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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 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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY CLUB OF ARCATA SUNRISE

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO BOX 4197

City or town, state or province, country, and ZIP or foreign postal code
ARCATA, CA 955184197

D Employer identification number
68-0268051
E Telephone number
(707) 822-4835
F Group Exemption Number

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.ARCATASUNRISE.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. \$ 52,824

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	14,117					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3	20,532					
	4	Investment income	4						
	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	2,043					
	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						
Expenses	c	Less direct expenses from gaming and fundraising events	6c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,043					
	7a	Gross sales of inventory, less returns and allowances	7a	29					
	b	Less cost of goods sold	7b						
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	29					
	8	Other revenue (describe in Schedule O)	8	16,103					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,824					
	10	Grants and similar amounts paid (list in Schedule O)	10	8,334					
	11	Benefits paid to or for members	11						
	12	Salaries, other compensation, and employee benefits	12						
Net Assets	13	Professional fees and other payments to independent contractors	13						
	14	Occupancy, rent, utilities, and maintenance	14						
	15	Printing, publications, postage, and shipping	15						
	16	Other expenses (describe in Schedule O)	16	43,674					
	17	Total expenses. Add lines 10 through 16	17	52,008					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	816					
	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	20,923					
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,739					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2015)

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	23,402	22	24,142
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	303	24	310
25 Total assets	23,705	25	24,452
26 Total liabilities (describe in Schedule O)	2,782	26	2,713
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,923	27	21,739

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?
ROTARY IS DEDICATED TO LOCAL AND INTERNATIONAL COMMUNITY 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

DURING FYE 6/30/16, THE ROTARY CLUB OF ARCATA SUNRISE PROVIDED THE MANAGEMENT SERVICES FOR THE ROTARY CLUB OF ARCATA SUNRISE COMMUNITY FOUNDATION (20-8490867),
28 WHICH DIRECTLY SUPPORTS MANY COMMUNITY AND INTERNATIONAL PROJECTS
(Grants \$ 0) If this amount includes foreign grants, check here

28a46,807

(Grants \$) If this amount includes foreign grants, check here

29a

(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)

3246,807

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
BRYAN REESER TREASURER	3 00	0	0	0
KYLE VISSER SECRETARY	3 00	0	0	0
BARBARA BROWNING PAST PRESIDENT	3 00	0	0	0
RAY NOGGLE DIRECTOR	3 00	0	0	0
JANICE NEWMAN SERGEANT AT ARMS	3 00	0	0	0
HOWARD STAUFFER PRESIDENT	3 00	0	0	0
SCOTT HELLER DIRECTOR	3 00	0	0	0
MAGGIE KRAFT DIRECTOR	3 00	0	0	0
DUSTIN LITTLEFIELD DIRECTOR	3 00	0	0	0
TERRI CLARK DIRECTOR	3 00	0	0	0
SUSAN JANSSON PRESIDENT ELECT	3 00	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 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
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	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ☐ CA		
42a	The organization's books are in care of ☐ BRYAN REESER Telephone no ☐ (707) 822-4835 Located at ☐ 1680 SUTTER ROAD MCKINLEYVILLE, CA ZIP + 4 ☐ 95519		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
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	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 during the year? 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	No

		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 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

		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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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 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			2016-08-15 Date	
	SUSAN JANSSON PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name B REESER		Preparer's signature	Date	Check ☐ if self-employed PTIN P00745685
	Firm's name Jackson & EKLUND AN ACCOUNTANCY CORP				Firm's EIN 94-2526731
	Firm's address 1680 SUTTER ROAD MCKINLEYVILLE, CA 955194217				Phone no (707) 822-4835
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

TY 2015 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.

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

2015

Open to Public
Inspection

Name of the organization ROTARY CLUB OF ARCATA SUNRISE	Employer identification number 68-0268051
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 29 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 0 GROSS PROFIT 29
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION ROTARACT INCOME AMOUNT 16,103
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS ONE ROTARY CENTER 1560 SHERMAN AV E EVANSTON, IL 60201 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 4,624
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY DISTRICT 5130 AFFILIATE ADDRESS PO BOX 1535 SEBASTOPOL, CA 95473 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 3,410 TOTAL INCLUDED ON FORM 990-EZ, LINE 1 0 8,034
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION WHEELCHAIR PURCHASES GRANTEE NAME THE WHEELCHAIR FOUNDATION GR ANTEE ADDRESS 3820 BLACKHAWK ROAD DANVILLE, CA 94506-4617 GRANTEE RELATIONSHIP NONE PR OPERTY DESCRIPTION CASH DATE OF GIFT 05/26/16 AMOUNT GIVEN 300
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEALS - MEETINGS AMOUNT 24,857 DESCRIPTION CLUB EVENTS AMOUNT 2,254 DE SCRIPTION OFFICE EXPENSE AMOUNT 152 DESCRIPTION MEMBERSHIP EXPENSES/SUPPLIES AMOUNT 713 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 300 DESCRIPTION MISC FEES AMOUNT 90 DESCRIPTION ROTARACT EXPENSES AMOUNT 13,635 DESCRIPTION CLUB SERVICE- OTHER AMOUNT 326 DESCRIPTION MISCELLANEOUS AMOUNT 1,347 TOTAL TO FORM 990-EZ, LINE 16 43,674
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 303 END OF YEAR AMOUNT 0 DESCRIP TION DEPOSITS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 310
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 53 END OF YEAR AMOUNT 0 DESCRIPTION PREPAID BREAKFAST BEG OF YEAR AMOUNT 2,729 END OF YEAR AMOUNT 2,713