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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

# 2012

Open to Public Inspection

**A For the 2012 calendar year, or tax year beginning** JUL 1, 2012 **and ending** JUN 30, 2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Wenatchee Sunrise Rotary</u>		<b>D</b> Employer identification number <u>91-1324166</u>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 1702</u>		<b>E</b> Telephone number <u>509-663-4898</u>
	City or town, state or country, and ZIP + 4 <u>Wenatchee, WA 98807</u>		<b>F</b> Group Exemption Number <u>0573</u>
			<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**I Website:** N/A

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( 4 ) (insert no.  4947(a)(1) or  527)

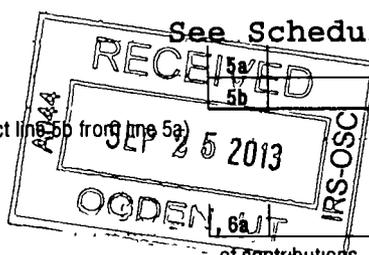
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 88,040.**

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

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>14,849.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>16,890.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>8,415.</b>
	<b>4</b> Investment income	<b>4</b>	<b>2,714.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory		
	<b>b</b> Less: cost or other basis and sales expenses		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)		
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>45,172.</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>20,462.</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>24,710.</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>67,578.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>800.</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	<b>7,895.</b>
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>3,603.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>6,682.</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>49,268.</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>68,248.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>&lt;670.&gt;</b>	
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>110,466.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>1,409.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>111,205.</b>



SCANNED OCT 23 2013 Revenue

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

5 P

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	155,206.	152,574.
23 Land and buildings		
24 Other assets (describe in Schedule O) <b>See Schedule O</b>	14,233.	16,500.
25 <b>Total assets</b>	169,439.	169,074.
26 <b>Total liabilities</b> (describe in Schedule O)	58,973.	57,869.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	110,466.	111,205.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **Social Welfare Organization**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 <b>Funding of the Challenge Scholarship to encourage at-risk youth to continue their education</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0.
29 <b>Providing community outreach through a variety of small hands-on projects.</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	27,048.
30 <b>International Service in keeping with Rotary Mission</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,049.
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)		32	32,097.

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gary Looney President	3.00	0.	0.	0.
Brad Allen Vice President	1.00	0.	0.	0.
Alan Walker President-Elect	1.00	0.	0.	0.
Craig Robertson Treasurer	1.00	0.	0.	0.
Joanne Rosenthal Secretary	1.00	0.	0.	0.
Ron Stephenson Board of Directors	1.00	0.	0.	0.
Joan Wright Past President	1.00	0.	0.	0.
Taro Masuda Board of Directors	1.00	0.	0.	0.
Matt Eastman Board of Directors	1.00	0.	0.	0.
Carol Adamson Board of Directors	0.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
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)	34		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> <u>N/A</u> ; section 4912 <input type="checkbox"/> <u>N/A</u> ; section 4955 <input type="checkbox"/> <u>N/A</u>			
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		X
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			0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			0.
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		X
41 List the states with which a copy of this return is filed <input type="checkbox"/> <u>WA</u>			
42a The organization's books are in care of <input type="checkbox"/> <u>Wenatchee Sunrise Rotary</u> Telephone no. <input type="checkbox"/> <u>509-663-4898</u> Located at <input type="checkbox"/> <u>PO Box 1702, Wenatchee, WA</u> ZIP + 4 <input type="checkbox"/> <u>98807</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		X
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: <input type="checkbox"/> _____	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b 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 may need to be completed instead of Form 990-EZ (see instructions)	45b		

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

Table with columns Yes, No and row 46 with 'X' in the No column.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with columns Yes, No and row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b.

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."

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation; (d) Health benefits; (e) Estimated amount of other compensation. Row 1 contains 'N/A'.

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1 contains 'N/A'.

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 Alan Walker, president; Date 9/17/13

Paid Preparer Use Only: Print/Type preparer's name Kristine Loomis, CPA; Preparer's signature; Date 9/10/13; Check self-employed; PTIN P00367871; Firm's name Cordell, Neher & Company, P.L.L.C.; Firm's EIN 91-0950793; Firm's address P.O. Box 3068, Wenatchee, WA 98807-3068; Phone no. 509-663-1661

May the IRS discuss this return with the preparer shown above? See instructions

Yes No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Bike Ride</b> (event type)	(event type)	<b>None</b> (total number)	(add col (a) through col. (c))
Revenue	1	Gross receipts	45,172.		45,172.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	45,172.		45,172.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	20,462.		20,462.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 20,462 )
	11	Net income summary. Combine line 3, column (d), and line 10			24,710.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization Wenatchee Sunrise Rotary Employer identification number 91-1324166

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
<u>Interest Income</u>	<u>2,714.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>Program Expenses</u>	<u>45,310.</u>
<u>Community Service Expense</u>	<u>442.</u>
<u>Administrative expenses</u>	<u>3,516.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>49,268.</u>

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

<u>Changes in Net Assets or Fund Balances:</u>	<u>Amount:</u>
<u>Unrealized gains (losses)</u>	<u>1,409.</u>

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Other assets</u>	<u>14,233.</u>	<u>16,500.</u>

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.