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EXTENDED

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JULY 1, 2013, and ending JUNE 30, 20 14

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY CLUB OF DAVIS - 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 province, country, and ZIP or foreign postal code
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 Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **134,666**

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 ☒

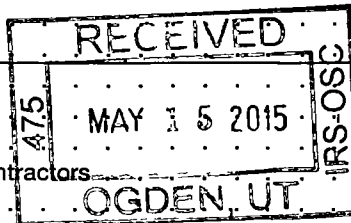
Revenue		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	30,706	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(10,145)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	44,402
3	Membership dues and assessments	3	59,409	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(1,156)
4	Investment income	4	(309)	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,101
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						
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	44,860				
c	Less: direct expenses from gaming and fundraising events	6c	16,666				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	28,194				
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					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	118,000				
10	Grants and similar amounts paid (list in Schedule O)	10	65,453				
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	3,638				
15	Printing, publications, postage, and shipping	15	527				
16	Other expenses (describe in Schedule O)	16	58,527				
17	Total expenses. Add lines 10 through 16	17	128,145				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

SCANNED JUN 9 2015



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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	41,993	22 32,644
23 Land and buildings		23
24 Other assets (describe in Schedule O)	7,176	24 7,920
25 Total assets	49,169	25 40,564
26 Total liabilities (describe in Schedule O)	4,767	26 7,463
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,402	27 33,101

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 \$ 56,110) If this amount includes foreign grants, check here ☐	28a	7,586
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	7,586

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
SUSANNE ROCKWELL				
PRESIDENT	VAR	0		
CHARLES CUNNINGHAM				
VICE-PRESIDENT	VAR	0		
MARK PRATT				
SECRETARY	VAR	0		
THOMAS READ				
TREASURER	VAR	0		
JAY BROOKMAN				
DIRECTOR	VAR	0		
DAVID COPP				
DIRECTOR	VAR	0		
KEITH WATENPAUGH				
DIRECTOR	VAR	0		
SUSAN HAWKINS				
DIRECTOR	VAR	0		
ROBERT AGEE				
DIRECTOR	VAR	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	☒
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	☒
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	☒
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	☒
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	☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	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	☒
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	☒
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	40e	☒
41 List the states with which a copy of this return is filed ▶ CALIFORNIA		
42a The organization's books are in care of ▶ THOMAS READ, TREASURER Telephone no. ▶ 530-758-6060 Located at ▶ 750 F STREET, STE A1, DAVIS, CA ZIP + 4 ▶ 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	☒
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	☒
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	☒
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	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
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	☒
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	☒

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		☒

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 ☐

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 title of each employee	(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

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."

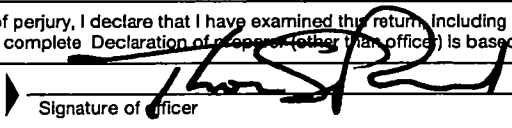
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 	Date 5-12-15
	THOMAS S READ, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

ROTARY CLUB OF DAVIS - 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						
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 OKTOBERFEST (event type)	(b) Event #2 VALENTINE'S DAY (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	21,084	11,410	12,366	44,860
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,084	11,410	12,366	44,860
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	569	1,016		1,585
	7 Food and beverages	6,368	2,983	3,774	13,125
	8 Entertainment	550	600		1,150
	9 Other direct expenses	295	62	449	806
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,666
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				28,194

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

		(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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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:
- | | | |
|-------------------------------|-----|---|
| 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 ▶ \$ _____ 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. 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ROTARY CLUB OF DAVIS - SUNRISE

Employer identification number

68-0338919

PART I, LINE 1 - DONATIONS FROM OTHERS

UNSOLICITED DONATIONS

706

ROTARY FOUNDATION GLOBAL GRANT - ROTARY GLOBAL

30,000

SCHOLAR PROGRAM (see PART I, LINE 10)

