

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492314004242

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the

year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 06-30-2012

Open to Public Inspection

B Check if a Address of Name ch		applicable	C Name of organization		D Emplo	yer ident	tification number			
		-	ROTARY CLUB OF ARCATA SUNRISE		68-02	58051				
		_	Number and street (or P O box, if mail is not delivered to street address) Room/s	suite	E Telephone number					
Initial return Terminated			PO BOX 4197			(707) 822-4835				
Amended return			City or town, state or country, and ZIP + 4		F Group Exemption					
L V							Number 🕨			
ΙWe	ebsite	: www.arca	TASUNRISE ORG c only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527	require	▶ 	h Sched				
norm	nally n	ot more than	anization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though organization chooses to file a return, be sure to file a complete return	Form 990-N						
L Add	lines 5	5b, 6c, and 7b, to	o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total d of Form 990-EZ \$\begin{array}{c} \blue{1} \\ \mathred{1} \\ \mathrea{2} \\ \mathrea{37,436} \end{array}\$		ne 25, colum	nn (B) bek	ow) are \$500,000 or			
_	rt I		e, Expenses, and Changes in Net Assets or Fund Balanc	ces (See the	ınstructıo	ns for Pa				
	Ι		ne organization used Schedule O to respond to any question in this Par	t I	<u> </u>	<u> </u>	<u></u>			
	1		s, gifts, grants, and similar amounts received		·	1	13,040			
	2	_	vice revenue including government fees and contracts		.	2				
	3		dues and assessments		.	3	24,263			
	4	Investment	1		·	4	8			
_	5a			a						
Revenue	b	Less cost o	p							
979	C	Gain or (loss	_	5c						
œ	6	Gaming and Gross income fi								
	a									
	b	reported on l	ne from fundraising events (not including \$ _of contributions from fundr line 1) (attach Schedule G if the sum of such gross income and contrib		s					
		\$15,000)	ء ا	ъ						
			<u></u>	<u>טי</u>						
	, c		expenses from gaming and fundraising events <u>6</u> or (loss) from gaming and fundraising events (Add lines 6a and 6b and	cubtract line	5.5\	ا د				
	d 7-			1	125	6d				
	7a 			a	125					
	b		or (loss) from sales of inventory (Subtract line 7b from line 7a)	b	125	7.	0			
	С 8	•	ue (describe in Schedule O)		·	7c 8				
	9		le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		-	9	37,311			
	10		similar amounts paid (list in Schedule O)			10	6,337			
	11		d to or for members			11				
ň	12	•	ner compensation, and employee benefits			12				
	13	•	fees and other payments to independent contractors		. H	13				
32	14		rent, utilities, and maintenance		Ի	14				
Expenses	15		olications, postage, and shipping		.	15	643			
Ш	16	Other expen	ises (describe in Schedule O)	ī		16	28,721			
	17	Total expens	ses. Add lines 10 through 16			17	35,701			
<u>–</u>	18	Excess or (d	deficit) for the year (Subtract line 17 from line 9)		.	18	1,610			
sters.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with								
et A		end-of-year	figure reported on prior year's return)		.	19	15,856			
ž	20	Other chang	es ın net assets or fund balances (explain in Schedule O)		. [20	0			
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		▶ [21	17,466			

