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EXTENDED

Short Form

OMB No 1545-1150

Form 990-EZ

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.

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 7/1/2012, and ending 6/30/2013	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization ROTARY CLUB OF DAVISE-SUNRISE Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 4531 City or town state or country ZIP + 4 DAVIS CA 95617
D Employer identification number 68-0338919	E Telephone number (530) 758-6060
F Group Exemption Number 0573	
G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: www.davisrotary.org	
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. \$ 85,071

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	100
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	59,486
	4	Investment income	4	642
	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	0
	6	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	24,737
c	Less: direct expenses from gaming and fundraising events	6c	8,634	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	16,103	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O) CLUB CLOTHING/PIN SALES	8	106	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	76,437	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	25,032
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	4,582
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	53,029
	17	Total expenses. Add lines 10 through 16	17	82,643
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,206)
	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)	19	52,684
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(2,076)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44,402

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

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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	48,584	22	41,993
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,137	24	7,176
25 Total assets	57,721	25	49,169
26 Total liabilities (describe in Schedule O)	5,037	26	4,767
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,684	27	44,402

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? COMMUNITY, YOUTH, AND INTERNATIONAL SERVICE

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 SEE STATEMENT - SCHEDULE O		
(Grants \$ 22,373) If this amount includes foreign grants, check here ☐	28a	7,832
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) 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	7,832

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
CLAY BRANDOW PRESIDENT	Hr/WK VAR	0		
SUSANNE ROCKWELL VICE PRESIDENT	Hr/WK VAR	0		
MARK PRATT SECRETARY	Hr/WK VAR	0		
THOMAS READ TREASURER	Hr/WK VAR	0		
JAY BROOKMAN DIRECTOR	Hr/WK VAR	0		
ROY KROENER DIRECTOR	Hr/WK VAR	0		
JOHN MUNN DIRECTOR	Hr/WK VAR	0		
KEITH WATENPAUGH DIRECTOR	Hr/WK VAR	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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.		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).		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, 6a, and 7a, among others)?		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.		
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.		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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a NONE		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
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		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
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.		X
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. 40c NONE		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d		
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		
41 List the states with which a copy of this return is filed 41 CALIFORNIA		
42 a The organization's books are in care of 42a THOMAS READ, TREASURER Telephone no. 42a (530) 758-6060		
Located at 42a 750 F ST, STE A-1 City 42a DAVIS ST 42a CA ZIP + 4 42a 95616		
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	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside 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 43 and enter the amount of tax-exempt interest received or accrued during the tax year.		
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		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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45 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

- 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 only

All section 501(c)(3) organizations 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

N/A

- 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 as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a 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"

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee paid more than \$100,000	(b) 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
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

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
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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	Date
	THOMAS READ, TREASURER	2-11-14
	Type or print name and title	

Paid Preparer Use Only	Pnnt/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	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 \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

ROTARY CLUB OF DAVISE-SUNRISE

Employer identification number

68-0338919

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.

N/A

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 | |

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? ☐ 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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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.

EVENTS WITH GROSS RECEIPTS GREATER THAN \$5,000.					
Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DINNER (OKTOBERFEST)	TRIVIA CONTEST	3	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	12,699	5,387	6,651	24,737
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	12,699	5,387	6,651	24,737
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs	632		0	632
	7 Food and beverages	3,426	1,728	1,686	6,840
	8 Entertainment	700		0	700
	9 Other direct expenses	462		0	462
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	(8,634)			
11 Net income summary. Combine line 3, column (d), and line 10 ▶	16,103				

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.

N/A

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				0
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				0

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? N/A ☐ 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:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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 ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party:
- Name ▶ _____
- Address ▶ _____
- 16 Gaming manager information:
- Name ▶ _____
- Gaming manager compensation ▶ \$ _____ 0
- 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 ▶ \$ _____ 0

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 CLUB OF DAVISE-SUNRISE

Employer identification number

68-0338919

PART I, LINE 6 - SPECIAL EVENTS

CLUB SPECIAL EVENTS INCLUDED SPECIAL MEALS, COMMUNITY BARBEQUE/
OKTOBERFEST, AND TRIVIA CONTEST

PART I, LINE 10 - GRANTS AND OTHER AMOUNTS PAID

International House of Davis	1,200
Rotary Foundation	1,027
Academics Without Borders Canada	2,500
Freedom From Hunger	2,500
NAMI Yolo	3,000
Yolo Crisis Nursery	1,500
Yolo County Food Bank	500
Davis JUSD-DaVinci School Robotics Team	1,000
Rotary Club of Davis	600
Communicare Health Centers	1,800
Knights Landing Community Center, Knights Landing, CA	2,289
Solano County Reading Association	3,246
Univ of California - Human Rights Initiative	1,000
Yolo County Housing Authority	2,000
Rotoract of Univ of California-Davis	500
Davis JUSD - Grad Night Sponsor	370

TOTAL 25,032

PART I, LINE 20 - OTHER CHANGES IN FUND BALANCES

Write-off 2005 computer system-obsolete/damaged (2,076)

PART II, LINE 43a - OTHER EXPENSES

CLUB MEETING EXPENSES	33,263
SPEAKER RECOGNITIONS	399
OFFICE/ADMINISTRATION EXPENSES	264
STATE FILING FEES	10
ROTARY INTERNATIONAL/DISTRICT DUES	8,854
ROTARY VISITORS, REGALIA AND AWARDS	372
CONFERENCES/PRESIDENT'S TRAINING	4,414
ADVERTISING/WEBSITE	652
ROTARY YOUTH EXCHANGE & LEADERSHIP PROGRAMS	2,340
DAVIS HIGH SCHOOLS-"STUDENT OF THE MONTH" PROGRAM-CATERING	2,461

TOTAL 53,029

PART II, BALANCE SHEETS

	Beginning of Year	End of the Year
Member Receivables	-	115
AV Equipment/Furniture	9,137	7,061
TOTAL OTHER ASSETS	<u>9,137</u>	<u>7,176</u>
Accounts Payable	3,870	1,573
Due to Rotary Affiliates	3,870	3,285
Special Reserves	1,167	(91)
TOTAL LIABILITIES	<u>8,907</u>	<u>4,767</u>

PART III, a. - PROGRAM STATEMENT

DURING THE CURRENT PERIOD THE ORGANIZATION MADE CASH GRANTS TO LOCAL & INTERNATIONAL ORGANIZATIONS AND PUBLIC SCHOOLS FOR YOUTH LEADERSHIP/ACTIVITY PROGRAMS, COMMUNITY DEVELOPMENT/HEALTH, LITERACY, EDUCATION AND WELFARE. IN ADDITION, THE CLUB FUNDED THE COSTS TO RENOVATE A LOCAL COMMUNITY CENTER AND SPONSOR THE HIGH SCHOOL'S GRAD NIGHT EVENT.