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# Form 990-EZ

Department of the Treasury

JSA 9E1008 3 000 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

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

2009

OMB No 1545-1150

Open to Public Inspection

Internal Revenue Service A For the 2009 calendar year, or tax year beginning JULY 1 2009, and ending JUNE 30, 2010 D Employer identification number B Check if applicable Please C Name of organization use IRS Address label or Name change ROTARY CLUB OF DAVIS-SUNRISE 68-0338919 print or Number and street (or P O box, if mail is not delivered to street address) E Telephone number type. Initial return See 530-758-6060 Termination Specific Amended City or town, state or country, and ZIP + 4 Instruc-F Group Exemption Application pending DAVIS, CA 95617 0573 tions Number · · · ▶ Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ if the organization is not Website: ▶ www.davisrotary.org required to attach Schedule B (Form 990, Tax-exempt status (check only one) - | X | 501(c) (4 ) ◀ (insert no ) | 4947(a)(1) or 527 990-EZ, or 990-PF) 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 85,792 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 1,133 2 Program service revenue including government fees and contracts 2 59,921 3 3 496 5 a Gross amount from sale of assets other than inventory 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 b Less direct expenses other than fundraising expenses 6b c Net income or (loss))from special events and activities (Subtract line 6b from line 6a) 19,067 6c 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 21 Other revenue (describe ► FARMERS MKT COIN-DROP 8 9 80,638 Grants and similar amounts paid (attach schedule) 10 21,626 10 11 11 Benefits paid to or for members 12 12 13 13 2,755 14 Occupancy, rent, utilities, and maintenance 14 15 364 Printing, publications, postage, and shipping 15 57,742 16 Other expenses (describe ► SEE ATTACHED STATEMENT 16 82,487 17 17 Total expenses. Add lines 10 through 16 . Excess or (deficit) for the year (Subtract line 17 from line 9) (1,849)18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 43,124 19 Other changes in net assets or fund balances (attach explanation) 41,275 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 (A) Beginning of year (B) End of year (See the instructions for Part II) Cash, savings, and investments 37,636 22 49,047 22 Land and buildings 23 23 Other assets (describe ightharpoonup DUE FROM MBRS, FIXTURES/EQUIP ) 10,112 5,746 24 24 47,748 25 54,793 25 Total liabilities (describe SPECIAL FUNDS, DUE TO AFFILIATES 4,624 14,151 26 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 43,124 40,642

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

Form 990-EZ (2009)

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Form 990-EZ (2009) 💆					Page 2
Part III Statement of Program Service Accomplishme	ents (See the instruct	ions for Part III)			enses
What is the organization's primary exempt purpose? COMMUNITY,	, YOUTH, INTERNA	ATIONAL SERVI	CE	(Required : 501(c)(3) a	for section and 501(c)(4)
Describe what was achieved in carrying out the organization's exe				organizatio	ns and section
describe the services provided, the number of persons benefited, and				4947(a)(1) for others)	trusts, optional
28SEE ATTACHED STATEMENT		<del> </del>		·	
			<del>-</del> 1		
<del></del>			<del></del>		
(Ot- C			$\neg  _{\mathbf{a}_{\mathbf{a}_{\mathbf{a}}}}$		18,796
	es foreign grants, check hei		28a		10,790
29 TRANSFERS TO AFFILIATED ROTARY CLUBS AN PROJECTS AND ORGANIZATIONAL OUTREACH	ND ROTART FOUND	ATTON FOR JUI	. N 1		
PROJECTS AND ORGANIZATIONAL OUTREACH		·			
			<b> </b>   .		
,	es foreign grants, check hei	re ▶ ]	29a	-	2,830
30			<u> </u>		
(Grants \$ ) If this amount include	es foreign grants, check hei	re <b>&gt;</b>	30a		
31 Other program services (attach schedule)					
(Grants \$ ) If this amount include	es foreign grants, check hei	re ▶ [	31a		
32 Total program service expenses (add lines 28a through 31a)			▶ 32		21,626
Part IV List of Officers, Directors, Trustees, and Key Emplo			(See the in	structions f	or Part IV)
	(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 & ompensation	account and other allowances
DUNCAN HAY	PRESIDENT	0.1.0. 0.7			_ottior unovvarious
39794 MORNING DOVE PL, DAVIS, CA 95616	PART	-0-		-0-	-0-
WILLIAM PORTELLO	V-PRES	<del>-</del>			
520 - 12th STREET, DAVIS, CA 95616	PART	-0-		-0-	-0-
		-0-		-0-	
MARK PRATT	SEC'Y	-0-		^	0
410 DRESBACH WAY, DAVIS, CA 95616	PART	-0-		-0-	-0-
THOMAS READ	TREAS				
424 F STREET, DAVIS, CA 95616	PART	-0-		-0-	-0-
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			٠
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? 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 reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	L.L	J	- 1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			v
	6033(e) notice, reporting, and proxy tax requirements?	35a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets	20		Х
27.	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a  Did the organization file Form 1120-POL for this year?	375		! X
b 382	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		
38 a	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	;	i Si	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
39	Section 501(c)(7) organizations Enter	1		
a	Initiation fees and capital contributions included on line 9		•	ĺ
b	Gross receipts, included on line 9, for public use of club facilities 39b	-		:
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		ĺ
40u	section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			'
h	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	40b		Х
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations 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			·
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed ▶ CALIFORNIA			
42a	The organization's books are in care of ▶ THOMAS READ Telephone no ▶ 530-758	-606	50	
	Located at ►424 F ST, DAVIS, CA ZIP+4 ► 95616			
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign county			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.		-	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	Did the consequence of the Conse	<del></del>	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
4-	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	4-		المتدانية ا
	"Yes," Form 990 must be completed instead of Form 990-EZ	45 om 99	0 E Z	(2000)
	r	onn 33	7.EZ	(ZUU9)

