts \$	127,289
H		1	F Name and address of principal officer Edward McConkey	H/a) is this		for affiliates? Yes	
ш	Application	on pending	PO Box 272, Sumner, WA 98390			cluded? Yes	
	-					list (see instruction	
		npt status		_	p exemption		,
	Website:		ryclubofsumner.org ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format			of legal domicile	WA
	art I	****		1320	IVI State	or legal domicile	- "
L		Summ	escribe the organization's mission or most significant activities: charita	ble and edu	cation		
	1	briefly de	scribe the organization's mission of most significant activities.	ible alla eau			
S							
Jan							
Activities & Governance	_	Ob a al. 4b	is box ▶☐ if the organization discontinued its operations or disposed o	f more than	2504 of	ite not accete	
ုင္တ					1 _ 1	its fiet assets.	0
æ	I						9
ies	í		of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	 	
ξ			nber of individuals employed in calendar year 2011 (Part V, line 2a)		5		
٩			nber of volunteers (estimate if necessary)		6		
			elated business revenue from Part VIII, column (C), line 12		7a		
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b	O	
	_			Prior Ye		Current Ye	
ē	1		ions and grants (Part VIII, line 1h)		35,171		52,108
Revenue	1	-	service revenue (Part VIII, line 2g)			-	
ě			nt income (Part VIII, column (A), lines 3, 4, and 7d)		63		6
_	L .		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,718		56,689
			enue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		88,952	····	108,803
			nd similar amounts paid (Part IX, column (A), lines 1-3)		65,418		86,137
	14	Benefits	pa id to or for members (Part IX, o plumn (A), line 4)				
es			other compensation employee benefits (Part IX, column (A), lines 5-10)				
Expenses	l .		nal-tundraising fees (Part IX, column (A), line 11e)			,	1
×	b	Total fun	2. F	STATE OF THE	,	in a significant	
ш	17	Other ex	oenses (Part IX, column (A), line 11a-11d, 11f-24e)		19,309		24,343
	18	Total exp	enses-Add-lines-13-17-(must equal Part IX, column (A), line 25)		84,727		110,480
	19	Revenue	less expenses Subtract line 18 from line 12		4,225		(1,677)
Net Assets or Fund Balances				Beginning of Ci	urrent Year	End of Yea	ar
sets	20	Total ass	ets (Part X, line 16)		86,372		84,695
ag A	21		ilities (Part X, line 26) \ldots \ldots \ldots \ldots \ldots \ldots \ldots				
¥2	22		ts or fund balances. Subtract line 21 from line 20		86,372		84,695
	art II		ure Block				-
Un	der penal	Ities of penu	ry, I declare that I have examined this return, including accompanying schedules and state	nents, and to t	the best of n	ny knowledge and	belief, it is
tru	e, correct	t, and comp	ete Declaration of preparer (other than officer) is based on all information of which preparer	mas any know	leage.		
			le III		1-13	5-12	
Sig	-	Sign	ature of officer	Da	ate		
He	re	Ź	re & Marson Resident				
		17	or print name and time				
Pa	id	Print/Ty	pe preparer's name Preparer's signature Da		Check [
	epare	r		1/1/12	self-emp	P0003	7703
	e Onl	1 – .		Firr	n's EIN ▶		
		Firm's a	ddress ► 604 Wood Ave, Sumner, WA 98390	Pho	one no		
Ма	y the IF	RS discus	s this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	· · □ Yes	□ No

Page 2
🗆
Yes ☑ No
Yes ☑ No
measured by he amount of
)
)
)

