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EXTENDED Form 990-EZ

Department of the Treasury Internal Revenue Service

JSA 8E1008 1 000

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Open to Public Inspection

ΑF	For the 200	3 calendar year, or tax year beginning JULY 1	, 2008, an	d ending	JUNE 30	, 2009	
B	Check if applicab Address change	Please C Name of organization use IRS label or				yer identification number	
	Name change	print or ROTARY CLUB OF DAVIS-SUNRISE	IDOMADA CIUD OD DAVITO GUNIDICO			38919	
	Initial return	type Number and street (or P O box, if mail is not delivered to street address) Room/suite		m/suite	E Teleph	one number	
	Termination	See PO BOX 4531			530-7	58-6060	
	Amended	Instruc- City or town, state or country, and ZIP + 4			F C		
	Application pending	tions. DAVIS, CA 95617				Exemption 0573	
	 Section 	501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must	attach	G Account	ing method	Cash X Accrual	
		a completed Schedule A (Form 990 or 990-EZ).		1	pecify)		
				H Check ▶		e organization is not	
I V	Vebsite:)	www.davisrotary.com				Schedule B (Form 990,	
J	Organization	type (check only one) - X 501(c) (4) ◀ (insert no) 4947(a)	(1) or 527	1	or 990-PF)		
	Check ▶	if the organization is not a section 509(a)(3) supporting organization as	*	·		e than \$25 000 A return	
		d, but if the organization chooses to file a return, be sure to file a comple	te return	pis are norm	any not mor	e man \$25,000 A letun	
		b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 9		990-F7		89,662.00	
		enue, Expenses, and Changes in Net Assets or Fur					
	•	ributions, gifts, grants, and similar amounts received			1	160.00	
		ram service revenue including government fees and contracts			2	100.00	
	3 Mer	hership dues and apparements			3	62 014 00	
	4 Inve	bership dues and assessments		• • • • •	4	63,014.00	
	5 0 Cro	stment income			4	499.00	
		, , ,					
		cost or other basis and sales expenses			_		
<u>o</u>		or (loss) from sale of assets other than inventory (Subtract line 5b from			5c		
Revenue	6 Spec	el events and activities (complete applicable parts of Schedule G). If any amount is from gaming	check here	-			
eve		s revenue (not including \$ 160.00 of contributio		200 00			
œ	repo	ted on line 1)		289.00			
		direct expenses other than fundraising expenses	<u>'</u>	133.00	-		
		ncome or (loss) from special events and activities (Subtract line 6b from	line 6a)		6c	21,156.00	
<u></u>	7 a Gross sales of inventory, less returns and allowances						
70.07		cost of goods sold			ŀ		
- -		s profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
V		r revenue (describe ► SALE OF ROTARY APPAREL DE	CEIVED		8	700.00	
2				<u>-,,</u> ▶	9	85,529.00	
JA IN	10 Gra	ts and similar amounts paid (attach schedule)	<u>.</u>	SC	10	17,585.00	
•	11 Ben	fits paid to or for members	N.1. 5.2010.	[인]	11		
nses	40 0			SS	12		
	13 Prof	essional fees and other payments to independent contractors	7.5 - 1. 1. 1. 1. 1.	J=	13		
Exper	14 Occ	essional fees and other payments to independent contractors			14	2,579.00	
- W	15 Prin	ing, publications, postage, and shipping			15	120.00	
5	16 Oth				16	59,521.00	
	17 Tot	l expenses. Add lines 10 through 16			17	79,805.00	
S	18 Exc	ss or (deficit) for the year (Subtract line 17 from line 9)			18	5,724.00	
set		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					
As		of-year figure reported on prior year's return)			19	37,399.00	
19 Net assend-of-		r changes in net assets or fund balances (attach explanation)			20		
Z	21 Net	ssets or fund balances at end of year Combine lines 18 through 20 .			21	5,724.00	
Pa	_	ance Sheets. If Total assets on line 25, column (B) are \$2,500,00					
		(See the instructions for Part II)	(A) Beginni		1 011113	(B) End of year	
22	Cash sav	· · · · · · · · · · · · · · · · · · ·		,775.00	22	37,636.00	
23	l and and	ngs, and investments		,	23	37,030.00	
24	Other see	uildings s (describe ► DUE FROM MBRS, FIXTURES/EQUIP)	1 1	,114.00		10,112.00	
25	Total acc	o (describe > 202 1 Noti 112NO) 11 N10N20/ 12011		,889.00			
	Total link	ets		,490.00		47,748.00	
26	Net see	e or fund halances (line 27 of column (D) must acres with line 24	·			4,624.00	
27	14cr 9226	s or fund balances (line 27 of column (B) must agree with line 21)	3/	,399.00	1271	43,124.00	

