

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)

2016

- 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016

, and ending 06-30-2017

B Check if applicable

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

C Name of organization
Rotary International - Westerville
Sunrise Rotary Club

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

City or town, state or province, country, and ZIP or foreign postal code
Westerville, OH 43086

D Employer identification number

31-1426601

E Telephone number

(614) 901-7100

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.westvillerotary.orgJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527K 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 ► \$ 74,073

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	3,504
	2 Program service revenue including government fees and contracts	2	38,854
	3 Membership dues and assessments	3	30,234
	4 Investment income	4	1,481
	5a Gross amount from sale of assets other than inventory	5a	
	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		
	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	
	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)		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	74,073
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	11,958
	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	130
	16 Other expenses (describe in Schedule O)	16	54,788
	17 Total expenses. Add lines 10 through 16 ►	17	66,876
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,197
	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	22,599
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-250
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	29,546

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	38,507	28,604
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	910	1,904
25 Total assets	39,417	30,508
26 Total liabilities (describe in Schedule O)	16,818	962
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,599	29,546

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?

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

28

See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
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
		64,846

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
Scott Hrabcak President	9 20	0		
Julie Colley President-Elect	2 30	0		
Gretchen Kiehl Vice President	2 30	0		
Linda Bokros Treasurer	9 20	0		
Ruth Stenberg Secretary	6 90	0		
Kurt Pritz Sergeant-at-Arm	2 30	0		
Diane Conley Past President	2 30	0		
Mike Herron Director	2 30	0		
Pat Knott Director	2 30	0		
Mark Morgan Director	2 30	0		
Tom Strasburg Director	2 30	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.

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

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 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 ► _____, 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 No

41 List the states with which a copy of this return is filed ► OH

42a The organization's books are in care of ► Linda Bokros Telephone no ► (614) 901-7100
Located at ► PO Box 1200 Westerville, OH ZIP + 4 ► 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)? 42b No

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)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c No

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

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 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
33		No
34		No
35a		No
35b		No
35c		No
36		No
37b		No
38a		No
40b		No
40e		No
42b		No
42c		No
43		No
44a		No
44b		No
44c		No
44d		No
45a		No
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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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.

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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		47			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		49a			
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		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
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 business address of each independent contractor	(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 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 Linda Bokros Treasurer Type or print name and title	2018-05-15 Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 31-1426601
Name: Rotary International - Westerville
Sunrise Rotary Club

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

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.)
<p>28 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 129 members of the Club (Grants \$ 46,127)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

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<p>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 \$ 6,761)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a</p>

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

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<p>30 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 \$ 11,958)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>30a 11,958</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Rotary International - Westerville

Sunrise Rotary Club

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.

2016**Open to Public
Inspection****Employer identification number**

31-1426601

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 \$8772

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Weekly Meals \$37084

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Meetings & Conferences \$6761

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Installation Banquet \$3612

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Holiday Party Banquet \$2550

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Administrative Expenses \$1900

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Weekly Meeting Expenses \$1828

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Rotary Information / Supplies \$1053

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$910 Accounts Receivable - Ending \$1904

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$16818 Accounts Payable and Accrued Expenses - Ending \$962