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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

<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	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization Rotary Club of Arlington Sunrise		<b>D</b> Employer identification number 36-3981987
		Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite		<b>E</b> Telephone number
		P O Box 387		(817) 633-1645
		City or town, state or country, and ZIP + 4 Arlington TX 76004-0387		<b>F</b> Group Exemption Number... ► 0573

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► www.arlingtonsunriserotary.com

J Tax-exempt status (check only one) -- ☒ 501(c)(4) ( ) ◀ (insert no.) 4947(a)(1) or 527G Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ►H Check ☒ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 78,243

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	2,950
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	31,099
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	44,194
	b	Less: direct expenses other than fundraising expenses	6b	13,655
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	30,539	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► )	8		
9	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,588	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	15,220
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	618
	16	Other expenses (describe ► See attachment #2)	16	26,169
	17	<b>Total expenses.</b> Add lines 10 through 16	17	42,007
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,581
	19	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)	19	5,000
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	27,581

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,000	27,581
23 Land and buildings		
24 Other assets (describe ► )		
25 <b>Total assets</b>	5,000	27,581
26 <b>Total liabilities</b> (describe ► )	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	5,000	27,581

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2009)

SCA... MAR 12 2011

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		X
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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 period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved.		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911; section 4912; section 4955		
<b>b</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 is it 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		X
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed. NONE		
<b>42a</b> The organization's books are in care of See attachment #6 Telephone no. Located at ZIP + 4		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
<b>c</b> 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:		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  | Yes | No |
|--|-----|----|
| <b>46</b> 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 |     | X  |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | X  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   |     | X  |
| <b>49b</b> If "Yes," was the related organization a section 527 organization?  |     | X  |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

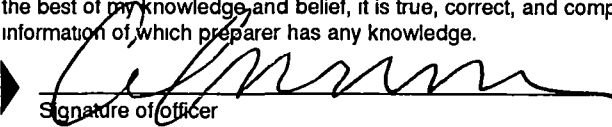
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 ... ►

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ..... ►

<b>Sign Here</b>	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.			
	 Signature of officer		2/15/11 Date	
	Christopher McLucas President Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	NONPAID PREPARER	Date	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Christopher J. Wade, CPA 4303 SOUTH BOWEN RD STE 127 Arlington, TX 76016	EIN	817-855-0064
	Check if self-employed	<input checked="" type="checkbox"/>	Phone no.	

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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts .....				
2	Less: Charitable contributions .....				
3	Gross income (line 1 minus line 2) .....				
DIRECT EXPENSES	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
11	Net income summary. Combine line 3, column (d), and line 10 .....				

**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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru 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 checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" 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 .....				

	Yes	No
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? .....	9a	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	X

	Yes	No
13		
14		
15a		X
16		
17a		X

**13** Indicate the percentage of gaming activity operated in:

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility ..... | <b>13a</b> | % |
| <b>b</b> An outside facility .....         | <b>13b</b> | % |

**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? .....**15a**

X

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

- c**
- If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**17a**

X

- 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 ► \$ \_\_\_\_\_



Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

## Inspection

**07-01-2009, and ending**

Employer Identification Number

36-3981987

09\_EOEZGR77

# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.			
Name of Organization		Employer Identification Number			
Rotary Club of Arlington Sunrise		36-3981987			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
Educational	Rotary District 5790				
Charitable	' ' ' Various				
Charitable	' ' ' Rotary International				
Educational	' ' ' Thornton Elementary School				
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Youth Leadership Course		Cost	Cost	2010-03
None	Holiday Families	2,200	Cost	Cost	2010-12
None	Rotary Foundation	1,968	Cost	Cost	2010-03
None	Teacher of the Year	750	Cost	Cost	
Total		4,918			

# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.			
Name of Organization		Employer Identification Number			
Rotary Club of Arlington Sunrise		36-3981987			
Class of Activity	Recipient's Name and Address		Amount (FMV)	Purpose of Payment to Affiliate	
Charitable	' ' ' Arlington Sunrise Creative Playgrou				
Charitable	' ' ' Thornton Elementary School				
Educational	' ' ' Andrea Materia				
Charitable	' ' ' Arlington Life Shelter				
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Charitable Donation	300	Cost	Cost	2010-05
None	Awning, Soccer Fields	1,000	Cost	Cost	2009-08
None	Youth Exchange Program	5,260	Cost	Cost	2009-08
None	Charitable Donation	2,042	Cost	Cost	2009-09
Total		8,602			

# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.
Name of Organization	Employer Identification Number
Rotary Club of Arlington Sunrise	36-3981987

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
Educational	' , ' Various				
	' , ' ,				
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Awards for Four Way Speech Contest	1,200	Cost	Cost	2010-06
		500			2010-03
Total			1,700		

## PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987

### Primary Purpose

To encourage and foster the ideal of service as a basis of worthy experience.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
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Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	13,253
Exempt Purpose Achievements			

None

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987
Part V - Line 42a	

Individual Name ..... Doug Stewart  
or  
Business Name:

Street Address ..... 2505 Wild Rose Court

U.S. Address:

Zip code 76006 City Arlington State TX  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (817) 663-1645

Fax Number .....

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
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Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987
--	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
Danny Steffer P O Box 387 Arlington, TX 76004-0387	President 5.00	0	0	0
Christopher McLucas P O Box 387 Arlington, TX 76004-0387	President elect 5.00	0	0	0
Donn Howard P O Box 387 Arlington, TX 76004-0387	Secretary 5.00	0	0	0
Casey Via P O Box 387 Arlington, TX 76004-0387	Treasurer 5.00	0	0	0
Henry Armstrong P O Box 387 Arlington, TX 76004-0387	Sgt at Arms 5.00	0	0	0
Stan Moore P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Chris Wade P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Jack Rogers P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Al Hethcock P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Karen Hirst P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Bill Harnagel P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Walter "Chip" May P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0