TOTAL

30,706

PART I, LINE 6 - SPECIAL EVENTS

CLUB SPECIAL EVENTS INCLUDED SPECIAL MEALS, COMMUNITY BARBEQUE/
OKTOBERFEST, COUNTY FAIR BEVERAGE SALES AND TRIVIA CONTEST

PART I, LINE 10 - GRANTS AND OTHER AMOUNTS PAID

1678 Citrus Circuits First Robotics Team

1,000

Acme Theater Company-Migrant Center Theater Proj

500

Communicare Health Centers

1,000

Davis Bridge Foundation

378

Davis High School - Grad Night Sponsor

2,588

Davis High School-Planter Box Proj

4,508

Davis Joint Unified School District-Vocational Scholarships

1,500

Elderly Nutrition Program of Yolo County

1,000

Montgomery School-Summer Enrichment Program

250

Progress Ranch - bldg materials

921

Rotary Club of Pleasant Hill-Burkin Faso Literacy Proj

250

Rotary Foundation - Polio Plus

6,300

Rotary Foundation-Tanzania Water Proj

250

Rotary Foundation-Other

1,360

ST E A C

2,000

ShelterBox USA

2,000

St John's Retirement Village-Hospice Room

1,500

Syrian Univ Refugee Student Proj

2,060

Knights Landing Community Center, Knights Landing, CA

1,326

Univ of California - Human Rights Initiative

1,000

Yolo County Migrant Center-School Backpack Proj/Soccer Prgm

762

Yolo Crisis Nursery

300

Yolo Hospice

2,700

Rotary Foundation - Global Scholar Grant - Oxford Univ, U.K.

30,000

TOTAL 65,453

PART I, LINE 20 - OTHER CHANGES IN FUND BALANCES

Prior period adjustment for replacement payment for Special Event (Grad Night)

(1,156)

Name of the organization

Employer identification number

ROTARY CLUB OF DAVIS - SUNRISE**68-0338919****PART II, LINE 43a - OTHER EXPENSES**

CLUB MEETING EXPENSES	37,685
SPEAKER RECOGNITIONS	440
STATE FILING FEES	10
ROTARY INTERNATIONAL/DISTRICT DUES	8,502
ROTARY VISITORS, REGALIA AND AWARDS	834
CONFERENCES/PRESIDENT'S TRAINING	3,683
ADVERTISING/WEBSITE	621
ROTARY YOUTH EXCHANGE & LEADERSHIP PROGRAMS	3,787
DAVIS HIGH SCHOOLS-"STUDENT OF THE MONTH" PROGRAM-CATERING	2,965
TOTAL	58,527

PART II, BALANCE SHEETS

	Beginning of Year	End of the Year
Member Receivables	115	597
AV Equipment/Furniture	7,061	7,323
TOTAL OTHER ASSETS	7,176	7,920
Accounts Payable	1,573	3,989
Due to Rotary Affiliates	3,285	3,499
Special Reserves	(91)	(25)
TOTAL LIABILITIES	4,767	7,463

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, CONSTRUCT PLANTER BEDS FOR AGRICULTURAL PROGRAM AT THE LOCAL HIGH SCHOOL, AND SPONSOR THE HIGH SCHOOL'S GRAD NIGHT EVENT.

PART V, LN34. - CHANGES IN GOVERNING DOCUMENTS

DURING THE CURRENT PERIOD THE ORGANIZATION AMENDED ITS BYLAWS TO REFLECT AND UPDATE;
 > CLUB COMMITTEE STRUCTURE TO CONFORM TO CHANGES BY ROTARY INTERNATIONAL
 > CLUB ADMINISTRATION (MEETING TIMES, OFFICER DUTIES, BILLING OF DUES)
 > CLUB COMMUNICATIONS UPDATED TO INCLUDE COMMUNICATION BY e-MAIL
 THERE WERE NO ORGANIZATIONAL CHANGES TO CLUB'S MISSION, OPERATING STRUCTURE OR TAX-EXEMPT PURPOSE.