EXTENDED

Form 990-EZ

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning JULY 1 , 2016, and ending JUNE 30 , 20 17

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 . . . . . ▶ $ 130,744

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	6,260
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	81,743
	4	Investment income		4	61
	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 $ 65 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	58,995	
	c	Less: direct expenses from gaming and fundraising events	6c	16,315	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	42,680
	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	130,744
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	50,207
	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	3,552
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	74,481
	17	**Total expenses.** Add lines 10 through 16		17	128,240
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,504
	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	52,268
	20	Other changes in net assets or fund balances (explain in Schedule O) REVERSE PRIOR PERIOD ADJ		20	2,500
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	57,272

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JUL 24 2018

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form 990-EZ (2016)

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	58,457	22	61,043
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	5,537	24	8,478
25	**Total assets**	63,994	25	69,521
26	**Total liabilities** (describe in Schedule O)	11,726	26	12,249
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	52,268	27	57,272

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? _____

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; optional for others.)

28 SEE STATEMENT - SCHEDULE O

(Grants $ 50,207) If this amount includes foreign grants, check here . . . . ▶ ☑ 28a 56,895

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 56,895

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
MANNY CARBAHAL PRESIDENT	VAR	0	0	0
DAVID MORSE VICE-PRESIDENT	VAR	0	0	0
MARK PRATT SECRETARY	VAR	0	0	0
THOMAS READ TREASURER	VAR	0	0	0
SUSANNE ROCKWELL DIRECTOR	VAR	0	0	0
NIKKI GREY RUTAMU DIRECTOR	VAR	0	0	0
TIM DALEIDEN DIRECTOR	VAR	0	0	0
MITCH MYSLIWIEC DIRECTOR	VAR	0	0	0
BOB POPPENGA DIRECTOR	VAR	0	0	0
MEAGHAN LIKES DIRECTOR	VAR	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		✓
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			
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), 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		✓
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 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ST, STE A1, DAVIS, CA ZIP + 4 ▶ 95616

			Yes	No
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		✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? 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

			Yes	No
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		✓
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		✓

		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		✓

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.

N/A

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 . . . . ▶ 0

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 . . ▶ 0

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	Date: 5-3-18
	▶ 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" on Form 990, Part IV, line 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

2016

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

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 10 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? Yes	(iii) No	(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
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" on 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 TRIVIA CONTEST (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	34,475	7,020	5,575	58,995
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	34,475	7,020	5,575	58,995
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,678	817		2,495
	7 Food and beverages	5,254	1,325	2253	8,832
	8 Entertainment	675		350	1,025
	9 Other direct expenses	3,845	118		3,963
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,315
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42,680

Part III **Gaming.** Complete if the organization answered "Yes" on 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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 COMMUNITY BBQ (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	11,925			
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	11,925			
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 provide any additional information. See instructions

NONE

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

2016

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 CASH DONATIONS (GEN'L PUBLIC)	65
MEMBER RETURN OF REIMBURSEMENT	3,195
2016 DAVIS HIGH SCHOOL GRAD NIGHT COMMITTEE	200
OTHER LOCAL ROTARY CLUBS - SHELTER PROJECT	2,800
TOTAL	6,260

PART I, LINE 6 - SPECIAL EVENTS

CLUB SPECIAL EVENTS INCLUDED SPECIAL MEALS, COMMUNITY BARBEQUE (A JOINT EVENT WITH OTHER DAVIS ROTARY CLUBS, AMOUNTS REPORTED ARE NET REVENUE SHARE), OKTOBERFEST, COUNTY FAIR BEVERAGE SALES AND TRIVIA CONTEST (SEE SCHEDULE G)

PART I, LINE 10 - GRANTS AND OTHER AMOUNTS PAID

INTERNATIONAL

Academics Without Borders (Canada) Public Heath School-Nepal	7,500
Engineers Without Borders - Civic Water Project - Peru	2,000
Masvingo Rotary Club Water Project-Manunure School-Zimbabwe	5,948
Milimani Rotary, Kenya-Student Tuition Project	1,000
RadImpact-Uganda Midwife Training Program	1,000
Rotario Panama Norte-School BackPack/Supplies Project	1,000
Rotary Club of Davis Charities - Bolivia Bridge Project	1,000
Rotary Club of Davis Charities-Cerivcal Cancer Project-Kenya	250
Rotary Club of Davis-Sunset-Haiti Library Project	300
Rotary Foundation-Zinga Childrens Hospital, Tanzania, X-RayMachine	525
Tese Foundation-Zimbabwe-Girls Hygiene Progam	1,500
TOTAL INTERNATIONAL	22,023

OTHER

Progress Ranch Project - marterials/supplies	48
Rotary Club of Davis-Sunset-International House Festival	150
Davis Robotics Foundation Trivia Night 2017	500
Rotary Club of Davis Charities-Child Abuse Project	500
Yolo County CASA	500
Acme Theater Company-Theater arts program	1,000
Citizens Who Care	1,000
Davis Central Park Gardens Program Support	1,000
Lead4Tomorrow	1,000
Rotary Foundation	1,000
Suicide Prevention of Yolo County	1,000
Patwin School-Planter Boxes-materials	1,148
HolmesJrHS Planter Boxes-materials	1,398
Venture Crew 66 Program Support	1,500
Yolo Hospice	1,500
University of California Regents-Student Scholars Passport Program	2,000
Friends of the Mission 4th and Hope-Shelter Project	4,000
Yolo County Food Bank	4,100
Davis Sunrise Rotary Club Foundation	4,840
TOTAL OTHER	28,184
TOTAL	50,207

Name of the organization	Employer identification number
ROTARY CLUB OF DAVIS - SUNRISE	68-0338919

PART II, LINE 43a - OTHER EXPENSES

CLUB MEETING EXPENSES	46,543
COMMITTEE/JT CLUB/DISTRICT FUNCTIONS	2,468
SPEAKER RECOGNITIONS	1,221
STATE FILING FEES	60
ROTARY INTERNATIONAL/DISTRICT DUES	11,353
ROTARY VISITORS, REGALIA AND AWARDS	219
CONFERENCES/PRESIDENT'S TRAINING	3,467
ADVERTISING/WEBSITE	1,915
ROTARY YOUTH EXCHANGE & LEADERSHIP PROGRAMS	3,423
DAVIS HIGH SCHOOLS-"STUDENT OF THE MONTH" PROGRAM/GRAD NIGHT	3,045
BANK FEES, PO BOX, MISC	767
TOTAL	74,481

PART II, BALANCE SHEETS

	Beginning of Year	End of Year
Member Receivables	(2,048)	(373)
Other Assets	100	100
AV Equipment/Furniture	7,485	8,751
TOTAL OTHER ASSETS	5,537	8,478
Accounts/Joint Club Payables	6,796	6,046
Reserves- Rotary Youth Club Affiliate	3,634	3,706
Special Reserves/Other	1,296	2,497
TOTAL LIABILITIES	11,726	12,249

PART III, LINE 28. - 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 CONSTRUCT PLANTING BEDS AT AREA SCHOOLS IN SUPPORT OF "FARM TO FORK" PROGRAMS, AND SPONSOR THE HIGH SCHOOL'S GRAD NIGHT EVENT. VOLUNTEER EFFORTS BY THE CLUB MEMBERS INCLUDED MEALS ON WHEELS, YOUTH MENTORING AND HIGH SCHOOL & CAMPUS EVENTS.