Cat No 10642I

Part II Balance Sheets						_
Check if the organization use	d Schedule O to respond to	any question in t	hıs Part I	<u> </u>		
(See the instruc	ctions for Part II)		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments .				16,634	22	18,412
23 Land and buildings					23	
24 Other assets (describe in Schedule C))			0	24	140
25 Total assets				16,634	25	18,552
26 Total liabilities (describe in Schedule	0)			778	26	1,086
27 Net assets or fund balances (line 27 of	of column (B) must agree wit	th line 21) .		15,856	27	17,466
Check if the organization use What is the organization's primary exempt ROTARY IS DEDICATED TO LOCAL AN Describe the organization's program servi measured by expenses In a clear and cor	d Schedule O to respond to : purpose? D INTERNATIONAL COMM ce accomplishments for eac	any question in to any question in to any question in the state of the	E gest progr	ram services, as	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) ganizations and section 47(a)(1) trusts, tional for others)
29	ARCATA SUNRISE COMMU OMMUNITY AND INTERNA iis amount includes foreign (JNITY FOUNDA TIONAL PROJE(grants, check her	TION (20 CTS Te	-8490867),	28a	32,131
(Grants \$) If th	ııs amount ıncludes foreıgn (grants, check her	-е	· •	29a	
(Grants \$) If th	ııs amount ıncludes foreıgn ç	grants, check her	-е 	. ▶┌	30a	
31 Other program services (describe in So (Grants \$) If the	chedule O) us amount includes foreign (grants, check her	· .	. ▶ ┌	31a	
32 Total program service expenses (add lin				▶	32	32,131
Part IV List of Officers, Directors, Tr			-		structio	ns for Part IV)
Check if the organization use (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion i, em	V (d) Contribution in ployee benefit perferred compens	lans 8	
See Additional Data Table						

Pa	Check if the organization used Schedule O to respond to any question in this 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		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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
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		No
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 📗			
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			
а	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 ▶		i	
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			
	reported on any or its prior rounds 350 or 350 EE 11 res, complete senedale 2, raite 1 1 1 1	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			
е	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		Νo
41	List the states with which a copy of this return is filed 🕨 CA			
42a	The organization's books are in care of Paryan REESER Telephone no	<u>(70</u>	7)822	-4835
	1680 SUTTER ROAD Located at ► MCKINLEYVILLE, CA ZIP + 4 ■	> 9!	5519	
L				
D	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	Yes	No 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			
	<u></u>			
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
a		44-		N. a
L	Form 990-EZ.	44a		No
Б	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-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			
	ın Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
		45a		No
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 Form990-EZ (see instructions)	45b		No

Form 990-	EZ (2011)							Page 4
46 Did ti	he organization engage, directly (or indirectly, in political	campaign activities o	n behalf of or in	opposition to		Yes	No
	idates for public office? If "Yes,"				о р росонон ос	46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.			-			_	stions
	Check if the organization used	Schedule O to respond	to any question in this	s Part VI .				<u> </u>
							Yes	No
	he organızatıon engage ın lobbyır es," complete Schedule C, Part I		ection 501(h) election	ın effect durın	g the tax year?	47		
48 Is the	e organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," complet	e Schedule E		48		
49a Did t	he organization make any transfe	rs to an exempt non-ch	arıtable related organı	zation?		49a		
b If"Ye	es," was the related organization	a section 527 organizat	tion?			49b		
	plete this table for the organization							
	oyees) who each received more t 	han \$100,000 of compe (b) Title and average			re is none, enter		e " e) Expe	
	and address of each employee Id more than \$100,000	hours per week	(c) Compensatio	n employee	penefit plans &	a	count	and
		devoted to position		deferred o	ompensation	othe	erallowa	inces
	al number of other employees pa			ntractors who		nore th	an \$10	0,000,0
	mpensation from the organizatior ame and address of each indeper			(b) Tune	ofservice	(a) (Compen	
(a) N	anie and address of each indeper	ident contractor paid int	ore than \$100,000	(b) 1 y p e	Orservice	(6)	. ompen	<u>sation</u>
d Tot	al number of other independent c	ontractors each receivii	ng over \$100,000 .		▶			
	the organization complete Sche						ritable Yes	
	st attach a completed Schedule					<u> </u>	,	
	Ities of perjury, I declare that I have and belief, it is true, correct, and co							
Sign	****** Signature of officer			20: Da	12-11-05 te			
Here	GEORGE CAVINTA PRESIDENT							
	Type or print name and title	Tr	Date	Check If	Preparer's taxpay	ver ident	ification i	
Paid	Preparer's B REESER			self- employed	(See instructions)		micatiOII [iuiiibei
Preparer's		EKLUND AN ACCOUNTANCY		pioyeu r		21		
Use Only	if self-employed), address, and ZIP + 4 1680 SUTTE	ER ROAD			EIN • 94-252673	31		
	MCKINLEYV	ILLE, CA 955194217			Phone no 🕨 (70			
May the IR	S discuss this return with the pre	parer shown above? Se	e instructions			ΓY	es 「	No

