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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 dohor 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. 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

Open to Public

Department of the Treasury

Internal Revenue Service Inspection OCT For the 2011 calendar year, or tax year beginning 31 2011 and ending 2011 DEC 31, R Check if applicable D Employer identification number C Name of organization Address change 45-3714422 SONRISE INTERNATIONAL, INC. Name chance Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number X Initial return 10448 ASHFORD CT 918-272-5400 Terminated City or town, state or country, and ZIP + 4 F Group Exemption OWASSO. OK X Application pending 74055 Number > X Cash Accrual Other (specify) H Check if the organization is not G Accounting Method: Website: ► WWW.SONRISEINTL.COM required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3)  $\longrightarrow$  501(c) ( ) **◄**(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Check Life the organization is not a section 509(a)(3) supporting organization or a section 527 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 76,238. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I  $\overline{\mathbf{x}}$ Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 72,958. 1 3,270. Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 SEE SCHEDULE O 10. 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 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 \$ 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 c Less; direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c Other revenue (describe in Schedule 0) 8 8 76,238 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 756. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 557. Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 16 9,456. 17 Total expenses: Add lines 10 through 16 17 10,769. Excess or (deficit) for the year (Subfract line 17 from line 9) 65,469. 18 18 Net Assets Net assets or fund balances at beginning of year throm line 27, column (A)) 19 (must agree with end-of-year figure year) ted die or year's return) 19 Other changes in net assets of fund balances (explain in Schedule O) 20 20 Λ. Net assets or fund balances at end of year. Combine lines 18 through 20 469 21 LHA For Paperwork Reduction Act Notice see the separate instructions.

Form **990-EZ** (2011)

	1 990-EZ (2011) SONRISE INTERNATIONAL, IN		4	<u> 5-371</u>	4422 Page 2
Pa	art II Balance Sheets. (see the instructions for Part II.)				
	Check if the organization used Schedule O to res				X
		(	A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments		0.	22	<u>66,626.</u>
23	Land and buildings			23	
24	Other assets (describe in Schedule 0)			24	
25	Total assets		0.	25	66,626.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		0.	26	1,157.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0.	27	65,469.
	art III Statement of Program Service Accomplishmen	nts (see the instruct	ions for Part III.)		Expenses
	Check if the organization used Schedule O to res	pond to any questic	on in this Part III		uired for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE O			1 30 1(0	c)(3) and 501(c)(4) nizations and section
	ribe the organization's program service accomplishments for each of its three largest program		es In a clear and concise		(a)(1) trusts; optional
	her, describe the services provided, the number of persons benefited, and other relevant inform		es in a clear and concise	for of	hers.)
28	SEE SCHEDULE O	· · · · · · · · · · · · · · · · · · ·			
20	DEE BEIEDOEE C	···		_	
				<b>-</b>	
	(Grants \$ ) If this amount includes foreign of	ranta chack hara		28a	5,806.
-	(Grants \$ ) If this amount includes foreign c	rants, check here			3,000.
29	SEE SCHEDOLE O			-	
				-	•
					2 100
	(Grants \$ ) If this amount includes foreign of	rants, check here	<u> </u>	29a	2,180.
30	SEE SCHEDULE O			-	
				_	
				_	204
	(Grants \$ ) If this amount includes foreign g		<u> </u>	30a	<u>291.</u>
31	Other program services (describe in Schedule O) SEE ŞÇHE	DULE Q	ı		
	(Grants \$ ) if this amount includes foreign of	rants, check here	<u> </u>	31a	<u>273.</u>
32	Total program service expenses (add lines 28a through 31a)			▶ 32	<u>8,550.</u>
P	art IV List of Officers, Directors, Trustees, and Key E			ee the instruct	tions for Part IV)
	Check if the organization used Schedule O to res	pond to any questic	on in this Part IV		
		(b) Title and average hours		d) Health ber contributions	nefits, (e) Estimated
	(a) Name and address	per week devoted to	compensation (Forms W-2/1099-MISC)	employee be	nefit amount of other
		position	(if not paid, enter -0-)	olans, and def compensati	
CH	IARLES A. CARROLL III, 10448	PRESIDENT			
AS	SHFORD CT., OWASSO, OK 74055-7708	60.00	0.		0. 0.
	· · · · · · · · · · · · · · · · · · ·	VICE-PRESIDE	NT		
	ASSO, OK 74055-7708	10.00	0.		0. 0.
	EGGY LEWIS, 10448 ASHFORD CT.,	SECRETARY/TR	EASURER		
	ASSO, OK 74055-7708	20.00	_		
<u> </u>	ADDO, OR 14033 1100		1 0.1		0. 0.
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		2010	0.		0. 0.
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			0.		0. 0.
			0.		0. 0. Form <b>990-EZ</b> (2011)

Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the			<u> </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			l
	activity in Schedule 0	33	$\vdash$	<u> X</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	_	į l	.,
0E -	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2.55 and 75 among others)?	05.0		v
h	on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	N/	X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	14/	<u> </u>
٠	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330		
••	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			<u></u>
	Did the organization file Form 1120-POL for this year?	37ь		x
	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		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A	1	.	
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1 1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 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?	ا ا		
	If "Yes," complete Schedule L, Part I	40b		<u>X</u>
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	İ		
u	organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ▶ OK			
42 a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 918-27	2-5	400	
	Located at ► 10448 ASHFORD CT, OWASSO, OK ZIP+4 ► 7			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	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.?  If "Yes," enter the name of the foreign country:	42c		<u>x</u> _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A		ш
	The state and arrived the competition of the control of accorded during the tax year	M/A		
		ſ	Yes	No
44 a	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		<u>X</u>
	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\longrightarrow$	_X_
45 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45.		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		2011
		Form 99	JU-EL (	(2011)

Form 990-EZ (2011)

132173 02-06-12 SONRISE INTERNATIONAL, INC.

45-3714422

Page 3

701111 990-62 (2	SONRISE INTERNATIONAL, IN	ic.		45-3714	444		raye 4		
						Yes	NO		
•	ganization engage, directly or indirectly, in political campaign activities	es on behalf of or in opposition	i to candidates for pi	iplic offices			7.7		
	omplete Schedule C, Part I	\47/a\/4\ mamanamah			46	لـــا	X		
	Section 501(c)(3) organizations and section 49			<del>-</del>			(c)(3)		
	organizations and section 4947(a)(1) nonexempt charitable tr	<del>-</del>		and complete	the ta	bles			
1	for lines 50 and 51 Check if the organization used Schedule	O to respond to any quest	ion in this Part VI			V			
5			Out to the			Yes			
	ganization engage in lobbying activities or have a section 501(h) elec		ar? If "Yes," complete	e Sch. C, Part II	47 48		X		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	· · · · · · · · · · · · · · · · · · ·								
-	as the related organization a section 527 organization?				49b	بــــا			
•	this table for the organization's five highest compensated employees	•	s, trustees and key er	nployees) who e	ach red	ceived r	поге		
than \$100	0,000 of compensation from the organization. If there is none, enter	T	· · · · · · · · · · · · · · · · · · ·	(a)	Τ.				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefit contributions to	0.00	) Estim ount of			
	·	position	W-2/1099-MISC)	employee benefit plans, and deferre		mpens:			
	NONE			compensation	+ "				
		4			ľ				
•					+				
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		1			<u> </u>				
	ber of other employees paid over \$100,000	<b>&gt;</b>							
51 Complete	this table for the organization's five highest compensated independe	ent contractors who each recei	ved more than \$100,	000 of compens	ation f	rom the	;		
	on. If there is none, enter "None." NONE	<u></u>							
(a) Name and	d address of each independent contractor paid more than \$100,000	<b>(b)</b> Type o	f service	(c)	Compe	ensation	<u> </u>		
	· -· · · · · · · · · · · · · · · · · ·								
<b>d</b> Total nun	nber of other independent contractors each receiving over \$100,000		<b></b>						
52 Did the or	rganization complete Schedule A? <b>Note</b> : All section 501(c)(3) organiz	zations and 4947(a)(1) nonexe	mpt						
charitable	trusts must attach a completed Schedule A			<b>▶</b> L	X Ye	es L	No		
Declaration of pre	f perjury, I doclars that have examined this return, including accompanying sche parer (other than dilicer) is based on all information of which reparer has any kno	owledge	est of my knowledge and	d beller, it is true, co		id compl	.етө		
Sign				19/21/20	3)2				
Here	Signatule of officer			Date					
	CHARLES A. CARROLL III								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature	Date	Check	if   PTIN					
Paid	1000	C Q 1 -1	self- emplo	yed					
Preparer	ALAN R. SCHMITZ	9/21	112	P00	<u> 168</u>	<u>987</u>			
Use Only	Firm's name ► HOGANTAYLOR LLP		Firm's EIN	<b>I ►</b> 73-14	<u> 139</u>	<u>77</u>			
	Firm's address ► 2200 S. UTICA PL., SU	JITE 400	Phone no	. (918)	74	5-2	333		
	TULSA, OK 74114-7000								
May the IRS di	scuss this return with the preparer shown above? See instructions				X Y		No		
				I	orm <b>9</b>	90-EZ	(2011)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open to Public Inspection

