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Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization	
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Rotary International - Westerville

Sunrise Rotary Club

Number and street (or P O box, if mail is not delivered to street address)	Room/suite
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PO Box 1200

City or town, state or country, and ZIP + 4

Westerville, OH 43086

D Employer identification number

31-1426601

E Telephone number

(614) 901-7100

F Group Exemption

Number  0573

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)(3) ☒ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$** 54,803

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	3,190
	2	Program service revenue including government fees and contracts			2	28,257
	3	Membership dues and assessments			3	23,205
	4	Investment income			4	151
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events			6d	
	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	0		
	c	Less direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less cost of goods sold	7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	54,803	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	7,729
	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	
	15	Printing, publications, postage, and shipping			15	96
	16	Other expenses (describe in Schedule O)			16	44,384
	17	Total expenses. Add lines 10 through 16			17	52,209
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	2,594
	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	17,010
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	-500
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	19,104

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	23,432	22	26,938
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,240	24	3,880
25	Total assets	24,672	25	30,818
26	Total liabilities (describe in Schedule O)	7,662	26	11,714
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	17,010	27	19,104

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?
The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster First The development of acquaintance as an opportunity for service Second High ethical standards in business and professions, the recognition of the worthiness of all useful occupations, and the dignifying by each Rotarian's occupation as an opportunity to serve society Third The application of the ideal of service in each Rotarian's personal, business, and community life Fourth The advancement of international understanding, goodwill, and peace through a world fellowship of business and professional persons united in the ideal of 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	Per Capita Dues paid to Rotary International and the Club's District chapter provide access and support to all of the resources provided at the international and district level As a Rotary Club, these per capita expenses are required (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	7,729
29	Seminars and conventions - by attending seminars and conventions sponsored by Rotary International and the Club's District, the members gain invaluable leadership skills, knowledge about the world community, and how to utilize available resources to accomplish the charitable and humanitarian objectives of Rotary (i e , service) This year's expense covers three district meetings and the Rotary International convention (Grants \$ 5,249) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30	Fellowship opportunities (weekly and periodic social gatherings)allow members to become acquainted, listen to weekly speakers who are community or charitable leaders, and enables members to support each other in pursuing charitable projects These expenses benefit the roughly 80 members of the Club (Grants \$ 37,140) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	42,389

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 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
See Additional Data Table				

Part V

Other Information (Note the 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
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, explain in Schedule O 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 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	No
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 <input type="checkbox"/> 37a <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?	37b	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	No
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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 <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> Rich Mannino Telephone no <input type="checkbox"/> (614) 568-7777 PO Box 1200 Located at <input type="checkbox"/> Westerville, OH ZIP + 4 <input type="checkbox"/> 430861200		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? 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	No
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		No

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 47-49b and 52.

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		
48	Is the organization a school 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?		
49b	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
NONE				

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
NONE		

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	2013-05-15 Date		
	Rich Mannino Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
Rotary International - Westerville
Sunrise Rotary Club

Employer identification number
31-1426601

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	Use Tax Payable - Beginning \$0 Use Tax Payable - Ending \$663
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$7662 Accounts Payable and Accrued Expenses - Ending \$11051
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$1240 Accounts Receivable - Ending \$3880
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Decreases 1	From District Conference Appropriation \$500
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	Weekly Meeting Expenses \$-236
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Relay for Life \$99
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Public Relations \$112
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Family of Rotary \$200
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Hallow een Party \$496
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Administrative Expenses \$1883
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Rotary Information / Supplies \$2009
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Holiday Party Banquet - Lakes \$2238
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Installation Banquet Exp/Aw ard \$2608
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Installation Banquet-Medallion \$4144
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Meetings & Conferences \$5249
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MCL Weekly Meals \$25582
Form 990-EZ, Part I, Line 10 2	Grants and Similar Amounts Paid In Excess of \$5,000 2	Class of Activity Dues Donee's Name Rotary International Donee's Address 14255 Collections Center Dr Chicago, IL 60693 Relationship of Donee Supporting Organization Cash Amount Given \$5713

Additional Data

Software ID: 11000144
Software Version: 2011v1.5
EIN: 31-1426601
Name: Rotary International - Westerville
Sunrise Rotary Club

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Rich Mannino PO Box 1200 Westerville, OH 430861200	Treasurer 2 00	0		
Renee Kropat PO Box 1200 Westerville, OH 430861200	Sergeant-at-Arm 2 00	0		
Diane Conley PO Box 1200 Westerville, OH 430861200	Secretary 2 00	0		
Dave Wartel PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Bob Strasburg PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Julie Friend PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Joan McKinney PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Rob Hunt PO Box 1200 Westerville, OH 430861200	Vice President 1 00	0		
Heather Lynch PO Box 1200 Westerville, OH 430861200	President 12 00	0		
Paul Kulik PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Glenn Epting PO Box 1200 Westerville, OH 430861200	Director 1 00	0		
Rick Rano PO Box 1200 Westerville, OH 430861200	President-Elect 5 00	0		