Form 990	-EZ (2009)				Page 4
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	7(a)(1) nonexempt cha	exempt charita ritable trusts mu	ble trusts only. Ast answer question	All section ons 46-49b N/
c	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete Sci Did the organization engage in lobbying activities	hedule C, Part I			Yes No 46 47
48	s the organization a school as described in section	on 170(b)(1)(A)(॥)? If "Yes,'	complete Schedu	le E	48
49a [	Did the organization make any transfers to an exi	empt non-charitable related	l organization?	/	49a
b i	f "Yes," was the related organization a section 52	?7 organization?		/	49b
	Complete this table for the organization's five high employees) who each received more than \$100,0				
	(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
		-			=,
		-			
					- 1
		1 /			
	Complete this table for the organization's five his 100,000 of compensation from the organization	If there is none, enter "No		ors who each rec	eived more than
	(a) Name and address of each independent contractor pa	id more than \$100,000	(b) Type	of service	(c) Compensation
	<b></b>				
					<del></del>
	/- <i></i>				
	/	<b></b>			
g/i	Total number of other independent contractors re	eceiving over \$100,000	▶		
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Diclaration	ed this return, including accompany of preparer (other than officer) is	ring schedules and state based on all information	ements, and to the best of which preparer has an	f my knowledge y knowledge
Sign Here	Signature of officer			11-5-10 ate	
	THOMAS S READ, TREASURER  Type or print name and title				
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying n	umber (See instructions)
Use Onl	i Firm's name (or L		Ei Pi	hone no	
May the	IRS discuss this return with the preparer shown	above? See instructions.			Yes No m 990-EZ (2009)

. . . .

## 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

CUIT MED DOV. HON	
SHELTER BOX USA	5,000
HAITI RELIEF	817
DAVIS CHAMBER OF COMMERCE	205
YOLO BASIN FOUNDATION	800
FOOD BANK OF YOLO COUNTY	125
DAVIS ART CENTER	300
TREE DAVIS	1,577
DAVIS SHORT-TERM EMERGENCY ACTION COMMITTEE	2,050
DAVIS BLUE & WHITE FOUNDATION	2,050
ENGINEERS WITHOUT BORDERS-Water Proect-Uganda	1,000
LEON NICARAUGUA Medical Clinic - Opthamologic Laser	
Equipment (Leon Rotary Club)	933
DAVIS JT UNIFIED SCHOOL DISTRICT-Friendship Day	750
DAVIS JT UNIFIED SCHOOL DISTRICT-Grad Night	539
YOLO COUNTY ROTARY CLUBS - Joint Project at Yolo	
County Fairgrounds	1,600
UC DAVIS ROTORACT CLUB	700
ROTARY FOUR-WAY TEST SPEECH COMPETITION	350
ROTARY CLUB OF BAKERSFIELD-Water Proj-Baja, Mexico	250
ROTARY CLUB OF DAVIS-Child Abuse Prevention Project	250
ROTARY DISTRICT 5160 - Literacy Project	180
ROTARY FOUNDATION - Economic Development Proj	1,500
ROTARY FOUNDATION - Rotoplast	650
TOTAL	21,626
PART II, LINE 43a - OTHER EXPENSES	
CLUB MEETING EXPENSES	34,198
SPEAKER RECOGNITIONS	34,198
OFFICE/ADMINISTRATION EXPENSES	510
ROTARY INTERNATIONAL/DISTRICT DUES	
ROTARY VISITORS, REGALIA AND AWARDS	8,627
CONFERENCES/PRESIDENT'S TRAINING	129
	3,592
ADVERTISING/WEBSITE	799
ROTARY YOUTH EXCHANGE & LEADERSHIP PROGRAMS	4,675
DAVIS HIGH SCHOOLS- "STUDENT OF THE MONTH" PROGRAM	4,835
TOTAL	57,742

### PART III, a. - PROGRAM STATEMENT

DURING THE CURRENT PERIOD THE ORGANIZATION MADE CASH CONTRIBUTIONS TO LOCAL/INTERNATIONAL ORGANIZATIONS AND PUBLIC SCHOOLS FOR DISASTER RELIEF, YOUTH LEADERSHIP/ACTIVITY PROGRAMS, COMMUNITY DEVELOPMENT/HEALTH, EDUCATION AND WELFARE.