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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, 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.

OMB No. 1545-1150

**2010****Open to Public  
Inspection****A** For the 2010 calendar year, or tax year beginning **JULY 01**, 2010, and ending **JUNE 30**, 2011**B** Check if applicable

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

**C** Name of organization

Rotary Club of Arlington Sunrise

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

P O Box 387

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

Arlington TX 76004-0387

**D** Employer identification number

36-3981987

**E** Telephone number

(817) 633-1645

**F** Group Exemption

Number... ► 0573

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► [www.arlingtonsunriserotary.com](http://www.arlingtonsunriserotary.com)**H** Check ☒ if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) 4947(a)(1) or 527**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. ... ► \$ **74,718****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 ☐

<b>REVENUE</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	7,186
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	31,928
	<b>4</b>	Investment income	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	<b>6b</b>	35,604
<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	7,434	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	28,170	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b>	Less: cost of goods sold	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	67,284
<b>EXPENSES</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	38,778
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	467
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	25,852
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	65,097
<b>NET ASSETS</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	2,187
	<b>19</b>	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)	<b>19</b>	27,581
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	29,768

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

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**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		X
<b>34</b> 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
<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?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		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>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> 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 tax year covered by this return?		X
<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 ▶ ; 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 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		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. ▶ <b>NONE</b>		
<b>42a</b> The organization's books are in care of ▶ <b>See attachment #3</b> 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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
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.? 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 <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		X
<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		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<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		X

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	X
<b>a</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 must be completed instead of Form 990-EZ (see instructions)	<b>45a</b>	X
<b>46</b> 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	<b>46</b>	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 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
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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

**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."

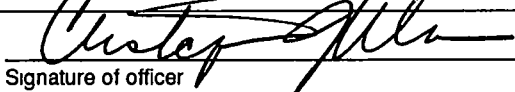
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**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.

**Sign Here**

Signature of officer  Date **5-15-12**

Christopher J Wade Treasurer

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>CHRISTOPHER J WADE</b>	Preparer's signature <b>NONPAID PREPARER</b>	Date <b>5-15-12</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Firm's name <b>▶ CHRISTOPHER J WADE CPA</b>	Firm's EIN <b>▶</b>			
Firm's address <b>▶ 4303 SOUTH BOWEN RD STE 127 ARLINGTON TX 76016</b>	Phone no. <b>817-855-0064</b>			

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



- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <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? ☐ 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

Rotary Club of Arlington Sunrise

Employer identification number

36-3981987

**Line 10 Grants**

Adoption Awareness Picnic - event held to help local children get adopted  
Arlington Sunrise Creative Playground - donation to maintain the  
playground built by our club in 2005

Dictionaries - given to third grade students at two elementary schools

Holiday Family - families in need are identified with the help of the  
local shelter. Gifts are given to children, food is purchased and in  
some cases bills are paid to assist during the holidays

Rotaract - sponsored a new Rotaract Club

Rotary Foundation - Payments made to the The Rotary Foundation on monies  
collected from members

Rotary Four Way Speech Contest - Scholarship prizes are awarded to  
contestants

Rotary International Teacher Exchange - cost to send a teacher to a  
foreign country

Rotary Long Terms Student Exchange - sponsored a local student who came  
from Brazil

Rotary Youth Leadership Camp - sent five high school students to an  
awards camp to learn and strengthen leadership skills

Scholarships - awarded 10 \$1,500 scholarships to college students. The  
money was paid directly to the university and not the student

Teacher of the Year - award to an outstanding teacher at a local  
elementary school

Thornton Elementary Backpacks/Tshirts - provided backpacks to students  
who could not afford them and sponsored the science fair winners at  
local college competition

Thornton Elementary Bike Program - award a new bike to students who have  
perfect attendance over a six week period

Thornton Elementary Soccer Fields - built new a new soccer field at a  
local elementary school

World Community Service - Sponsored some WWII Veterans for their 45th  
reunion serving our country

**Line 16**

These costs are the basic costs to run our club. They consist of paying  
dues to our district as well as to Rotary International. Monies paid  
from this come from the members dues and not from our fundraising  
activities.



