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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning 7/01		7/01 , 2012, and ending 6/30 , 2013																																																																																																																					
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C ROTARY INTERNATIONAL STOCKTON SUNRISE ROTARY P O BOX 7501 STOCKTON, CA 95267-0501																																																																																																																					
D Employer identification number 68-0005739		E Telephone number																																																																																																																					
F Group Exemption Number 0573																																																																																																																							
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																																																																																																																					
I Website: ► N/A																																																																																																																							
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																																																							
K Check ► <input checked="" type="checkbox"/> 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 ► \$ 49,921.																																																																																																																							
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 <input checked="" type="checkbox"/>																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td style="width: 10%;">Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%;">1</td> <td></td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td>3</td> <td>7,552.</td> </tr> <tr> <td>4</td> <td>Investment income</td> <td>4</td> <td>92.</td> </tr> <tr> <td colspan="2"> 5 a Gross amount from sale of assets other than inventory </td> <td>5 a</td> <td></td> </tr> <tr> <td colspan="2"> b Less cost or other basis and sales expenses </td> <td>5 b</td> <td></td> </tr> <tr> <td colspan="2"> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) </td> <td>5 c</td> <td></td> </tr> <tr> <td colspan="2"> 6 Gaming and fundraising events </td> <td></td> <td></td> </tr> <tr> <td colspan="2"> a Gross income from gaming (attach Schedule G if greater than \$15,000) </td> <td>6 a</td> <td></td> </tr> <tr> <td colspan="2"> 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) </td> <td>6 b 42,277.</td> <td></td> </tr> <tr> <td colspan="2"> c Less direct expenses from gaming and fundraising events </td> <td>6 c 28,693.</td> <td></td> </tr> <tr> <td colspan="2"> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) </td> <td>6 d</td> <td>13,584.</td> </tr> <tr> <td colspan="2"> 7 a Gross sales of inventory, less returns and allowances </td> <td>7 a</td> <td></td> </tr> <tr> <td colspan="2"> b Less: cost of goods sold </td> <td>7 b</td> <td></td> </tr> <tr> <td colspan="2"> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) </td> <td>7 c</td> <td></td> </tr> <tr> <td colspan="2"> 8 Other revenue (describe in Schedule O) </td> <td>8</td> <td></td> </tr> <tr> <td colspan="2"> 9 Total revenue. 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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)



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	132,184.	131,190.
23 Land and buildings	22	
24 Other assets (describe in Schedule O)	23	
25 Total assets	24	
26 Total liabilities (describe in Schedule O)	132,184.	131,190.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	0.
	132,184.	131,190.

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

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

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.

28	<u>COMMUNITY SERVICE</u>		
	(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 7,280.
29	<u>FOOD BASKETS & TOYS FOR NEEDY CHILDREN</u>		
	(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a 2,073.
30	<u>INTERACT & YOUTH SERVICES</u>		
	(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a 1,085.
31	Other program services (describe in Schedule O) See Schedule O		
	(Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a 192.
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 32 10,630.

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 Title	(b) 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
GARY LONG				
Treasurer	0	0.	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 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 0	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	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations Enter	39b	N/A
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 ► N/A , section 4912 ► N/A ; section 4955 ► N/A	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 ► 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	X
41 List the states with which a copy of this return is filed ► None		

	Yes	No
42a The organization's books are in care of ► GARY LONG	Telephone no ► (209) 477-6881	
Located at ► 320 LINCOLN CENTER STOCKTON CA	ZIP + 4 ► 95207	
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►	42b	X

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►

	Yes	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 N/A N/A		
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 of the organization within the meaning of section 512(b)(13)?	45a	X
b 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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **ROTARY INTERNATIONAL
STOCKTON SUNRISE ROTARY**

Employer identification number
68-0005739

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 Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2 a 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? Yes No
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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (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.

REVENUE		(a) Event #1 WINE TASTING (event type)	(b) Event #2 DINNER (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
		27,074.	14,410.		41,484.
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,074.	14,410.		41,484.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,180.	13,143.		28,323.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				28,323.
	11 Net income summary. Combine line 3, column (d), and line 10				13,161.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 lines 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? Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

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 contact 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

**Open to Public
Inspection**

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.

Name of the organization

ROTARY INTERNATIONAL
STOCKTON SUNRISE ROTARY

Employer identification number
68-0005739

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

COMMUNITY AND INTERNATIONAL SERVICE

2012

Schedule O - Supplemental Information

Page 2

Client ROTARYPJ

ROTARY INTERNATIONAL
STOCKTON SUNRISE ROTARY

68-0005739

11/27/13

11:00AM

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Cash Amount Given: \$ 10,630.

Form 990-EZ, Part I, Line 16
Other Expenses

ADMINISTRATIVE EXPENSE	\$ 5,937.
CONFERENCES, MEETINGS	2,646.
ROTARY DUES	3,009.
Total	\$ <u>11,592.</u>

Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
JOE KAESLIN MEMORIAL SCHOLARSHIP FUND		1,000.
Includes Foreign Grants: No		
TYLER/KENNEDY BOOKS FOR CHILDREN		892.
Includes Foreign Grants: No		
WOMEN'S CENTER		
Includes Foreign Grants: No		
INTERNATIONAL PROJECT		
Includes Foreign Grants: No		
ROTARY FOUNDATION DISTRICT GOV RETURN OF CONTRIBUTION		-1,700.
Includes Foreign Grants: No		
Total	\$ <u>0.</u>	\$ <u>192.</u>