



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2015

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/form990).

**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

<b>C</b> Name of organization ROTARY INTERNATIONAL PORTSMOUTH SUNRISE CLUB	<b>D</b> Employer identification number 02-0497556
Number and street (or P O box, if mail is not delivered to street address) PO BOX 6674	Room/suite
ETelephone number (603) 430-0942	
<b>F</b> 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: ► [WWWPORTSMOUTHSUNRISEROΤARY.ORG](http://WWWPORTSMOUTHSUNRISEROΤARY.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 ► \$ 120,806**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 . . . . . 

<b>1</b> Contributions, gifts, grants, and similar amounts received	1	6,077
<b>2</b> Program service revenue including government fees and contracts	2	
<b>3</b> Membership dues and assessments	3	4,930
<b>4</b> Investment income	4	1,539
<b>5a</b> Gross amount from sale of assets other than inventory	5a	
<b>b</b> Less cost or other basis and sales expenses	5b	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
<b>6</b> Gaming and fundraising events		
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
<b>b</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	108,260
<b>c</b> Less direct expenses from gaming and fundraising events	6c	55,654
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	52,606
<b>7a</b> Gross sales of inventory, less returns and allowances	7a	
<b>b</b> Less cost of goods sold	7b	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
<b>8</b> Other revenue (describe in Schedule O)	8	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65,152
<b>10</b> Grants and similar amounts paid (list in Schedule O)	10	48,942
<b>11</b> Benefits paid to or for members	11	
<b>12</b> Salaries, other compensation, and employee benefits	12	
<b>13</b> Professional fees and other payments to independent contractors	13	
<b>14</b> Occupancy, rent, utilities, and maintenance	14	
<b>15</b> Printing, publications, postage, and shipping	15	
<b>16</b> Other expenses (describe in Schedule O)	16	14,506
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	17	63,448
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,704
<b>19</b> 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	96,726
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	20	-71
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	21	98,359

**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
<b>22 Cash, savings, and investments</b> . . . . .	96,726	<b>22</b> 98,359
<b>23 Land and buildings</b> . . . . .	23	
<b>24 Other assets (describe in Schedule O)</b> . . . . .	24	
<b>25 Total assets</b> . . . . .	96,726	<b>25</b> 98,359
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	26	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	96,726	<b>27</b> 98,359

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

**STATEMENT OF PROGRAM SERVICES ACCOMPLISHMENTS** (see the instructions for Part III)

## Expense

**EXPENSES**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

What is the organization's primary exempt purpose?

TO ENCOURAGE/ FOSTER 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.

CONDUCTED WEEKLY MEETINGS, SUPPORTED LOCAL INDIVIDUALS AND ORGANIZATIONS BOTH

## **28 PHYSICALLY AND FINANCIALLY**

If this amount includes foreign grants, check here

(Gaines \$ 48,942)

28a

(Grants \$ )

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
<b>31 Other program services (describe in Schedule O)</b> (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . ►	32	62,794

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
See Additional Data Table				

**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 <b>Form 990-T</b> 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	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	39a	
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 ►	40b	No
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 ►	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40b	
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 ►		
42a The organization's books are in care of ► STEVEN SCOTT Telephone no ► (603) 334-1263 Located at ► PO BOX 6674 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 ►	42b	No
42c See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	42c	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 <b>Form 1041</b> - 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

**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

	Yes	No
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		
48		
49a		
49b		

**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 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 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.**

<b>Sign Here</b>	***** Signature of officer STEVEN SCOTT TREASURER Type or print name and title	2016-09-28 Date
------------------	---	--------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JERRY D KARCHER	Preparer's signature	Date 2016-09-28	Check <input type="checkbox"/> if self-employed	PTIN P00193214
	Firm's name ► SANDERS & KARCHER CPA'S			Firm's EIN ► 02-0511451	
	Firm's address ► 264 LAFAYETTE ROAD SUITE 7 PORTSMOUTH, NH 03801			Phone no (603) 430-0942	

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

Yes  No

## Additional Data

**Software ID:**  
**Software Version:**

**EIN:** 02-0497556

**Name:** ROTARY INTERNATIONAL  
PORTSMOUTH SUNRISE CLUB

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

(a) Name and title	(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
BRIANA CARRIG PRESIDENT	4 00	0		
WILLIAM CRONIN PRESIDENT EL	4 00	0		
BARBARA TRIMBLE VICE PRESIDE	4 00	0		
STEVEN SCOTT TREASURER	4 00	0		
TINA GAGNE SECRETARY	4 00	0		
JOY RIDDEL DIRECTOR	2 00	0		
NATHANIEL MEYER DIRECTOR	2 00	0		
MARTHA NETSCH DIRECTOR	2 00	0		
CHARLES RIOPEL DIRECTOR	2 00	0		
MATTHEW JUNKIN DIRECTOR	2 00	0		
JOHN CRONIN DIRECTOR	2 00	0		
RENEE KRIEGER DIRECTOR	2 00	0		
CARL ROEDIGER DIRECTOR	2 00	0		

2015

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" on Form 990, Part IV, lines 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

Name of the organization

ROTARY INTERNATIONAL  
PORTSMOUTH SUNRISE CLUB

Employer identification number

02-0497556

**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.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**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 ten 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?		(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		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**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 <b>TURKEY TROT</b> (event type)	(b) Event #2 <b>WEEKLY MEETINGS</b> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	94,040	14,220		108,260
2 Less Contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .	94,040	14,220		108,260
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	33,690	21,964		55,654
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				55,654
11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				52,606

**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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> 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 \_\_\_\_\_

Yes  No

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_

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

13a	%
13b	%

**a** The organization's facility

**b** An outside facility

**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 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**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](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
ROTARY INTERNATIONAL  
PORTSMOUTH SUNRISE CLUB**Employer identification number**

02-0497556

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	6,000 0 0
FORM 990-EZ, PART I, LINE 10	THE BIRCH TREE CENTER 2064 WOODBURY AVENUE, 204 PORTSMOUTH, NH 03801 12,867 0 0 SEACOAST V ELOKIDS PO BOX 6631 PORTSMOUTH, NH 03802 12,765 0 0
FORM 990-EZ, PART I, LINE 16	EXPENSES CLUB SERVICE 2,251 INTERNATIONAL & DISTRICT 7,235 STORAGE 430 MISCELLANEOUS 400 F UNDRAISING OTHER 70 NH STATE FEES 54 INVESTMENT FEES 391 PROFESSIONAL FEES 3,095 BANK FEES 30 BOARD OF DIRECTOR MEETING 190 ADVERTISING 360 TOTAL 14,506
FORM 990-EZ, PART I, LINE 20	UNREALIZED LOSS ON INVESTMENT -71