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishme	ents (See the instruct	ons for Part III)		Ex	penses
What is the organization's primary exempt purpose? COMMUNITY			CE	(Require	d for 501(c)(3)
Describe what was achieved in carrying out the organization's exe	empt nurnoses. In a clea	r and concise mann	er	and (4)	organizations 7(a)(1) trusts.
describe the services provided, the number of persons benefited, or					for others)
28SEE ATTACHED STATEMENT					
260DE ATTACHED STATEMENT			$-\mid$, \mid		
			<u></u> `		
7 125 00			<u> </u>		
(Grants \$ 7,135.00) If this amount include	es foreign grants, check her	e ▶	28a		7,135.00
29TRANSFERS TO AFFILATED ROTARY CLUBS AND	ROTARY FOUNDAT	TION FOR JOIN	IT		
PROJECTS AND ORGANIZATIONAL OUTREACH					
**					
(Grants \$ 10,450.00) If this amount include	es foreign grants, check her	e ▶	29a		10,450.00
30					
			_		
(Grants \$) If this amount include	es foreign grants, check her	e >	30a		
31 Other program services (attach schedule)					
(Grants \$) If this amount include	es foreign grants, check her	e . [31a		
32 Total program service expenses (add lines 28a through 31a)			▶ 32		17,585.00
Part IV List of Officers, Directors, Trustees, and Key Emple	ovees. List each one ever	if not compensated		structions	
	(b) Title and average	(c) Compensation	(d) Contr	ibutions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		enefit plans & empensation	account and other allowances
BRUCE WOLK	PRESIDENT	enter -0/	30,0,100 0	и прогосского	Other allowances
1209 COLBY DR, DAVIS, CA 95616	PART	-0-		-0-	-0-
DUNCAN HAY	V-PRES	<u></u>			
39794 MORNING DOVE PL, DAVIS, CA 95616	PART	-0-		-0-	-0-
MARK PRATT	SECRETARY				
410 DRESBACH WAY, DAVIS, CA 95616	PART	-0-		-0-	-0-
THOMAS READ	TREASURER			-0-	
	4	_		0	
424 F STREET, DAVIS, CA 95616	PART	-0-		-0-	-0-
	4				
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Pa	tV Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33	 _	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		_ X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not		1	
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	,	1	
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, report-	25-		
	If "Yes," has it filed a tax return on Form 990-T for this year?	35a	<u> </u>	<u> X</u>
		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	20	1	١
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a NONE			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	a 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 unpaid at the start of the period covered by this return?	38a	<u> </u>	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A			
39	1 7 1		'	
a	Initiation fees and capital contributions included on line 9 39a		ĺ '	
	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶		l	
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transac-	!		
	tion during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete	40.		
	Schedule L, Part I	40b	<u> </u>	X
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	 	X
	transaction? If "Yes," complete Form 8886-T	400	<u> </u>	
41	List the states with which a copy of this return is filed ► CALIFORNIA The backs are present ► THOMAS READ.	607		
4 Z a	The books are in care of ► THOMAS READ Located at ► 424 F STREET, DAVIS, CA Telephone no ► 530-758 ZIP + 4 ► 95616	-600	30	
L		•••••		
O	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		Yes	No
	account)?	42b	162	X
	If "Yes," enter the name of the foreign county N/A	420		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1	1	1
	and Financial Accounts.		1	-
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		х
·	If "Yes," enter the name of the foreign country N/A	42c	L	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_	. [-]
73	and enter the amount of tax-exempt interest received or accrued during the tax year		P	1/A
	43			-/ 17
		•	Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		163	140
·	Form 990-F7	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		\vdash	
. •	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1	X
-		ليتب		

	and complete the tables for lines 50 and	d 51					N.	
3 Did th	ne organization engage in direct or indirect po		on behalf of or in	opposition to		Yes	No⁄	
	dates for public office? If "Yes," complete Sche				46		7	
	ne organization engage in lobbying activities?		C. Part II	rt II				
	organization operating a school as described				48			
	ne organization make any transfers to an exen				49a	/		
	s," was the related organization(s) a section 5				49b			
	plete this table for the five highest compensat				emplo	vees	who	
each	received more than \$100,000 of compensation	on from the organization. If	there is none, en	ter "None "	,	•		
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expension allows	nd	
		-						
		-						
			 			-		
			 / 					
tal numb	per of other employees paid over \$100,000 >	1	/					
	(a) Name and address of each independent contractor pa	id more than \$100,000	(b) Type	(b) Type of service		(c) Compensation		
		/						
	/-							
		_						
								
