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Extended to February 15, 2017

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

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

2015

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990-EZ header section including: A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016; B Check if applicable; C Name of organization Wenatchee Sunrise Rotary; D Employer identification number 91-1324166; E Telephone number 509-663-4898; F Group Exemption Number 0573; G Accounting Method: X Cash; H Check X if the organization is not required to attach Schedule B; I Website: N/A; J Tax-exempt status 501(c)(4); K Form of organization: X Corporation; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$ 97,887.

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include: 1 Contributions, gifts, grants, and similar amounts received (69,289); 2 Program service revenue including government fees and contracts (16,374); 3 Membership dues and assessments (10,315); 4 Investment income (1,909); 5a-5c Gross amount from sale of assets other than inventory; 6a-6d Gross income from gaming and fundraising events; 7a-7c Gross sales of inventory, less returns and allowances; 8 Other revenue; 9 Total revenue (97,887); 10-17 Expenses (Total 84,335); 18 Excess or (deficit) for the year (13,552); 19 Net assets or fund balances at beginning of year (125,788); 20 Other changes in net assets or fund balances (<1,228.>); 21 Net assets or fund balances at end of year (138,112).

RECEIVED JAN 24 2017 OGDEN, UT IRS-CO

SCANNED JAN 31 2017 Revenue

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

Form 990-EZ (2015)

66 18

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	166,775.	179,481.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	23,281.	24,048.
25 Total assets	190,056.	203,529.
26 Total liabilities (describe in Schedule O)	64,268.	65,417.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	125,788.	138,112.

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; 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 Funding of the Challenge Scholarship to encourage at-risk youth to continue their education		28a	8,570.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29 Providing community outreach through a variety of small hands-on projects.		29a	37,866.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30 International Service in keeping with Rotary Mission		30a	0.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	46,436.

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
Wayne Massing President	1.00	0.	0.	0.
Lisa Tidd Treasurer	2.00	0.	0.	0.
Joanne Rosenthal Secretary	1.00	0.	0.	0.
Taro Masuda Director	1.00	0.	0.	0.
Matt McColm President-Elect	1.00	0.	0.	0.
Joel McDonald Director	1.00	0.	0.	0.
Ted Fukuzawa Director	1.00	0.	0.	0.
Maggie Nelson Director	1.00	0.	0.	0.
Erin McCool Vice President	1.00	0.	0.	0.
Carol Adamson Director	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		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)		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)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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"/> WA		
42a	The organization's books are in care of <input type="checkbox"/> Wenatchee Sunrise Rotary Telephone no. <input type="checkbox"/> 509-663-4898 Located at <input type="checkbox"/> PO Box 1702, Wenatchee, WA ZIP + 4 <input type="checkbox"/> 98807		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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
b	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	

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
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	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
49a	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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." ▶ **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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: <u><i>James D. Huffman</i></u> Type or print name and title: <u>James D. Huffman Club President</u>	Date: <u>1/17/17</u>
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Paid Preparer Use Only	Print/Type preparer's name Kristine S. Loomis, CPA	Preparer's signature <u><i>Kristine S. Loomis</i></u> CPA	Date <u>1/9/17</u>	Check <input type="checkbox"/> if 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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

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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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Wenatchee Sunrise Rotary

Employer identification number
91-1324166

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

Description of Property:	Amount:
Interest Income	1,909.

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

Description of Other Expenses:	Amount:
Program Expenses	58,144.
Community Service Expense	15,614.
Administrative expenses	3,898.
Total to Form 990-EZ, line 16	77,656.

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

Changes in Net Assets or Fund Balances:	Amount:
Unrealized gains (losses)	-1,228.

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

Description	Beg. of Year	End of Year
Other assets	23,281.	24,048.

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.