Form 99	2011)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	<u> U</u>
1	riefly describe the organization's mission: haritable and education	
	narriable and education	
2	id the organization undertake any significant program services during the year which were not listed on	
	rior Form 990 or 990-EZ?	· Yes No
2	"Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any prog	ram
3	ervices?	
	"Yes," describe these changes on Schedule O.	
4	escribe the organization's program service accomplishments for each of its three largest program service	ices, as measured by
	xpenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to	report the amount of
	rants and allocations to others, the total expenses, and revenue, if any, for each program service reporte	d.
) (T	
4a	Code:) (Expenses \$ 35,715 including grants of \$) (Revenue \$)
	unding for capital campaign for expansion in Pierce County	
4b	Code:) (Expenses \$ 32,000 including grants of \$) (Revenue \$)
	scholarships awarded for continuing education at any accredited college, university, or vocational program.	
	he scholarships are available to all graduating seniors at Sumner High School and Bonney Lake High School.	
	During the year, fourteen scholarships awarded.	
	······································	
		,,
4c	Code: (Expenses \$ 5,000 including grants of \$) (Revenue \$	<u></u>
40	Funding for community water well in Kenya.	/
	<u> </u>	,
4d	Other program services (Describe in Schedule O.)	
	Expenses \$ 13,422 including grants of \$) (Revenue \$) otal program service expenses > 86,137	
+	oral program octato expenses F 80,107	

Part	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		→
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		.5.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	·	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		L
		Forn	990	(2011)

Part	V Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	
		C	~ aan	10044

Form **990** (2011)

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1c 1c 1c 1c 1c 1c 1c	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b 1c 1c 1c 1c 1c 1c 1c		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax raturns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). If If Yes, Fiss if filed a Form 990-T for this year? If Yo, Froydoe an explanation in Schedule 0. If Yes is the sum of lines 1 in a foreign country; such as a bank account, securities account, or other financial account in a foreign country; such as a bank account, securities account, or other financial accounts in a foreign country; such as a bank account, securities account, or other financial accounts in a foreign country; leave as a bank account, securities account, or other financial accounts. Sa einstructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. Sa Was the organization by to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If Yes's old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If If Yes's did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If If Yes's did the organization include with every solicitation and par				Yes	No
c Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable garning (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a V the state of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3b Did the organization and the organization of \$1,000 or more during the year? 3a V the file of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3b Lat any time during the calendar year, did the organization in schedule 0. 3c Lat any time during the calendar year, did the organization in schedule on the sum of the foreign country. b If Yes, enter the name of the foreign country. b If Yes, enter the name of the foreign country. b See instructions for filing requirements for Form TD F 95-22.1. Report of Foreign Bank and Financial Accounts. 4a V Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If Yes, did the organization and gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that it was or is a party to a prohibited tax shelter transaction? b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Did the organization sell, exchange or otherwise dispose of tangible personal property for which it was required to file Form 82827. b If Yes, did the organization sell, exchange or otherwise dispose o	_		(3) E	~	
a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 and Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 and Statements, filled for the calendar year ending with or within the year covered by this return 1 and 2 and 1 and 2 and			· · · ·	<u>*</u> :	.!
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	С		40		<u> </u>
Statements, filed for the calendar year ending with or within the year covered by this return 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20		10	∀	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a At any time during the calendary 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)? 5a Hary "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "of line 6a of 5b, did the organization file Form 8986-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization netwice a perfect of the value of the goods or services provided? 7c If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization receive any payment in excess of \$75 made partly as a contribution of the organization receive and the organization file organiz	24		**	٠٠٠ - ١	, -
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions). 3a J did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4a 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; \(\) See seinstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year 7d Did the organization sell, exchange, or otherwise dispose of tangible personal benefit contract? 7d Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization receive any funds, directly or indirectly, or pay premium on a personal benefit contract? 7f Did the organization received any funds did uring the ye	h		2h		
3a	D		1		
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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: 5a einstructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. See instructions or filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. See instructions or filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form B898-17. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," idit here organization included with every solicitation and party greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contribution of goods and services provided to the payor? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any premiums, directly or indirectly, to pay premiums on a personal benefit contract? If the organization seemed a contribution of cash, beat, singlency, or the file payments o	За		3a		1
4a 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)? b if "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization fle Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 6c Did the organization stat may receive deductible contributions under section 170(c). 7c Did the organization stat may receive deductible contributions under section 170(c). 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year. 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 If the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 If the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 If the organization is maintaining donor a		· · · · · · · · · · · · · · · · · · ·	-		<u> </u>
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organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ida Jac J	_			ļ	
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			8		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	9				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	10		2 ₈ , ++	2	
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders		· · · · · · · · · · · · · · · · · · ·			•
a Gross income from members or shareholders				1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			1		
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		-	•,	',
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	· · · · · · · · · · · · · · · · · · ·	12a		*
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	_			· ·	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13a 13b 13b 13b	13		1 :	561 V	٠,
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b	The state of the s	1		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 🗸			-		
	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_