Name of the organization

Employer identification number

		SONRISE	INTERNATION	AL, I	NC.				45	-3714	422	
Part I	Reason 1	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	) See inst	ructions				
he organ	zation is not a	private foundation I	pecause it is (For lines 1	through 1	11, check o	only one b	ox)					
1	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🔲	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state	e										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	rıbed ır	n
	section 170(	b)(1)(A)(vi). (Comple	te Part II )									
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II)							
9 X	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembershij	o fees, an	d gross red	eipts f	from
	activities rela	ted to its exempt fur	ctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvest	ment
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon a	fter June 3	0, 197	5.
	See section	<b>509(a)(2).</b> (Complete	Part III )									
10 🔲	An organizati	on organized and op	erated exclusively to tes	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	l).				
11 🔲	An organizati	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the p	ourposes o	f one o	or
	more publicly	supported organiza	tions described in section	on 509(a)(1	l) or section	on 509(a)(2	) See <b>se</b> c	tion 509(a	a)(3). Che	ck the box	that	
	describes the	type of supporting	organization and comple									
	a Type I	b 🗀	_ Type II	; 💹 Тур	e III - Func	tionally int	egrated		d 💹	Type III - C	)ther	
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified p	ersons oth	er tha	n
	foundation m	anagers and other t	nan one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	(a)(1) or s	ection 509	(a)(2)	
f	If the organization	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										
g			rganization accepted ar									
	(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	lescribed i	n (II) and (I	ıı) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	• •		n described in (i) above?							11g(ii)	$\longmapsto$	
			person described in (i) of							11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganızatıon	(s).							
			/!!!\ Type of	I				(.2) [6	46.0			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			(vi) Is organizatio	tne in in col.	(vii) Am		f
orga	anization		(described on lines 1-9		document?			(i) organız U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	<u> </u>				
	<del></del>		(see instructions))	res	NO	res	NO	Yes	No			
				<del>                                     </del>	<del> </del>			<u> </u>	-			-
				<del> </del>								
		_			<del> </del>		-	<del> </del>	+ +			
					<u> </u>							
	<u>-</u> _			T		<b> </b>		<u> </u>				
		l		1		į	l	1	ı			