Software ID: Software Version:

EIN: 68-0268051

Name: ROTARY CLUB OF ARCATA SUNRISE

Form 990-EZ, Special Condition Description:

Special Condition Description

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
JULIE VAISSADE-ELCOCK 2865 WOODLAND COURT ARCATA,CA 95521	FOUNDATION VICE PRESIDENT 3 00	0	0	0
RINA BRODHAG 2117 FREDERICK AVE ARCATA, CA 95521	SECRETARY 3 00	0	0	0
BRYAN REESER 1840 JAMES COURT MCKINLEYVILLE,CA 95519	TREASURER 3 00	0	0	0
LORI BREYER 1327 RUSS ST EUREKA,CA 95501	DIRECTOR 3 00	0	0	0
BARBARA BROWNING PO BOX 1091 BLUE LAKE,CA 95525	DIRECTOR 3 00	0	0	0
ROBERT GOODMAN 915 NATURE LN ARCATA,CA 95521	PAST PRESIDENT 3 00	0	0	0
SCOTT HELLER 1085 I STREET STE 214 ARCATA,CA 95521	PRESIDENT 3 00	0	0	0
JIM MAHER PO BOX 456 BAYSIDE,CA 95524	DIRECTOR 3 00	0	0	0
JANICE NEWMAN 2870 DUNBAR CT ARCATA,CA 95521	SERGEANT AT ARMS 3 00	0	0	0
GEORGE CAVINTA 3740 COOMBS CT ARCATA,CA 95521	PRESIDENT ELECT 3 00	0	0	0
JEFF MUNTHER 145 AZALEA WAY EUREKA,CA 95503	DIRECTOR 3 00	0	0	0
AMY BOHNER PO BOX 4154 ARCATA, CA 95518	DIRECTOR 3 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492314004242

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.

2011

Open to Public Inspection

Name of the organization ROTARY CLUB OF ARCATA SUNRISE Employer identification number

68-0268051

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 8
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 125 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 125 GROSS PROFIT 0 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 125 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 125
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS ONE ROTARY CENTER 1560 SHERMAN AVE EVANSTON, IL 60201 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 3,853
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY DISTRICT 5130 AFFILIATE ADDRESS 1183 EL CENTRO AVE NAPA, CA 94558 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 2,184 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,037
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION WHEELCHAIR PURCHASES GRANTEE NAME THE WHEELCHAIR FOUNDATION GRANTEE ADDRESS 3820 BLACKHAWK ROAD DANVILLE, CA 945064617 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 05/09/12 AMOUNT GIVEN 300
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MEALS - MEETINGS AMOUNT 22,138 DESCRIPTION CLUB EVENTS AMOUNT 4,716 DESCRIPTION OFFICE EXPENSE AMOUNT 201 DESCRIPTION MEMBERSHIP EXPENSES/SUPPLIES AMOUNT 1,031 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 540 DESCRIPTION MISC FEES AMOUNT 95 TOTAL TO FORM 990-EZ, LINE 16 28,721
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER ASSET BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 140
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PREPAID BREAKFAST BEG OF YEAR AMOUNT 738 END OF YEAR AMOUNT 1,086 DESCRIPTION OTHER LIABILITIES BEG OF YEAR AMOUNT 40 END OF YEAR AMOUNT 0

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF ARCATA SUNRISE

EIN: 68-0268051

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.