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Open to Public Inspection

► 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.*

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

D Employer identification number	92-0116454
E Telephone number	(907) 452-1751
F Group Exemption Number	

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

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. **\$ 42,187**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

Part II

Balance Sheets

Check 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	39,757	22	48,791
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	15,820	24	3,696
25	Total assets	55,577	25	52,487
26	Total liabilities (describe in Schedule O)	2,941	26	1,865
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	52,636	27	50,622

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? BUSINESS LEAGUE			
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	ROTARY SPONSORS ONE FOREIGN AND ONE AMERICAN EXCHANGE STUDENT EACH YEAR (Grants \$ 0) If this amount includes foreign grants, check here	28a	7,243
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	29a	18,817
30	CLUB PROVIDED FUNDS TO LOCAL ORGANIZATIONS FOR COMMUNITY SERVICE PROJECTS (Grants \$ 0) If this amount includes foreign grants, check here	30a	3,810
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	29,870

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

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		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 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		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, 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)? 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	No
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	No
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	
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 Form 990-EZ (see instructions)	45b	

		Yes	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 or have a section 501(h) election in effect during the tax year? 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?		
49b	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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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	***** Signature of officer	2012-07-11 Date			
	DAVID MONGOLD PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	JEFFREY JOHNSON	Date 2012-07-11	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions) P00233206
	Firm's name (or yours if self-employed), address, and ZIP + 4	RJG A PROFESSIONAL CORPORATION 1100 WEST BARNETTE SUITE 102 FAIRBANKS, AK 99701			EIN ☐ 92-0121157
					Phone no ☐ (907) 452-4156
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization ROTARY CLUB OF FAIRBANKS - SUNRISERS	Employer identification number 92-0116454
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 18
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 2,294 DESCRIPTION VISITING ROTARIANS AMOUNT 1,097 TOTAL TO FORM 990-EZ, LINE 8 3,391
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 DISTRICT DUES AMOUNT OF PAYMENT 3,315
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 INTERNATIONAL DUES AMOUNT OF PAYMENT 3,505 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,820
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 06/30/12 AMOUNT GIVEN 3,810
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BREAKFASTS AND MEETING EXPENSE AMOUNT 18,817 DESCRIPTION CONFERENCES AMOUNT 310 DESCRIPTION MISCELLANEOUS AMOUNT 2,441 DESCRIPTION GROUP STUDY AMOUNT 386 DESCRIPTION OFFICE EXPENSES AMOUNT 309 DESCRIPTION PLAQUES, ETC AMOUNT 1,436 DESCRIPTION POST OFFICE BOX AMOUNT 320 DESCRIPTION PRESIDENT TRAINING AMOUNT 1,611 DESCRIPTION PROJECTS AMOUNT 199 DESCRIPTION YOUTH EXCHANGE AMOUNT 7,243 DESCRIPTION WEBSITE EXPENSE AMOUNT 479 TOTAL TO FORM 990-EZ, LINE 16 33,551
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 15,820 END OF YEAR AMOUNT 3,696
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,941 END OF YEAR AMOUNT 1,865

TY 2011 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.

Additional Data

Software ID:
Software Version:
EIN: 92-0116454
Name: ROTARY CLUB OF FAIRBANKS - SUNRISERS

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