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked				on failed to qualify	under Part III. If the	e organization
Sec	tion A. Public Support	, p		,		_	
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	membership fees received. (Do not	ı					
	include any "unusual grants.")	İ					
	Tax revenues levied for the organ-						_
	ization's benefit and either paid to	İ					
	or expended on its behalf	İ					
	The value of services or facilities						
	furnished by a governmental unit to			i			
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,						
	column (f)		,	1	1		
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						•
	dividends, payments received on						i
	securities loans, rents, royalties						1
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	_
Sec	organization, check this box and storetion C. Computation of Publ		ercentage				<u> </u>
	Public support percentage for 2011 (			column (f))	<del></del>	14	
	Public support percentage from 2010					15	
	33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						►□
b	33 1/3% support test - 2010. If the		_		d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua						▶□
17a	10% -facts-and-circumstances tes				ne 13, 16a, or 16b,	, and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						►□
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
_	more and if the organization meets t						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					]	
	membership fees received. (Do not						
	include any "unusual grants ")					72,858.	72,858.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge						,
6	Total. Add lines 1 through 5					72,858.	72,858.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					62,233.	62,233.
t	Amounts included on lines 2 and 3 received				,		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b					62,233.	62,233.
8	Public support (Subtract line 7c from line 6)						10,625.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6				_	72,858.	72,858.
10a	Gross income from interest,		1				
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					10.	10.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
(	Add lines 10a and 10b					10.	10.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on				<u></u>		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)		<u></u>		L	72,868.	<u>72,868.</u>
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth to	ax year as a sect	on 501(c)(3) organiza	
_	check this box and stop here					<del></del> ,	<b>▶</b> X
<u>Se</u>	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage			<del></del>	
15	Public support percentage for 2011 (	line 8, column (f) d	livided by line 13,	column (f))		15	<u>%</u>
	Public support percentage from 2010			<del></del>		16	%
	ction D. Computation of Inve					1 1	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	·					18_	%
19:	33 1/3% support tests - 2011. If the						7 is not
	more than 33 1/3%, check this box a	=					▶□
t	33 1/3% support tests - 2010. If the						nd
	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see ii	nstructions	▶∟

Sched	ule A (Form	990 or 990-EZ	Z) 2011 💲	SONRISE	INT	<u>ERNATION</u>	NAL, I	NC.		<u>45-3714</u>	422 Page 4
Part	IV Sup	plemental	Informa	ation. Comp	lete this	ERNATION  s part to provide	e the expla	nations requir	ed by Part II, line	10, Part II, line	17a or 17b,
						y additional info			ns)		
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чит	OPCAN	IZATION	י אזא פ	FORMED	TN	2011					
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132024 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or 990-EZ.

Inspection

SONRISE INTERNATIONAL, INC.	45-3	3714422	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:			
DESCRIPTION OF PROPERTY:		AMOU	NT:
INTEREST INCOME			10.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:		AMOU	NT:
BANK FEES			105.
CREDIT CARD FEES			395.
OFFICE EQUIPMENT			837.
TELECOMMUNICATIONS			305.
TRAVEL AND MEETINGS			5,729.
MISSIONARY SUPPORT			2,085.
TOTAL TO FORM 990-EZ, LINE 16			9,456.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:			
DESCRIPTION BEG. OF	YEAR	END O	F YEAR
CURRENT LIABILITIES - CREDIT CARDS	0.		1,157.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE VISIO	ON OF S	ONRISE	
INTERNATIONAL, INC. IS TO MOTIVATE, EQUIP AND MOBILIZE TH	<u>IE NATI</u>	ONAL	
CHURCHES TO THE REMAINING LEAST REACHED (LRPG'S) AND UNRI	EACHED	PEOPLE	
GROUPS (UPG'S). SONRISE INTERNATIONAL, INC. WORKS WITH THE	IE BODY	OF	
CHRIST TO OPEN UP THE BOTTLENECK OF LABORERS TO THE REMAI	NING M	<u>IISSION</u>	
FIELDS.			