Part	Qovernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI	·		$\overline{\mathbf{Z}}$
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	3 7%.	Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	5 6 7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	V
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		√ √
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Jackie Bechtold, 6108 160th Ave E, Sumner, WA 98390 (253) 863-4924	of the		

Part VII	Compensation of Officers	, Directors,	Trustees,	Key Employees	, Highest	Compensated	Employees	, and
,	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Estimated Name and Title Average box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) related other week from Individual t or director Highest compensated employee Institutional Key employee (describe the organizations compensation hours for organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization related organizations and related trustee ın Schedule organizations trustee O) (1) Edward McConkey **President** (2) Eric Lansford **President-elect** (3) Tina Pries Past-president (4) Carmen Blankenship Secretary (5) Jackie Bechtold Treasurer (6) Baron Manfred von Vierthaler Director (7) Gerald Vandenberg Director (8) Barbara Bitetto Director (9) Bernie Hardtke Director (11) (12)(13)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees	continu/	ed)
•					•	C)						
	(A)	(B)	(do n	ot ch		ition	than o	nne	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportat	1	Estimated
		hours per week		-	_	irect	or/trus	, 	compensation from	compensatio related		amount of other
		(describe	Individual trustee or director	Institutional trustee	Officer	₹ ey	en High	Former	the	organizati	ons	compensation
		hours for related	vidu	호	cer	Key employee	nest Joy	Ter	organization (W-2/1099-MISC)	(W-2/1099-N	VISC)	from the organization
		organizations	tor tal	ona		탕	8 8		(VV-2/1099-WIGC)			and related
		ın Schedule	l st	tr.)ee	n pe					organizations
		O)	#	stee			Highest compensated employee				l	
						<u> </u>	8	_				
(15)												
(16)												
(17)												
(18)												
(19)												
(20)						<u> </u>						
								<u> </u>				
(21)										<u> </u>		
(22)												
(23)												
(0.4)												
(24)												
(25)												
1b	Sub-total			•	•	•		>				
С	Total from continuation sheets to Part	VII, Sectio	n A					>				
d	Total (add lines 1b and 1c)							▶_				
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000	of
												Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s						•	emp	oloyee, or high	est compe	ensated	
4	For any individual listed on line 1a, is the								nd other comm	oncation f	om the	3 /
4	organization and related organizations	arester th	portai an \$1	316 (50	OON	1961 12 <i>1</i> :	15auc f "V≏	лı а ç "	complete Sch	perisation il pedule il fo	on such	
	individual	greater tre	αιι ψι					., 	· · · · ·			4 /
5	Did any person listed on line 1a receive of											22 2 2 2 2
0	for services rendered to the organization	/ If "Yes," C	ompi	ete	Scr	neau	JIE J 1	or s	sucn person	• • • •		5 ✓
	on B. Independent Contractors Complete this table for your five highest of										n 6100) 000 of
1	compensation from the organization. Rep											
-	year. (A)								(B)			(C)
	Name and business add	ress							Description of s	ervices		Compensation
								\vdash				
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Part	VIII	Statement of Revenue				
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 18,507	1			
Ω, E	c	Fundraising events 1c	1			
ifts Ir A	ď	Related organizations 1d				
nile	e	Government grants (contributions) 1e				
ons	f	All other contributions, gifts, grants,				
uti	•	and similar amounts not included above 1f 33,601				
of it		Noncash contributions included in lines 1a-1f \$	†			
no;	g h	Total. Add lines 1a–1f	52,108			
		Business Code	02,100			
nue l	2a					
ev.	b					
e						
Ž	c d					
ı.	_					
Jran	e	All other program service revenue .				
Program Service Revenue	f g	Total. Add lines 2a–2f				
-	3	Investment income (including dividends, interest,				
		and other similar amounts)	6			6
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
	•	(i) Real (ii) Personal				
	6a	Gross rents	1			
	b	Less: rental expenses	1			
	C	Rental income or (loss)	1			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	†			
	b	Less: cost or other basis	1 1			
	_	and sales expenses .				
	С	Gain or (loss)	1	ول.		
	d	Net gain or (loss)				
	_	(100 gam e. (100 g)		***************************************		
e	8a	Gross income from fundraising	-			
Je n		events (not including \$				
Ę		of contributions reported on line 1c).				
<u>-</u>		See Part IV, line 18				
Other Revenu	ь	Less: direct expenses b 18,486	1			
O		Net income or (loss) from fundraising events . >	56,689			56,689
		Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b]			
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С		ļ			
	d	All other revenue				
	е	Total. Add lines 11a–11d	<u> </u>			
	12	Total revenue. See instructions	108,803			56,695

