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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)

OMB No. 1545-1150

2015

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Inspection

- 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.

A For the 2015 calendar year, or tax year beginning 7/01 **, 2015, and ending** 6/30 **, 2016**

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C
ROTARY INTERNATIONAL
STOCKTON SUNRISE ROTARY
P. O. BOX 7501
STOCKTON, CA 95267-0501

D Employer identification number

68-0005739

E Telephone number

**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: ► N/A

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 ► \$ 34,984.

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

SCANNED DEC 02 2016

EXPENSES

ASSETS

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 6,492.
4 Investment income	4 12,719.
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	6a
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 15,773.
c Less direct expenses from gaming and fundraising events	6c 14,228.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 1,545.
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 20,756.
10 Grants and similar amounts paid (list in Schedule O)	10 27,834.
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
16 Other expenses (describe in Schedule O)	16 13,086.
17 Total expenses. Add lines 10 through 16	17 40,920.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -20,164.
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)	19 206,085.
20 Other changes in net assets or fund balances (explain in Schedule O)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 185,921.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

17 18

Part III Balance Sheets (see the instructions for Part II)

Balance Sheets (See the Instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I.

Check if the organization used Schedule O to respond to any question in this part		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	206,085.	22 185,921.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	206,085.	25 185,921.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	206,085.	27 185,921.

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? See Schedule O

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	<u>COMMUNITY SERVICE</u>			
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	14,750.
29	<u>INTERNATIONAL PROJECT</u>			
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	5,716.
30	<u>OPERATION CHRISTMAS CONTACT</u>			
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	5,061.
31	Other program services (describe in Schedule O) <u>See Schedule O</u>			
	(Grants \$ <input type="text"/>) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	2,307.
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32
				27,834.

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.

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

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** Yes 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** Yes 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** Yes 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** Yes 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** Yes 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** Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. **37b** Yes No

b Did the organization file Form 1120-POL for this year? **38a** Yes 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? **38b** Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **39a** Yes No

39 Section 501(c)(7) organizations Enter **39b** Yes No

a Initiation fees and capital contributions included on line 9 **40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: **40b** N/A

section 4911 ► **40c** N/A, section 4912 ► **40d** N/A; section 4955 ► **40e** N/A

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 **40f** Yes 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 **40g** 0.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization **40h** 0.

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 **40i** Yes No

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

42a The organization's books are in care of ► **42b** Yes No
GARY LONG
Located at ► **42c** Yes No
320 LINCOLN CENTER STOCKTON CA Telephone no ► (209) 477-6881
ZIP + 4 ► 95207

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 ► **42d** Yes No

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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: ► **42e** Yes No

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** N/A
N/A

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** Yes 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** Yes No

c Did the organization receive any payments for indoor tanning services during the year? **44c** Yes 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** Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** Yes No

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

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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2015

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► 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.

Name of the organization

ROTARY INTERNATIONAL
STOCKTON SUNRISE ROTARY

Employer identification number
68-0005739

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <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 column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
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.

REVENUE		(a) Event #1 DINNER (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
		14,592.			14,592.
1	Gross receipts	14,592.			14,592.
2	Less Contributions				
3	Gross income (line 1 minus line 2)	14,592.			14,592.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,381.			13,381.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,381.
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,211.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
1	Gross revenue				
DIRECT EXPENSES	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 _____

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
b An outside facility

13a	%
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).

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

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Name of the organization

ROTARY INTERNATIONAL
STOCKTON SUNRISE ROTARY

Employer identification number

68-0005739

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000Donee's Name: Various Part 111
Cash Amount Given: \$ 27,834.**Form 990-EZ, Part I, Line 16**
Other ExpensesADMINISTRATIVE EXPENSE \$ 5,134.
CONFERENCES, MEETINGS 4,481.
ROTARY DUES 3,471.
Total \$ 13,086.**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

COMMUNITY AND INTERNATIONAL SERVICE

Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
INTERACT & YOUTH SERVICES		1,087.
Includes Foreign Grants: No		
TYLER/KENNEDY BOOKS FOR CHILDREN		720.
Includes Foreign Grants: No		
JOE KAESLIN MEMORIAL SCHOLARSHIP FUND		500.
Includes Foreign Grants: No		
WOMEN'S CENTER		
Includes Foreign Grants: No		
ROTARY FOUNDATION DISTRICT GOV RETURN OF CONTRIBUTION		
Includes Foreign Grants: No		
BACKPACK PROJECT		
Includes Foreign Grants: No		
Total	\$ 0.	\$ 2,307.