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization **Employer identification number** SONRISE INTERNATIONAL. INC. 45-3714422 LIVE SCHOOL- FACILITATION OF A MISSIONARY TRAINING SCHOOL IN SOUTH AFRICA. THE MISSIONARY CANDIDATES TO BE TRAINED WILL COME FROM DIFFERENT REGIONS OF THE WORLD AND WILL THEN BE SENT BACK TO THOSE REGIONS OR OTHERS IN ORDER TO OVERSEE AND EXPAND THE WORK BEING DONE THERE, INCLUDING THE WAE REGION. FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS: LAKE TO SEA- THE ORGANIZATION IS INVOLVED IN A CHURCH PLANTING MOBILIZATION STRATEGY CALLED LAKE TO SEA. THE PROGRAM INVOLVES TRAINING LABORERS THROUGH THE LOCAL NATIONAL CHURCHES FOR CROSS-CULTURAL MISSION TO INCREASE THE CHURCH PLANTING MOMENTUM AND THE NEED FOR EOUIPPED MISSIONARIES. FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS: WAE EXPANSION- THE MAIN THURST OF THIS MINISTRY IS TO "OPEN UP THE BOTTLENECK OF LABORERS TO THE REMAINING MISSION FIELDS IN THE WEST AFRICA EXPANDED (WAE) REGION", WHICH INCLUDES ALL OF WEST AFRICA AND THE WESTERN HALF OF CENTRAL AFRICA. THE MAIN STRATEGY CURRENTLY BEING USED IS TO TRAIN NATIONAL INDIGENOUS AFRICAN MISSIONARY CANDIDATES IN THE WAE AREA IN THEIR OWN LOCAL NATIONAL CHURCHES THROUGH A MISSIONARY TRAINING CURRICULUM FOR CROSS-CULTURAL MISSION IN ORDER TO REACH AND MAKE DISCIPLES OF THE 450 LEAST AND UNREACHED PEOPLE GROUPS REMAINING IN THAT REGION WITH THE GOSPEL.

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# **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.

2011
Open to Public Inspection

Name of the organization **Employer identification number** 45-3714422 SONRISE INTERNATIONAL, INC. 2012 INDABA- MISSIONARY WORK GRANTS \$ 0. EXPENSES \$ 273.

## Form 8868

(Rev. January 2012)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

•	are filing for an Automatic 3-Month Extension, complet are filing for an Additional (Not Automatic) 3-Month Ex	-		this form).	•	X	
required of time to Personal visit www	omplete Part II unless you have already been granted a ic filing (e-file). You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-more file any of the forms listed in Part I or Part II with the exception of the contracts, which must be sent to the IRS in paparising over the file and click on e-file for Charities & Nonprofits	you need a nth extens deption of er format	a 3-month automatic extension of tir sion of time. You can electronically f Form 8870, Information Return for (see instructions). For more details	ne to file (6 ile Form 8 Transfers / on the elec	5 months for a cor 868 to request an Associated With C	extension Certain	
Part I	Automatic 3-Month Extension of Time		<del>_</del>				
•	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete	_		
Part I on	y corporations (including 1120-C filers), partnerships, REM	110a and 4	7004		estam af to	<b>-</b>	
	corporations (including 1720-6 lilers), partnerships, helivi come tax returns	ios, and t	rusts must use Form 7004 to reques	st ari exteri	Sion or time		
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nun	nber (EIN) or	
•	SONRISE INTERNATIONAL, INC.	•		X	45-3714422		
File by the due date for filing your return See	ate for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SS / Our 10448 ASHFORD CT						
instructions	City, town or post office, state, and ZIP code For a for OWASSO, OK 74055	oreign add	dress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			01	
Applicat	ion	Return Code	Application Is For				
Form 990	)	01	Form 990-T (corporation)			Code 07	
Form 990	D-BL	02	Form 1041-A			08	
Form 99	)-EZ	01	Form 4720			09	
Form 99	)-PF	04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	O-T (trust other than above) THE ORGANIZATIO	<u>  06</u>	Form 8870			12	
Telep	ooks are in the care of $\blacktriangleright$ 10448 ASHFORD (hone No. $\blacktriangleright$ 918-272-5400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	CT - O	FAX No. ▶ 918-272-54 nited States, check this box	f this is fo			
	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemption the organization's return for calendar year or tax year beginning OCT 31, 2011	t organiza	to file Form 990-T) extension of time ition return for the organization nam and endingDEC_31 ,2011	ed above.	The extension		
2 If t	he tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: X Initial return	Final retur	n		
<u>no</u>	his application is for Form 990-BL, 990-PF, 990-T, 4720, on nrefundable credits. See instructions			3a	\$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	•				Λ	
_	timated tax payments made. Include any prior year overc ilance due. Subtract line 3b from line 3a. Include your pa			3b	\$	0.	
	using EFTPS (Electronic Federal Tax Payment System).	-	• • •	3c	<b>.</b> \$	0.	
	If you are going to make an electronic fund withdrawal v				EO for payment in		

