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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)

► 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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01-2010

, and ending 06-30-2011

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization ROTARY CLUB OF FAIRBANKS - SUNRISERS		D Employer identification number 92-0116454
Number and street (or P O box, if mail is not delivered to street address) PO BOX 74036		E Telephone number (907) 452-1751
City or town, state or country, and ZIP + 4 FAIRBANKS, AK 99707		F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____I Website: ► [HTTP://WWW.CLUBRUNNER.CA/CPRG/HOME/HOMES.ASP?CID=1](http://WWW.CLUBRUNNER.CA/CPRG/HOME/HOMES.ASP?CID=1)J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule 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 \$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 ► \$ 52,600

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

1	Contributions, gifts, grants, and similar amounts received	1	615
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	47,072
4	Investment income	4	22
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	725
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)	6d	705
c	Less direct expenses from gaming and fundraising events	6c	20
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
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	4,166
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,580
10	Grants and similar amounts paid (list in Schedule O)	10	25,151
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	442
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	33,644
17	Total expenses. Add lines 10 through 16	17	59,237
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,657
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	59,293
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,636

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	54,426	22	39,757
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	5,392	24	15,820
25 Total assets	59,818	25	55,577
26 Total liabilities (describe in Schedule O)	525	26	2,941
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,293	27	52,636

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

BUSINESS LEAGUE

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 ROTARY SPONSORS ONE FOREIGN AND ONE AMERICAN EXCHANGE STUDENT EACH YEAR (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,948
29 ROTARY HOLDS REGULAR BREAKFAST MEETINGS TO PROVIDE A FORUM FOR MEMBERS TO DISCUSS LOCAL ISSUES AND PROJECTS (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22,022
30 CLUB PROVIDED FUNDS TO LOCAL ORGANIZATIONS FOR COMMUNITY SERVICE PROJECTS (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	16,330
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	44,300

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
See Additional Data Table				

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
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	No
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	No
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	No
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	No
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	
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		
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	No
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	No
41 List the states with which a copy of this return is filed ► AK		
42a The organization's books are in care of ► RON WOOLF Telephone no ► (907) 322-3248		
PO BOX 74036 Located at ► FAIRBANKS, AK ZIP + 4 ► 99701		
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	No
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	No
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 ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	45	No
45a 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	45a	No
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	No

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.

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		
48 Is the organization a school 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?		

<p>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."</p>				
(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

50(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

51(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 <u>ANDRE' LAYRAL PRESIDENT</u> Type or print name and title	2011-10-07 Date	
Paid Preparer's Use Only	Preparer's signature  JEFFREY JOHNSON Firm's name (or yours if self-employed), address, and ZIP + 4  RJG A PROFESSIONAL CORPORATION 1100 WEST BARNETTE SUITE 102 FAIRBANKS, AK 99701	Date 2011-10-07 Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions) EIN <input checked="" type="checkbox"/> Phone no <input checked="" type="checkbox"/> (907) 452-4156

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

Additional Data

Software ID:
Software Version:

EIN: 92-0116454

Name: ROTARY CLUB OF FAIRBANKS - SUNRISERS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
CHRIS HENERY PO BOX 74036 FAIRBANKS, AK 99707	PRESIDENT 10 00	0	0	0
ANDRE' LAYRAL PO BOX 74036 FAIRBANKS, AK 99707	PRESIDENT ELECT 1 00	0	0	0
SUE EVANS PO BOX 74036 FAIRBANKS, AK 99707	PAST PRESIDENT 1 00	0	0	0
DAVE MONGOLD PO BOX 74036 FAIRBANKS, AK 99707	TREASURER 2 00	0	0	0
CELESTE SISTO PO BOX 74036 FAIRBANKS, AK 99707	SECRETARY 2 00	0	0	0

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**

ROTARY CLUB OF FAIRBANKS - SUNRISERS

Employer identification number

92-0116454

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 22

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 2,904 DESCRIPTION VISITING ROTARIANS AMOUNT 1,262 TOTAL TO FORM 990-EZ, LINE 8 4,166

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY DISTRICT #5010 AFFILIATE ADDRESS 200 W 34TH AVENUE, PMB 823 ANCHORAGE, AK 99503 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 3,120

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS PO BOX 75297 CHICAGO, IL 606755297 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 5,701 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,821

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME LOCAL CHARITIES GRANTEE ADDRESS VARIOUS FAIRBANKS, AK 99701 GRANTEE RELATIONSHIP N/A- CHARITABLE CONTRIBUTIONS PROPERTY DESCRIPTION CASH CONTRIBUTIONS DATE OF GIFT 06/30/11 AMOUNT GIVEN 16,330

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 442

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BREAKFASTS AND MEETING EXPENSE AMOUNT 22,022 DESCRIPTION CONFERENCES AMOUNT 955 DESCRIPTION MISCELLANEOUS AMOUNT 1,692 DESCRIPTION PLAQUES, ETC AMOUNT 35 DESCRIPTION PRESIDENT TRAINING AMOUNT 1,553 DESCRIPTION YOUTH EXCHANGE AMOUNT 5,948 DESCRIPTION POST OFFICE BOX AMOUNT 250 DESCRIPTION WEBSITE EXPENSE AMOUNT 479 DESCRIPTION ADVERTISING AMOUNT 710 TOTAL TO FORM 990-EZ, LINE 16 33,644

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 4,950 END OF YEAR AMOUNT 15,820 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 442 END OF YEAR AMOUNT 0

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 525 END OF YEAR AMOUNT 2,941

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF FAIRBANKS - SUNRISERS

EIN: 92-0116454

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.