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	78,152	78,152		72 1 "				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,985	2,985	,					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,000	5,000						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages								
9 10 11	Other employee benefits								
a b	Management								
c d	Accounting	565		565					
e f	Professional fundraising services. See Part IV, line 17 Investment management fees								
g	Other								
12	Advertising and promotion								
13	Office expenses	6,670		6,670					
14	Information technology			<u>.</u>					
15	Royalties								
16	Occupancy				·				
17 18	Travel								
19	Conferences, conventions, and meetings .	2,582		2,582					
20	Interest								
21	Payments to affiliates	11,506		11,506					
22	Depreciation, depletion, and amortization .								
23	Insurance	540		540					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If		, -						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		;		, -				
а	Bank charges	292		292					
b	Credit card fees	1,215		1,215					
C	Membership dues	185		185					
d	New member development	788		788					
e	All other expenses Total functional expenses. Add lines 1 through 24e	110,480	86,137	24,343					
<u>25</u> 26	Joint costs. Complete this line only if the	110,480	00,137	24,343					
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								

P	art X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	30,064	1	4,378
	2	Savings and temporary cash investments	54,017	2	78,026
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of		,3	
s	6	Schedule L		5	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 2,291	Fig. 1		- 1.
	ь	Less: accumulated depreciation 10b	2,291	10c	2,291
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	86,372	16	84,695
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	-	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.	- , , ,		
يق		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
gal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.	Fig. 1		
ţŞ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	86,372	32	84,695
let	33	Total net assets or fund balances	86,372	33	84,695
	34	Total liabilities and net assets/fund balances	86,372	34	84,695

Page	12
-	

Pari	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>	٠.	
	Tabel account (count accord Dark VIIII and count (A) line 40)	1 1		10	8,803
1	Total revenue (must equal Part VIII, column (A), line 12)	1			_
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,480
3	Revenue less expenses. Subtract line 2 from line 1	3			,677)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	6,372
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		8	4,695
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	płain in			# *
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year, expected to the organization changed either its oversight process or selection process during the tax year.	ntant?	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were	;	, , , , , , , , , , , , , , , , , , ,	,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			=	- ¿
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	 		-
ט	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Forr	n 990	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	f the organization		Employer identification number
Rotary	Club of Sumner		91-6033379
Par		r Advised Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" to Fo	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
	funds are the organization's property, subject	t to the organization's exclusive legal conti	rol? Yes 🗌 No
6	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the		
	conferring impermissible private benefit? .	<u> </u>	· · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held be	by the organization (check all that apply).	
	Preservation of land for public use (e.g., r	ecreation or education) 🔲 Preservation of	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribut	ion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation eas	ements	2b
С	Number of conservation easements on a cer		
d	Number of conservation easements include		t i
	historic structure listed in the National Regist		
3	Number of conservation easements modified	l, transferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written poli violations, and enforcement of the conservat		
_			
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	n easements during the year
-	Amount of expenses incurred in monitoring,	inequating and anforcing concentration and	comente during the year
7	Amount of expenses incurred in monitoring, • \$	inspecting, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(R)
0	(i) and section 170(h)(4)(B)(ii)?		
_	In Part XIV, describe how the organization re		
9	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e	-	That rotation of the cool is a single time
Part		ctions of Art, Historical Treasures, o	r Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other s	similar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted un	der SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other s		
	public service, provide the following amounts	s relating to these items:	
	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X	line 1	▶ \$
	(ii) Assets included in Form 990. Part X		> \$
2	If the organization received or held works	of art, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported up	nder SEAS 116 (ASC 958) relating to these	items:
а	Revenues included in Form 990, Part VIII, line Assets included in Form 990, Part X	e 1	▶ \$
	Assets included in Form 990, Part X		▶ \$