<u>Form</u>	<u>886</u>	8 (HeV. 1-2012)		<u> </u>			Page 2	
●' If y	οψ ε	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	s box 👝		<b>▶</b> [X]	
		ly complete Part II if you have already been granted an a			iled Form	8868.		
		re filing for an Automatic 3-Month Extension, comple						
Par	t II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies neede	d)	
				Enter filer's	identifyir	ng number, see	instructions	
Туре	oł.	Name of exempt organization or other filer, see instru	ctions			r identification nu		
print					, ,		• •	
File by	the	SONRISE INTERNATIONAL, INC.			X 45-3714422			
due dai	e for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	curity number (S		
filing yo		10448 ASHFORD CT				, ,	•	
Instruct		City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.				
		OWASSO, OK 74055	•					
	1							
Enter	the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Appli	cati	on	Return	Application			Return	
Is Fo	- 1		Code	Is For			Code	
Form			01					
Form	-		02	Form 1041-A			08	
Form	_		01	Form 4720			09	
Form	_		04	Form 5227			10	
	_	T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
		-T (trust other than above)	06	Form 8870			12	
STOR	ם וי	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 8868.		
		THE ORGANIZATION						
• Th	e b	ooks are in the care of ▶ 10448 ASHFORD		OWASSO. OK 74055				
	1	none No. ► 918-272-5400		FAX No. ► 918-272-54	02			
	•	organization does not have an office or place of business	s in the Ur				<b>▶</b> □	
		is for a Group Return, enter the organization's four digit					p. check this	
box		. If it is for part of the group, check this box						
4		quest an additional 3-month extension of time until						
5		calendar year, or other tax year beginning			g DEC	31, 201	1 .	
6	- 1	ne tax year entered in line 5 is for less than 12 months, c			Final			
		Change in accounting period			<del></del>			
7	Sta	te in detail why you need the extension						
	中	FORMATION NECESSARY TO COMP	LETE '	THIS RETURN IS NOT	AVAI	LABLE TO	FILE	
	A	COMPLETE AND ACCURATE RETURI	N •					
	Т							
8a	If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nor	refundable credits. See instructions.			_Ba	\$	0.	
b	lf ti	nis 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 all	lowed as a	a credit and any amount paid				
	pro	eviously with Form 8868.			8b	s	0.	
c	Ва	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	th this form, if required, by using				
	- 1	IPS (Electronic Federal Tax Payment System). See instr	-	, , , ,	8c	s	0.	
				st be completed for Part II o	only.			
Under	pan	alties of perjury, I declare that I have examined this form, includ	ing accomp	panying schedules and statements, and to	the best o	of my knowledge an	id belief,	
it is tr	ие, с	orrect, and complete, and that I am authorized to prepare this fo	orm.			. ,		
Signa	ture	Title > 1	CPA		Date	▶ 8 7 17	2	
	T				- <del> </del>	Form 8868	(Rev. 1-2012)	
							,	
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							- 1	