EXTENDED 29492159459179

1806

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.

▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-1150

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning JULY 1 , 2017, and ending JUNE 30 , 20 18

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

04

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 ▶ $ 141,017

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	310
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	80,742
	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		
	b	Gross income from fundraising events (not including $ 0 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	59,965	
	c	Less. direct expenses from gaming and fundraising events	6c	11,427	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	48,538
	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	129,590
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	50,481
	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	70,019
	17	**Total expenses.** Add lines 10 through 16 ▶		17	124,052
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,538
	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	57,272
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	1,526
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	64,336

18 9

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	61,043	22	79,962
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	8,478	24	10,333
25	**Total assets**	69,521	25	90,295
26	**Total liabilities** (describe in Schedule O)	12,249	26	25,959
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	57,272	27	64,336

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/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; optional for others)

28 SEE STATEMENT - SCHEUDLE O

(Grants $ 18,634) If this amount includes foreign grants, check here . . . . ▶ ☑ — 28a 57,453

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 57,453

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 (JAN-JUN2018)	VAR	0	0	0
DAVID MORSE PRESIDENT (JUL-DEC2017)	"	0	0	0
ROSE CHOLEWINSKI PRESIDENT-ELECT	"	0	0	0
MARK PRATT SECRETARY	"	0	0	0
THOMAS READ TREASURER	"	0	0	0
VANESSA ERRACARTE DIRECTOR	"	0	0	0
MITCH MYSLIWIEC DIRECTOR	"	0	0	0
DAVID COPP DIRECTOR	"	0	0	0
JAY BROOKMAN DIRECTOR	"	0	0	0
MEAGHAN LIKES DIRECTOR	"	0	0	0
BOB POPPENGA DIRECTOR	"	0	0	0
PATSY INOUYE DIRECTOR	"	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 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		✓
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 S 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** N/A

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	Date: 5-13-19
	▶ 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.

▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No 1545-0047

2017

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 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	34,325	7,230	3,300	59,965
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	34,325	7,230	3,300	59,965
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	552	828		1,380
	7 Food and beverages	4,296	915		5,211
	8 Entertainment	700			700
	9 Other direct expenses	4,136			4,136
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				11,427
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				48,538

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	15,110			
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	15,110			
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: _____

N/A

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2017

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)	310
TOTAL	310

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		
Engineers Without Borders - School Hygiene Project [Kenya]		1,060
Engineers Without Borders - Peru Water Project		1,000
RAD Project - Midwife training Project [Uganda]		1,000
Program Support-Africa Water Project/Refugee Program		600
Rotary Club of Milimani, Kenya - Student Tuition Program		924
Rotary Club of PalmSpringsSunUp - Nutrition Project [Africa]-Global Grant		1,000
Rotary Club of Mount Shasta Foundation - Water Project [Tanzania]		500
	TOTAL INTERNATIONAL	6,084
OTHER		
Summerhouse Renovation Project - marterials/supplies		4,045
Davis International House		2,200
Project Linus		500
Empower Yolo		2,000
Communicare Health Center		1,100
Citizens Who Care		1,000
Davis Phoenix Coalition		500
Writing Buddies Literacy Program		1,500
Rotary Foundation		1,100
Marguerite Montgomery School [DJUSD]		500
Venture Crew 66 Program Support		1,500
Davis Chamber of Commerce		200
University of California Regents-Human Rights Program		550
Yolo County Soups-On - Mental Health		500
Davis Sunrise Rotary Club Foundation - transfer reserves		27,202
	TOTAL OTHER	44,397
	TOTAL	50,481

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

PART I, LINE 16 - OTHER EXPENSES

CLUB MEETING EXPENSES	46,777
COMMITTEE/JT CLUB/DISTRICT FUNCTIONS	697
SPEAKER RECOGNITIONS	450
STATE FILING FEES	60
ROTARY INTERNATIONAL/DISTRICT DUES	12,153
ROTARY VISITORS, REGALIA AND AWARDS	1,200
CONFERENCES/PRESIDENT'S TRAINING	730
ADVERTISING/WEBSITE	397
ROTARY YOUTH EXCHANGE & LEADERSHIP PROGRAMS	4,232
DAVIS HIGH SCHOOLS-"STUDENT OF THE MONTH" PROGRAM/GRAD NIGHT	2,740
BANK FEES, PO BOX, MISC	583
TOTAL	70,019

PART I, LINE 20 - OTHER CHANGES IN FUND BALANCES

Unrealized gains on investments (reserves) transferred to Club Foundation	1,526

PART II, BALANCE SHEETS	Beginning of Year	End of Year
Member Receivables	(373)	287
Other Assets/Prepaid Expenses	100	1,295
AV Equipment/Furniture	8,751	8,751
TOTAL OTHER ASSETS	8,478	10,333
Accounts/Joint Club Payables	6,046	21,468
Reserves- Rotary Youth Club Affiliate	3,706	3,786
Special Reserves/Other	2,497	705
TOTAL LIABILITIES	12,249	25,959

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, WATER QUALITY, 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 VOLUNTEER EFFORTS BY THE CLUB MEMBERS INCLUDED RENOVATION LABOR, ASSISTANCE WITH YOUTH HYGIENE PROJECT, DELIVERY SERVICES FOR MEALS ON WHEELS PROGRAM, YOUTH MENTORING AND HIGH SCHOOL & CAMPUS EVENTS