	III Organizations Maintaining	Collections of	Art, His	toric <u>al 1</u>	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	ne follov	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generations							
4	Provide a description of the organization	ion's collections	and expla	ain how t	hey further	the org	ganization's exe	mpt purpose in Par
	XIV.							
5	During the year, did the organization	solicit or receive	donation	s of art,	historical t	reasure	s, or other simi	lar
	assets to be sold to raise funds rather							
Part	V Escrow and Custodial Arra	ngements. Co	mplete i	f the org	anization	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amount	t on Form 990,	Part X, Ii	ne 21.				
1a	Is the organization an agent, trustee,	custodian or ot	her intern	nediary fo	or contribu	tions o	other assets r	not
	included on Form 990, Part X?							Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fo	ollowing t	able:			
								Amount
c	Beginning balance					10	;	
d	Additions during the year					10	1	
е	Distributions during the year					1€		
f	Ending balance					11		
2a	Did the organization include an amoun	it on Form 990, F	art X, line	21? .				. 🔲 Yes 🗌 No
	If "Yes," explain the arrangement in Pa	rt XIV.						
Par	V Endowment Funds. Comple							
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years ba	
1a	Beginning of year balance	<u> </u>						Carting of Maria
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships		<u> </u>					
e	Other expenditures for facilities and							
	programs			<u>.</u>		-		
f	Administrative expenses		<u> </u>					
g	End of year balance		1		L.,			AND COMPANY OF THE PARTY OF THE
2	Provide the estimated percentage of the	ne current year e	nd baland	e (line 1g	ı, column (a	a)) held	as:	
а	Board designated or quasi-endowmen	it 🕨	%					
b	Permanent endowment ►							
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2	%						
_	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.	4!4!				.i
за	Are there endowment funds not in the	possession of t	ne organi	zation the	at are neid	and ad	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
L	(ii) related organizations							3a(ii) 3b
b 4	Describe in Part XIV the intended uses							
Part								
rait	Description of property	(a) Cost or o			or other basis	(c)	Accumulated	(d) Book value
	Description of property	(a) Cost or c		1 ' '	ther)		epreciation	(d) Dook value
12	Land			 		Mary to	SECOND SECOND	
1a b	B #1		.	 		· 12: • - 1_00;=;	CO-COMP NOT TOTAL	
C	Leasehold improvements			 				
d	Equipment			 	2,291	 		2,291
e	Other			 		<u> </u>		_,
	Add lines 1a through 1e. (Column (d) m	oust equal Form 9	990. Part	X. columr	(B), line 1	O(c).)	•	2,291

Part VII	Investments - Other Securities	. See Form 990, Part X	(, line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of vai Cost or end-of-year n	
(1) Financial	derivatives			
	eld equity interests			
(3) Other	· ·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
-(1)				
	o) must equal Form 990, Part X, col. (B) line 12.)		1 4	,
Part VIII	Investments—Program Related	d. See Form 990, Part	X, line 13.	<u></u>
	a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)		-		
(10)				
	b) must equal Form 990, Part X, col. (B) line 13.)			,
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, c		<u> </u>	
Part X	Other Liabilities. See Form 990			
1. (1) Fodorol	(a) Description of liability income taxes	(b) Book value	⊣	
	income taxes		\dashv	
(3)			-	21
(4)			⊣	-
(5)			┨	
(6)			-	-
(7)				
(8)				
(9)				
(10)			_	
(11)			_	
	b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	to the organization's financial state	

