



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# 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)

OMB No 1545-1150

**2010**

Open to Public

Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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 (see instructions). 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.

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

B Check if applicable

☒ Address change☒ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

POUGHKEEPSIE ARLINGTON ROTARY CLUB  
C/O D'ARCANGELO & CO., LLP

Number and street (or P.O. box, if mail is not delivered to street address)

510 HAIGHT AVE SUITE 201

Room/suite

City or town, state or country, and ZIP + 4

POUGHKEEPSIE NY 12603

D Employer identification number

14-6030576

E Telephone number

845-473-7774

F Group Exemption

Number ▶ 0573

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶H Check ☒ if the organization is not required to attach Schedule B

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF)

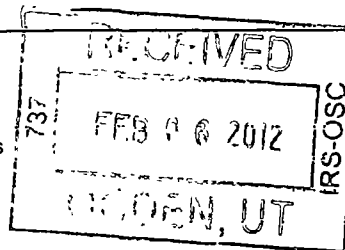
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return,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

▶ \$ 80,276

**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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	13,810
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,519
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 7,200 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	20,328
c	Less: direct expenses from gaming and fundraising events	6c	12,923	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,405	
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 in Schedule O)	8	35,619	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67,353	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	18,620
	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	394
	16	Other expenses (describe in Schedule O)	16	39,880
	17	<b>Total expenses.</b> Add lines 10 through 16	17	58,894
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,459
	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	22,730
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	42,909
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	74,098



**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	22,730	22	76,451
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	22,730	25	76,451
26 Total liabilities (describe in Schedule O)	0	26	2,353
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,730	27	74,098

**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

☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**

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

28 COLLEGE SCHOLARSHIPS AWARDED LOCAL HIGH SCHOOL AND TRADE SCHOOL STUDENTS. AWARDS FOR STUDENTS OF THE MONTH AT LOCAL HIGH SCHOOLS AND TRADE SCHOOLS.			
(Grants \$ 3,250) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		3,250
29 COMMUNITY SERVICE			
(Grants \$ 9,625) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		53,980
30 INTERACT/ ROTARACT CLUBS FOR STUDENT COMMUNITY SERVICES			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		1,404
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		58,634

**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
F. NICOLE PELUSE PRIVATE HYDE PARK NY 12538	PRESIDENT 5.00	0	0	0
RITA A BRANNEN PRIVATE BEACON NY 12508	TREASURER 3.00	0	0	0
JAMES L BROWN PRIVATE POUGHKEEPSIE NY 12601	SECRETARY 3.00	0	0	0
ELLIOT I SUSSIN PRIVATE POUGHKEEPSIE NY 12601	SGRT AT ARMS 3.00	0	0	0
MARTIN CHARWAT PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 2.00	0	0	0
ROGER RISKO PRIVATE NEWBURGH NY 12550	DIRECTOR 3.00	0	0	0
MARY LOUSIE VAN WINKLE PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0	0
NEAL MARSH PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0	0
RICK LEWIS PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0	0
WILLIAM POLGREAN PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0	0
LOUIS LEWIS PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0	0
JOHN PELSUE PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0	0
DONALD DAVIS PRIVATE POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0	0

**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	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 <b>Total assets</b>	0	25	0
26 <b>Total liabilities</b> (describe in Schedule O)	0	26	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	27	0

**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

**What is the organization's primary exempt purpose?**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28			
(Grants \$	) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29			
(Grants \$	) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30			
(Grants \$	) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
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)	▶ <input type="checkbox"/>	32

**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

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)	<b>X</b>	
<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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<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 tax year covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> , section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<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 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		<b>X</b>
<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>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. <b>41</b> <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>42a</b> <b>BRIAN DIFILIPPO</b> Telephone no <b>42a</b> <b>845-473-7774</b> 510 HAIGHT AVE SUITE 201 Located at <b>42a</b> <b>POUGHKEEPSIE</b> NY ZIP + 4 <b>42a</b> <b>12603</b>		
<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)? <b>42b</b>		<b>X</b>
If "Yes," enter the name of the foreign country: <b>42b</b>		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country: <b>42c</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		<b>X</b>
<b>b</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 <b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		<b>X</b>
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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)
- 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

	Yes	No
<b>45</b>		<b>X</b>
<b>45a</b>		<b>X</b>
<b>46</b>		<b>X</b>

**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 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? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(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

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

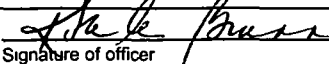
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**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

<b>Sign Here</b>	Signature of officer 		Date <u>2/2/12</u>		
	Type or print name and title <b>RITA A BRANNEN</b>		<b>TREASURER</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>THIS TAX RETURN</b>	Firm's EIN ▶			
	Firm's address ▶ <b>PREPARED BY A NON-PAID PREPARER.</b>	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open To Public  
InspectionName of the organization **POUGHKEEPSIE ARLINGTON ROTARY CLUB**  
**C/O D'ARCANGELO & CO., LLP**Employer identification number  
**14-6030576****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations      **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations      **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations      **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from  
registration or licensing.