tal numb	per of other independent contractors receiving	over \$100,000						
tal numb	Der of other independent contractors receiving Under penalties of perius, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accomp						
jn	Under penalties of perjury, I seclare that I have exemin	ed this return, including accomp	is based on all inform					
jn	Under penalties of parities, the late that I have exeminand belief, it is true, correct, and complete Declaration Signature of officer THOMAS S. READ, TREASURER	ed this return, including accomp	is based on all inform	nation of which prepare				
jn	Under penalties of parings, seelers that I have exeminand belief, it is true, correct, and complete Declaration Signature of officer	ed this return, including accomp n of preparer (other than officer)	is based on all inform	nation of which prepare	r has ar	ný knov	wledge	
gn ere	Under penalties of parities, the late that I have exeminand belief, it is true, correct, and complete Declaration Signature of officer THOMAS S. READ, TREASURER	ed this return, including accomp	is based on all inform	nation of which prepare	r has ar	ný knov	wledge	
gn ere id eparer's	Under penalties of parity, seelers that I have exeminand belief, it is true, correct, and complete Declaration Signature of officer THOMAS S. READ, TREASURER Type or print name and title Preparer's signature Firm's name (or yours	ed this return, including accomp n of preparer (other than officer)	Check if self-employed ▶	nation of which prepare	r has ar	ný knov	wledge	
tal numb gn ere id eparer's e Only	Under penalties of paring, the selection of the Line exeminand belief, it is true, correct, and complete Declaration Signature of officer THOMAS S. READ, TREASURER Type or print name and title Preparer's signature	ed this return, including accomp n of preparer (other than officer)	Check if self-employed ▶ [Preparer's Identifying N	r has ar	ný knov	wledge	

PART I, LINE 9 - SPECIAL EVENTS

CLUB SPECIAL EVENTS INCLUDED SPECIAL MEALS, COMMUNITY BARBEQUES, AND SILENT AUCTIONS AT EVENTS

PART I, LINE 13 - PROGRAM SERVICES

MOSQUITO BEDNET PROJECT	635
CITY OF DAVIS-Central Park Stage Project	2,500
DAVIS CHAMBER OF COMMERCE	195
GHANAIN YOUTH SOCCER PROGRAM	500
ROTARY CLUB OF DAVIS-Joint Water Project	1,000
LEON NICARAUGUA Medical Clinic - Opthamologic	
Laser Equipment (Leon Rotary Club)	822
DAVIS JT UNIFIED SCHOOL DISTRICT-Grad Night	783
CLUB SPONSORSHIPS-Rotary Club of Capay Valley;	
Rotary Club of Davis-Sunset	400
ROTARY FOUR-WAY TEST SPEECH COMPETITION	300
ROTARY FOUNDATION	1,000
ROTARY FOUNDATION (PolioPlus)	9,450
TOTAL	17,585
PART II, LINE 43a - OTHER EXPENSES	
CLUB MEETING EXPENSES	37,508
SPEAKER RECOGNITIONS	342
OFFICE/ADMINISTRATION EXPENSES	263
ROTARY INTERNATIONAL/DISTRICT DUES	8,349
ROTARY VISITORS, REGALIA AND AWARDS	1,880
CONFERENCES/PRESIDENT'S TRAINING	2,614
ADVERTISING/WEBSITE	772
ROTARY YOUTH EXCHANGE & LEADERSHIP PROGRAMS	3,125
DAVIS HIGH SCHOOLS- "STUDENT OF THE MONTH" PROGRAM	4,668
TOTAL	59,521

PART III, a. - PROGRAM STATEMENT

DURING THE CURRENT PERIOD THE ORGANIZATION MADE CASH CONTRIBUTIONS TO LOCAL AND INTERNATIONAL ORGANIZATIONS AND PUBLIC SCHOOLS FOR YOUTH LEADERSHIP/ACTIVITY PROGRAMS, COMMUNITY HEALTH, EDUCATION AND WELFARE. ADDITIONALLY, FUNDS WERE PROVIDED TO THE CITY OF DAVIS FOR PUBLIC PARK IMPROVEMENTS