Р	а	a	А	

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	atemer	nts	
1	*Total revenue (Form 990, Part VIII, column (A), line 12)	. 1	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	. 2	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. 3	3	
4	Net unrealized gains (losses) on investments		1	<u> </u>
5	Donated services and use of facilities		5	
6	Investment expenses		3	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		3	
9	Total adjustments (net). Add lines 4 through 8		•	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		0	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	letu	rn
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Γ	٠, ١	
а	Net unrealized gains on investments			
b	Donated services and use of facilities		٠,	
С	Recoveries of prior year grants		笙	
d	Other (Describe in Part XIV.)		H-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	🕇	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	`	-	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		3	
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	5	
Part				turn
1	Total expenses and losses per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	`		
– a	Donated services and use of facilities		-	
b	Prior year adjustments			
c	Other losses		. '-	
d	Other (Describe in Part XIV.)		`	
e	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1	:	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		: 3	
b	Other (Describe in Part XIV.)		-	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	
Part				
Comp Part V	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also dditional information.			
		·		

Schedule D (Fo		Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Employer identification number **Rotary Club of Sumner** 91-6033379 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations С d ☐ In-person solicitations 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 services? ☐ Yes ✓ No 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. (v) Amount paid to (or retained by) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) organization (ii) Activity custody or control of contributions? from activity fundraiser listed in or entity (fundraiser) col (i) Yes No 1 8 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat No 50083H

Pa	irt II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than	g event contributions	on answered "Yes" to and gross income on I	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more and 6b. List events with
		green recopies greener man	(a) Event #1 Golf tournament (event type)	(b) Event #2 Dinner (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable contributions	39,406	28,778	6,991	75,175
	3	Gross income (fine 1 minus line 2)	39,406	28,778	6,991	75,175
	4	Cash prizes	1,100			1,100
	5	Noncash prizes				
enses	6	Rent/facility costs				
Orrect Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .	10,792	4,389	2,205	17,386
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Combi Gaming. Complete if the	ine line 3, column (d), a	nd line 10		(18,486) 56,689 reported more
_		than \$15,000 on Form 99				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	《编辑》《编辑》 《编辑》
	6	Volunteer labor	☐ No	□ No	☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		()
	8_	Net gaming income summary	. Combine line 1, colur	nn d, and line 7		
g	a Is	*	perate gaming activities			L Yes L No
10		ere any of the organization's g	aming licenses revoked	-	ted during the tax year	? . 🗌 Yes 🗎 No

Schedu	le G (Form 990 or 990-EZ) 2011 Page 3
11 12	Does the organization operate gaming activities with nonmembers?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
С	
	Name ►
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	☐ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	······································

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 **₽**©

► Attach to Form 990.

. 1 6 7	Open to Pub	Inspection

Employer identification number

Rotary Club of Sumner							91-6033379
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	in records to subsaward the grants	stantiate the amou	nt of the grants or	assistance, the gr	antees' eligibility	for the grants or assistance	e, and ✓ Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring t	he use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Government to Form 990 Part IV line 21 for any recipient the	sistance to Go	vernments and	Organizations i	n the United St \$5,000, Check 1	ates. Complete	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	vered "Yes" e than \$5.000.
Part II can be duplicated if additional space is r	ted if additional	space is needed					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YMCA of Pierce & Kitsap							
Tacoma, WA		501(c)(3)	35,715				capital campaign
(2) Sumner BK Education Foundatio							
Sumner, WA	30-0128156	501(c)(3)	32,000				scholarships
(3) Boy Scouts of America							
Sumner, WA		501(c)(3)		3,747	3,747 actual	ins, tax, utilities	facility use
(4) Starr Program							
Sumner, WA		501(c)(3)	1,631				utility assistance
(5) City of Sumner							
Sumner, WA	91-6001282	501(c)(3)	1,485				flag,mural,decorations
(6) Courage Classic Foundation							
Tacoma, WA	94-3030039	501(c)(3)		1,267	1,267 actual	lood	abuse prevention
(7) Rotary Youth Leadership Award	i						
Evanston, IL	36-3245072	501(c)(3)	650				leadership program
(8) Sumner School District							
Sumner, WA	91-0783342	501(c)(3)	555				band, community
(9) Post-prison Education Program				-			
Seattle, WA		501(c)(3)	200				education
(10) Sumner Downtown Association							
Sumner, WA	91-1571390	501(c)(3)	275				community event
(11) Helping Hand House							
Puyallup, WA		501(c)(3)	177				school supplies
(12) Rhubarb Festival							
Sumner, WA			150				community event
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	vernment organizat	tions listed in the I	ine 1 table			∓
3 Enter total number of other organizations listed in the line	rganizations listec	in the line 1 table					