## 990 PRIMARY EXEMPT PURPOSE

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

Open to Public			
Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending 06-30-2011.
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.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection		For calendar year 2010 or tax period beginning 07-01-2010, and ending 06-30-2011.		
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
Christopher McLucas P O Box 387 Arlington, TX 76004-0387	President 5.00	0	0	0
Dwayne Lee P O Box 387 Arlington, TX 76004-0387	President elect 2.00	0	0	0
Henry Armstrong P O Box 387 Arlington, TX 76004-0387	Secretary 5.00	0	0	0
Christopher Wade P O Box 387 Arlington, TX 76004-0387	Treasurer 6.00	0	0	0
Delbert Hirst P O Box 387 Arlington, TX 76004-0387	Sgt at Arms 2.00	0	0	0
David Berg P O Box 387 Arlington, TX 76004-0387	Director 2.00	0	0	0
Jake Hardin P O Box 387 Arlington, TX 76004-0387	Director 2.00	0	0	0
Al Hethcock P O Box 387 Arlington, TX 76004-0387	Director 2.00	0	0	0
Hollis Lackey P O Box 387 Arlington, TX 76004-0387	Director 2.00	0	0	0
Bill Verkest P O Box 387 Arlington, TX 76004-0387	Director 2.00	0	0	0
Steve Willey P O Box 387 Arlington, TX 76004-0387	Director 2.00	0	0	0
Mark Gist P O Box 387 Arlington, TX 76004-0387	Director 2.00	0	0	0

990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2010 or tax period beginning 07-01, and ending 06-30-2011.
Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987

Part V - Line 42a

Individual Name ..... Christopher J Wade  
or  
Business Name:

Street Address ..... 4303 S Bowen Rd  
Suite 127

U.S. Address:

Zip code 76016 City Arlington State TX  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (817) 855-0064

Fax Number .....

## 2010 DETAIL STATEMENTS

Rotary Club of Arlington Sunri  
36-3981987

Page 1

### STATEMENT #1 - Grants and similar amt paid (990-EZ PG 1 Line 10)

Adoption Awareness Picnic.....	2,700
Arlington Sunrise Creative Playground Founda...	1,000
Dictionaries.....	450
Holiday Family.....	3,573
Rotaract.....	369
Rotary Foundation.....	5,357
Rotary Four Way Speech Contest.....	500
Rotary International Teacher Exchange.....	1,000
Rotary Long Term Student Exchange.....	1,000
Rotary Youth Leadership Camp.....	2,625
Scholarships.....	15,000
Teacher fo the Year.....	297
Thornton Elementary Backpacks/T Shirts.....	686
Thornton Elementary Bike Program-Perfect Att...	1,226
Thornton Elementary Soccer Fields.....	1,821
World Community Service.....	1,174

TOTAL CARRIED TO 990-EZ PG 1 Line 10..... 38,778

### STATEMENT #2 - Other expenses (EOEZ Pg 1 Line 16)

Club Runner Software.....	479
Club Supplies.....	850
District Assembly Costs.....	225
District Dues.....	1,464
July 4th and Christmas Holiday Float.....	1,067
Leadership Institute.....	299
Meeting Costs.....	13,410
Membership Development Supplies.....	455
Miscellaneous Expenses.....	1,352
Office Supplies.....	70
President Elect Training.....	913
Rotarian Magazine.....	744
Rotary Foundation/Membership Seminar.....	150
Rotary International Dues.....	3,153
Rotary International Special Assessment.....	61
Rotary Liability Insurance.....	133
Speaker's Gifts.....	500
Sunshine committe expense.....	314
Telephone.....	213

TOTAL CARRIED TO EO EZ Pg 1 Line 16..... 25,852