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Form **990-EZ**

EXTENDED

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 1 , 2010, and ending JUNE 30 , 2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

C Name of organization
ROTARY CLUB OF DAVIS-SUNRISE

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 4531

City or town, state or country, and ZIP + 4
DAVIS, CA 95617

D Employer identification number
68-0338919

E Telephone number
530-758-6060

F Group Exemption Number ▶ 0573

G Accounting Method [ ] Cash [X] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ www.davisrotary.org

J Tax-exempt status (check only one) - [X] 501(c)(3) [4] 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 through 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 ▶ $ 105,657

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 [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	5,436
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	65,084
	4	Investment income		4	333
	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 $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)	6b	34,080	
	c	Less direct expenses gaming and fundraising events	6c	3,370	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	30,710
	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) MISC REIMBURSEMENTS		8	724
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	102,287
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	17,882
	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	3,939
	15	Printing, publications, postage, and shipping		15	332
	16	Other expenses (describe in Schedule O)		16	60,319
	17	**Total expenses.** Add lines 10 through 16 ▶		17	82,472
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,815
	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	40,642
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	60,457

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	49,047	22	54,381
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	5,746	24	11,779
25	**Total assets**	54,793	25	66,160
26	**Total liabilities** (describe in Schedule O)	14,151	26	5,703
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	40,642	27	60,457

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 X

What is the organization's primary exempt purpose? COMMUNITY, YOUTH, INTERNATIONAL SERVICE

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, and 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 SEE STATEMENT - SCHEDULE O

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **28a** 17,882

29

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **30a**

31 Other program services (describe on Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 17,882

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
WILLIAM PORTELLO	PRESIDENT			
520-12TH STREET, DAVIS, CA	PART	0	0	0
VIC BUCHER	V-PRES			
1477 DREW AVENUE #103, DAVIS, CA 95618	PART	0	0	0
MARK PRATT	SEC'Y			
410 DRESBACH WAY, DAVIS, CA 95616	PART	0	0	0
THOMAS READ	TREAS			
424 F STREET, DAVIS, CA 95616	PART	0	0	0

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 th is Part V ☐

			Yes	No
33	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	33		X
34	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)	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, explain in Schedule O why the organization did not report the income on Form 990-T			
a	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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b	-	-
36	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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
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 section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
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	40b		X
c	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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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		X
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 ▶ 530-758-6060			
	Located at ▶ 424 F STREET 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 account)?	42b		X
	If "Yes," enter the name of the foreign county ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ N/A			
43	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 ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d	-	-

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

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 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

▶ _____ 5-7-12
Signature of officer Date

▶ THOMAS S. READ, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

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

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 DAVIS-SUNRISE

Employer identification number

68-0338919

PART I, LINE 1 - DONATIONS FROM OTHERS

	2,750
	1,686
	1,000
TOTAL	5,436

PART I, LINE 6 - SPECIAL EVENTS

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

PART I, LINE 13 - PROGRAM SERVICES

SHELTER BOX USA	2,000
JOURNEYS WITHIN OUR COMMUNITY-Cambodian Water Project	6,750
COMMUNICARE HEALTH CENTER	1,200
INTERNATIONAL HOUSE OF DAVIS	450
PENCE GALLERY	100
TEAM DAVIS	100
SUICIDE PREVENTION OF YOLO COUNTY	100
PROJECT LINUS	100
CITY OF DAVIS - PARK IMPROVEMENTS	187
YOLO MIGRANT CENTER - School Supplies	304
SHORT-TERM EMERGENCY ACTION COMMITTEE-EMERG UTILITY FUND	1,686
DAVIS BLUE & WHITE FOUNDATION	720
DAVIS JT UNIFIED SCHOOL DISTRICT-Grad Night	1,678
ROTARY FOUR-WAY TEST SPEECH COMPETITION	300
ROTARY CLUB OF DAVIS - Fire Fighting Equipment to Mexico	600
ROTARY DISTRICT 5160 - Literacy Project	532
ROTARY FOUNDATION	1,075
TOTAL	17,882

PART II, LINE 43a - OTHER EXPENSES

CLUB MEETING EXPENSES	35,520
SPEAKER RECOGNITIONS	308
OFFICE/ADMINISTRATION EXPENSES	59
STATE FILING FEES	10
ROTARY INTERNATIONAL/DISTRICT DUES	8,693
ROTARY VISITORS, REGALIA AND AWARDS	531
CONFERENCES/PRESIDENT'S TRAINING	4,035
ADVERTISING/WEBSITE	649
ROTARY YOUTH EXCHANGE & LEADERSHIP PROGRAMS	5,500
DAVIS HIGH SCHOOLS- "STUDENT OF THE MONTH" PROGRAM	5,014
TOTAL	60,319

PART II, BALANCE SHEETS

	Beginning of Year	End of the Year
Member Receivables	(2,436)	2,704
AV Equipment/Furniture	8,182	9,075
TOTAL OTHER ASSETS	5,746	11,779
Due to Rotary Affiliates	12,663	2,925
Special Reserves	1,488	2,778
TOTAL LIABILITIES	14,151	5,703

PART III, a - PROGRAM STATEMENT

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
	ROTARY CLUB OF DAVIS - SUNRISE	68-0338919
File by the extended due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions P.O. BOX 4531	
	City, town or post office, state, and ZIP code For a foreign address, see instructions DAVIS CA 95617	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THOMAS S. READ

Telephone No ▶ (530) 758-6060 FAX No ▶ (530) 750-5344

- 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) 0573 If this is for the whole group, check this box . . . ▶ ☐ If it is for part of the group, check this box . . . . ▶ [X] and attach a list with the names and EINs of all members the extension is for THIS ENTITY ONLY - 68-0338919

4 I request an additional 3-month extension of time until MAY 15, 20 12.

5 For calendar year ____, or other tax year beginning JULY 1, 20 10 and ending JUNE 30, 20 11

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO COMPLETE THE ANNUAL ACCOUNTING AND RECONCILIATION OF CERTAIN ACCOUNTS

8a	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	8a	$ 0
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 and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ COPY Title ▶ TREASURER Date ▶