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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable

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

C Name of organization POUGHKEEPSIE ARLINGTON ROTARY CLUB C/O D'ARCANGELO & CO., LLP	D Employer identification number 14-6030576
Number and street (or P O box, if mail is not delivered to street address) 510 HAIGHT AVE SUITE 201	Room/suite
City or town, state or country, and ZIP + 4 POUGHKEEPSIE NY 12603	F Group Exemption Number ► 0573

G Accounting Method Cash Accrual Other (specify) ► _____

I Website: ► **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

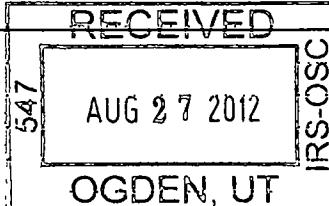
K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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 ► \$ **80,020**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I!

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	6,371
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	11,865
	4 Investment income	4	208
	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	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	24,745
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	13,332
Expenses	c Less direct expenses from gaming and fundraising events	6d	11,413
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	36,831
	8 Other revenue (describe in Schedule O)	9	66,688
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	18,848
	10 Grants and similar amounts paid (list in Schedule O)	11	
	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	
Net Assets	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	220
	15 Printing, publications, postage, and shipping	16	39,701
	16 Other expenses (describe in Schedule O)	17	58,769
	17 Total expenses. Add lines 10 through 16	18	7,919
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	74,098
	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)	20	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	82,017
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		



Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	76,451	22 84,805
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	76,451	25 84,805
26 Total liabilities (describe in Schedule O)	2,353	26 2,788
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,098	27 82,017

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 COLLEGE SCHOLARSHIPS AWARDED LOCAL HIGH SCHOOL AND TRADE SCHOOL STUDENTS.

AWARDS FOR STUDENTS OF THE MONTH AT LOCAL HIGH SCHOOLS AND TRADE SCHOOLS.

(Grants \$ 5,000) If this amount includes foreign grants, check here 28a 5,000

29 COMMUNITY SERVICE

(Grants \$ 5,390) If this amount includes foreign grants, check here 29a 51,175

30 INTERACT/ ROTARACT CLUBS FOR STUDENT COMMUNITY SERVICES

(Grants \$) If this amount includes foreign grants, check here 30a 2,594

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

28a + 29a + 30a + 31a = 58,769

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
F. NICOLE PELUSE PRIVATE	HYDE PARK NY 12538	IMMEDIATE PAST PRES 3.00	0	0
RITA A BRANNEN PRIVATE	BEACON NY 12508	PRESIDENT 3.00	0	0
JAMES L BROWN PRIVATE	POUGHKEEPSIE NY 12601	SECRETARY 3.00	0	0
ELLIOT I SUSSIN PRIVATE	POUGHKEEPSIE NY 12601	SGRT AT ARMS 3.00	0	0
MARTIN CHARWAT PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
ROGER RISKO PRIVATE	NEWBURGH NY 12550	DIRECTOR 3.00	0	0
MARY LOUSIE VAN WINKLE PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
NEAL MARSH PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
RICK LEWIS PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
WILLIAM POLGREAN PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
LOUIS LEWIS PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
JOHN PELSUE PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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
35a 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, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c 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 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," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter	39b	
a Initiation fees and capital contributions included on line 9		
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 ► _____	40b	X
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		
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 organization		
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		
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► BRIAN DIFILIPPO Telephone no ► 845-473-7774		
510 HAIGHT AVE SUITE 201	NY	ZIP + 4
Located at ► POUGHKEEPSIE		12603
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)? 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.	42b	X
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	X
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 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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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)	45b	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

	Yes	No
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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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			Date 8/22/12
	Signature of officer BRIAN DIFILIPPO	Type or print name and title TREASURER	
Paid Preparer Use Only	Print/Type preparer's name THIS TAX RETURN	Preparer's signature	Date
	Firm's name ► PREPARED BY A		Check <input type="checkbox"/> if self-employed
	Firm's address ► NON-PAID PREPARER.		Firm's EIN ►
			Phone no

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

 Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011Open To Public
Inspection

Name of the organization

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

 Employer identification number
14-6030576
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

 Yes No

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fund-raiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 FALL FUNDRAISER (event type)	(b) Event #2 OIL & VINEGAR (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 16,645	8,100		24,745
	2 Less: Charitable contributions			
	3 Gross income (line 1 minus line 2) 16,645	8,100		24,745
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses 9,250	4,082		13,332
	10 Direct expense summary Add lines 4 through 9 in column (d)			13,332
	11 Net income summary Combine line 3, column (d), and line 10			11,413

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor <input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			
	8 Net gaming income summary Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain

9a Yes No

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

b If "Yes," explain:

10a 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:

13a	%
13b	%

a The organization's facility

b An outside facility

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

2011Open to Public
Inspection

Name of the organization

POUGHKEEPSIE ARLINGTON ROTARY CLUB
C/O D'ARCANGELO & CO., LLPEmployer identification number
14-6030576
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
MEMBER WEEKLY LUNCHES	\$ 30,603
ROY DINNER	\$ 3,157
INSTALLATION DINNER	\$ 3,071
TOTAL	\$ 36,831

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

NAME AND ADDRESS	PURPOSE	AMOUNT
ROTARY INTERNATIONAL		\$ 5,698
ROTARY DIST 7210		\$ 2,760

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

DESCRIPTION	AMOUNT
EXPENSES	
SUPPLIES	\$ 2,107
INTERACT	\$ 629
ROTERACT	\$ 465
ELDERACT	\$ 150
SHIRTS	\$ 2,126
DISTRICT CONFERENCE	\$ 740
ROSE PARADE	\$ 50
TRAINING	\$ 190
RYLA	\$ 1,500
LUNCHES AND DINNERS	\$ 31,744

Schedule O (Form 990 or 990-EZ) (2011)

Page 2

Name of the organization

POUGHKEEPSIE ARLINGTON ROTARY CLUB

Employer identification number

14-6030576

TOTAL \$ 39,701

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
FUNDS HELD FOR OTHERS	\$ 2,353	\$ 2,788

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

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

Form 990-EZ (2011) Poughkeepsie Arlington Rotary Club 14-6030576

Page 2

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

(Grants \$ **) If this amount includes foreign grants, check here**

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

}) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV). Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONALD DAVIS <u>PRIVATE</u>	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
SCOTT SWEENEY <u>PRIVATE</u>	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
BRIAN DIFILIPPO <u>PRIVATE</u>	POUGHKEEPSIE NY 12603	TREASURER 3.00	0	0