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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

2009

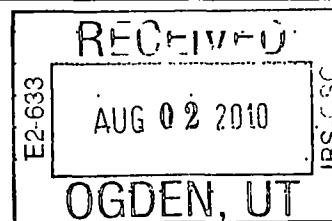
Open to Public
InspectionA For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable	C Name of organization ROTARY INTERNATIONAL PORTSMOUTH SUNRISE CLUB		D Employer identification number 02-0497556
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.		E Telephone number 603-430-0942
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 6674		F Group Exemption Number ► 0573
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 PORTSMOUTH NH 03802-6674		
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method
 Cash Accrual
Other (specify) ►I Website: ► **WWW.PORTSMOUTHSUNRISEROTARY.ORG**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — 501(c) (4) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **50,093****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 126	
		2	3 4,550
3 Membership dues and assessments	4 880	4	880
4 Investment income	SEE STATEMENT 1		
5a Gross amount from sale of assets other than inventory	5a	5	5
b Less: cost or other basis and sales expenses	5b	5	5
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 44,537	6	126
b Less: direct expenses other than fundraising expenses	6b 29,111	6	126
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c 15,426	15,426
7a Gross sales of inventory, less returns and allowances	7a	7	7
b Less: cost of goods sold	7b	7	7
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	7c
8 Other revenue (describe ► _____)		8	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9 20,982	20,982
10 Grants and similar amounts paid (attach schedule)	10 4,909	10	4,909
11 Benefits paid to or for members	11	11	11
12 Salaries, other compensation, and employee benefits	12	12	12
13 Professional fees and other payments to independent contractors	13	13	13
14 Occupancy, rent, utilities, and maintenance	14	14	14
15 Printing, publications, postage, and shipping	15	15	15
16 Other expenses (describe ► SEE STATEMENT 2)	16 13,836	16	13,836
17 Total expenses. Add lines 10 through 16	17 18,845	17	18,845
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,137	18	2,137
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 50,955	19	50,955
20 Other changes in net assets or fund balances (attach explanation)	20	20	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 53,092	21	53,092

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50,955	22 55,777
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	50,955	25 55,777
26 Total liabilities (describe ► SEE STATEMENT 3)	0	26 2,685
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,955	27 53,092

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

TO ENCOURAGE/ FOSTER THE IDEAL OF SERVICE.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or 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 CONDUCTED WEEKLY MEETINGS, SUPPORTED LOCAL INDIVIDUALS AND ORGANIZATIONS BOTH PHYSICALLY AND FINANCIALLY.

(Grants \$ **4,909**) If this amount includes foreign grants, check here

► 28a 18,509

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 (attach schedule)

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

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DENIS DILLON	PORTSMOUTH	PRESIDENT	0	0
PO BOX 6674	NH 03801			0
MIDGE NELSON		PRES-ELEC	0	0
				0
CHRIS MCMAHON	PORTSMOUTH	VICE PRES	0	0
PO BOX 6674	NH 03801			0
STEVEN SCOTT	PORTSMOUTH	TREASURER	0	0
PO BOX 6674	NH 03801			0
SEAN DEVINE	PORTSMOUTH	SECRETARY	0	0
PO BOX 6674	NH 03801			0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instr. ► 37a

b Did the organization file Form 1120-POL for this year?

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 period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **STEVEN SCOTT**
P. O. BOX 6674

Telephone no ► **603-334-1263**

Located at ► **PORTSMOUTH, NH**

ZIP + 4 ► **03801**

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► _____

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 ►

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b		
36	<input checked="" type="checkbox"/>	
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b		<input checked="" type="checkbox"/>
40e		<input checked="" type="checkbox"/>

	Yes	No
42b	<input checked="" type="checkbox"/>	
42c		<input checked="" type="checkbox"/>

	Yes	No
44	<input checked="" type="checkbox"/>	
45		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

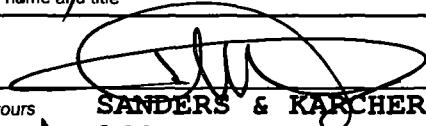
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

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

► *Margery Nelson* 7/29/2010
Signature of officer Date
► *Margery Nelson President*
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date 07/24/10	Check if self- employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr) P00193214
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	EIN ► 02-0510451		
		Phone no ► 603-430-0942		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

Special Events Schedule

Name **ROTARY INTERNATIONAL** Employer Identification Number
PORTSMOUTH SUNRISE CLUB **02-0497556**

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>31,868</u>	<u>11,909</u>	<u>660</u>	<u>100</u>	<u>44,537</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>31,868</u>	<u>11,909</u>	<u>660</u>	<u>100</u>	<u>44,537</u>
Less direct expenses	<u>19,254</u>	<u>9,060</u>	<u>467</u>	<u>330</u>	<u>29,111</u>
Net income (loss)	<u>12,614</u>	<u>2,849</u>	<u>193</u>	<u>-230</u>	<u>15,426</u>

NHQ00182 ROTARY INTERNATIONAL
02-0497556
FYE: 6/30/2010

7/24/2010 12:34 PM

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
	\$ 4,550
TOTAL	\$ 4,550

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
CONFERENCE & MEETINGS	3,059
CLUB SERVICE	2,091
INTERNATIONAL & DISTRICT	2,980
INSURANCE	161
SCHOLARSHIP BENEFICIARY	5,000
STATE FILING FEE	75
STORAGE	470
TOTAL	\$ 13,836

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$	\$ 2,685