**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>FALL FUNDRAISER</b> (event type)	(b) Event #2 <b>OIL &amp; VINEGAR</b> (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	19,283	8,245		27,528
	2 Less: Charitable contributions	7,200			7,200
	3 Gross income (line 1 minus line 2)	12,083	8,245		20,328
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,195	4,728		12,923
	10 Direct expense summary Add lines 4 through 9 in column (d)				12,923
11 Net income summary. Combine line 3, column (d), and line 10				7,405	

**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))
Revenue	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?

9a ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain



- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ► \$

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

 Department of the Treasury  
 Internal Revenue Service

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

 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.

OMB No 1545-0047

**2010**

 Open to Public  
 Inspection

 Name of the organization **POUGHKEEPSIE ARLINGTON ROTARY CLUB**  
**C/O D'ARCANGELO & CO., LLP**

 Employer identification number  
**14-6030576**
**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
MEMBER WEEKLY LUNCHESES	\$ 29,186
ROY DINNER	\$ 3,674
INSTALLATION DINNER	\$ 2,759
<b>TOTAL</b>	<b>\$ 35,619</b>

**FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES**

NAME AND ADDRESS	PURPOSE	AMOUNT
ROTARY INTERNATIONAL		\$ 4,167
ROTARY DIST 7210		\$ 1,578

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
SUPPLIES	\$ 3,489
INTERACT	\$ 864
ROTERACT	\$ 540
MISC	\$ 938
DISTRICT CONFERENCE	\$ 318
ROSE PARADE	\$ 50
TRAINING	\$ 167
LUNCHESES AND DINNERS	\$ 33,514
<b>TOTAL</b>	<b>\$ 39,880</b>

Name of the organization

POUGHKEEPSIE ARLINGTON ROTARY CLUB

Employer identification number

14-6030576

## FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

## DESCRIPTION

## AMOUNT

MERGER WITH POUGHKEEPSIE CLUB

\$ 42,909

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

## DESCRIPTION

## BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

\$ 0 \$ 2,353

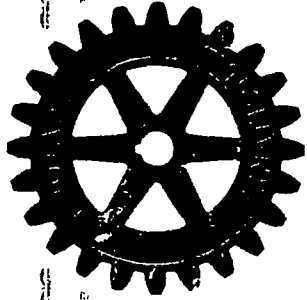
## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO PROVIDE SERVICE TO OTHERS, PROMOTE INTEGRITY, AND ADVANCE WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS.

## FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZATIONAL DOCUMENTS

THE ORGANIZATION MERGED WITH THE POUGHKEEPSIE ROTARY CLUB AND CHANGED ITS NAME TO THE POUGHKEEPSIE-ARLINGTON ROTARY CLUB. AS A RESULT OF THE MERGER \$42,909 OF CASH WAS TRANSFERRED IN TO THE ORGANIZATION.

THIS ORGANIZATION IS GOVERNED BY THE RULES OF ROTARY INTERNATIONAL WHICH HAS A GROUP EXEMPTION WITH THE IRS. THIS CLUB IS NOT FORMALLY INCORPORATED, THUS AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE NOT APPLICABLE. ATTACHED IS THE CERTIFICATE FROM ROTARY INTERNATIONAL CERTIFYING THE MERGER AND THE NAME CHANGE.



1919-1920 YEAR BOOK

THE ROTARY CLUB OF ARLINGTON, NEW YORK, USA

This Certifies that the Rotary Club of  
**Poughkeepsie Arlington, New York, USA**

having been duly organized through the merging of the Rotary Clubs of

**Arlington (Poughkeepsie) and Poughkeepsie, New York, USA**

and having agreed, through its officers and members, to be bound by the Constitution and By-Laws of  
Rotary International, which agreement is evidenced by the acceptance of this certificate, is duly admitted, and is  
recognized as a member of

**Rotary International**

and is entitled to all the rights and privileges of such membership effective **1 May 1919.**

*In witness whereof* the seal of Rotary International is hereto affixed and the  
signatures of its officers, being duly authorized, are subscribed hereto this **1 October 2010.**

*Ray Klingenstein*  
President, Rotary International



Form  
(Rev January 2011)**8868****Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****COPY**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>	Name of exempt organization <b>POUGHKEEPSIE ARLINGTON ROTARY CLUB</b>	Employer identification number <b>14-6030576</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>62 BOARDMAN RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>POUGHKEEPSIE NY 12603</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**BRIAN DIFILIPPO****C/O D'ARCANGELO 510 HAIGHT AVE**

- The books are in the care of ► **POUGHKEEPSIE**

Telephone No ► **845-473-7774**FAX No ► **845-454-8485****NY 12603**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year or
- ☒ tax year beginning **07/01/10**, and ending **06/30/11**

- 2 If this tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2011)

DAA