Schedule I (Form 990) (2011)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule I (Form 990) (2011)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Review acknowledgment from recipient to verify the grant conditional use and follow up with appropriate inquiry (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part I, General information on grants: Line 2, Monitoring procedures: Part IV Part III 8 က 4 S 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Rotary Club of Sumner	91-6033379
Form 990, Page 1, Part I, Summary:	
Line 6, Number of volunteers:	
The organization does not track the number of volunteers. During the year, all functions of	f the organization were
performed by uncompensated volunteers. No value has been assigned to the volunteer h	ours in this tax return.
Page 6, Part VI, Governance, management and disclosure:	
Line 11b, Procedure for reviewing From 990:	
Before filing the tax return, an officer or director reviews the return and schedules. All me	mbers of the governing
body reviews the return at the next board meeting.	
Line 19, Public access to documents:	
If prepared, all documents are available for public inspection upon request or directly thro	ugh the Secretary of
the State of Washington or the Internal Revenue Service.	
Schedule R, Page 1, Part II, Related tax-exempt organization:	
Column f, Direct controlling entity:	
Organizations share the same board of directors.	

Schedule O (Form 990 or 990-E2) (2011)		aye =
Name of the organization	Employer identification number	
		·
		.
		· ···
		 -
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	. <u></u>	

SCHEDULE R (Form 990) Rotary Club of Sumner

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Fo

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■ See
orm 990.

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OMB No 1545-0047

Open to Public

Employer identification number Inspection

91-6033379

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling entity 501(c)(3) see statement (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity Š (b) Primary activity charity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a) (a) Name, address, and EIN of related organization (6) (1) Sumner Rotary Club Foundation PO Box 272, Sumner, WA 98390 Part I Part II (2) **£ £** <u>(2)</u> 9 9 Ξ <u>0</u> 2 ල E

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 (k) Percentage ownership Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets (i) General or managing partner? Yes No (g) Share of Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total Income (e)
Type of entity
(C corp, S corp, or trust) (h)
Disproportionate
allocations? ŝ Yes (9) Share of end-of-(d)
| Direct controlling entity (f) Share of total income (c)
Legal domicile
(state or foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under sections 512-514) (b) Primary activity (d)
I Direct controlling entity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization Primary activity (a) Name, address, and EIN (9) related organization Part IV Part III **3** Ξ <u>8</u> 4 9 E <u>O</u> 9 ල 2 ල 8 Ξ

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 4

Schedule R (Form 990) 2011

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership			:					:							:	
	Les No															
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)																
) irtionate ions?	Les No					·	_									
a																
(f) Share of total income																
(e) Are all partners section 501(c)(3) organizations?	Tes No															:
Predominant An income (related, unrelated, excluded from tax under or section 512-514)																
(c) Legal domicile (state or foreign country)																
(b) Pnmary activity																
Name, address, and EIN of entity Primary activity (country) Legal domicile Predominant Are all partners Share of Share of end-of-year country Income (related, excluded 501(c)(3) from tax under organizations? Section 512-514)																
	(5)	(2)	(3)	4	(2)	9	6	(8)	6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).