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A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012			
B Check if applicable	C Name of organization ROTARY INTERNATIONAL JUNEAU GLACIER VALLEY ROTARY CLUB		
<input type="checkbox"/> Address change	<table border="1"> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) POBOX 34418</td> <td>Room/suite</td> </tr> </table>	Number and street (or P O box, if mail is not delivered to street address) POBOX 34418	Room/suite
Number and street (or P O box, if mail is not delivered to street address) POBOX 34418		Room/suite	
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	<table border="1"> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 JUNEAU, AK 998034418</td> </tr> </table>	City or town, state or country, and ZIP + 4 JUNEAU, AK 998034418	
City or town, state or country, and ZIP + 4 JUNEAU, AK 998034418			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	D Employer identification number 23-7332939		
<input type="checkbox"/> Application pending	E Telephone number (907) 789-3178		
	F Group Exemption Number <input type="checkbox"/> 0573		

G Accounting method ☐ Cash ☒ Accrual Other (specify) ☐ _____

I Website: ☒ WWW.JUNEAU.COM/ROTARY/GLACIER

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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. **\$ 169,835**

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	14,229	
	2	Program service revenue including government fees and contracts		2	71,965	
	3	Membership dues and assessments		3	54,442	
	4	Investment income		4	39	
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	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)				
	6	Gaming and fundraising events			6d	10,136
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	24,502		
	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	4,264		
	c	Less direct expenses from gaming and fundraising events	6c	18,630		
	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	394		
b	Less cost of goods sold	7b	203			
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	151,002	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	11,987	
	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	165,804	
	17	Total expenses. Add lines 10 through 16		17	177,791	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-26,789	
	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	58,744	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	31,955	

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	56,380	22	36,076
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	5,285	24	3,152
25	Total assets	61,665	25	39,228
26	Total liabilities (describe in Schedule O)	2,921	26	7,273
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	58,744	27	31,955

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?
COMMUNITY AND WORLD SERVICE FOR HEALTH, HUNGER AND HUMANITY

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		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	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	168,276

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	Yes
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
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="text"/> 37a <input type="text"/> 0		
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <input type="text"/> 38b <input type="text"/>		
39	Section 501(c)(7) organizations. Enter		
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 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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="text"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/> 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	40e	No
41	List the states with which a copy of this return is filed <input type="text"/> AK		
42a	The organization's books are in care of <input type="text"/> DANTE REYES Telephone no <input type="text"/> (907) 789-3178 9309 GLACIER HIGHWAY B-200 Located at <input type="text"/> JUNEAU, AK ZIP + 4 <input type="text"/> 99801		
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="text"/> 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="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="text"/> 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	
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	

		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		
46			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

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

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		2013-05-09 Date			
	DANTE REYES TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	ROBERT L REHFELD	Date 2013-05-09	Check if self-employed	Preparer's taxpayer identification number (See instructions) P00104959	
	Firm's name (or yours if self-employed), address, and ZIP + 4	ELGEE REHFELD MERTZ LLC 9309 GLACIER HWY STE B-200 JUNEAU, AK 99801			EIN 92-0127098	
					Phone no (907) 789-3178	
May the IRS discuss this return with the preparer shown above? See instructions						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" to 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

Employer identification number

23-7332939

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

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. Form 990-EZ filers are not required to complete this table.

(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
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

Complete if the organization answered "Yes" to 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))
Revenue	1	Gross revenue		24,502	24,502
	2	Cash prizes		12,037	12,037
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		5,223	5,223
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities AK

a Is the organization licensed to operate 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 operate 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 operated in

a	The organization's facility	13a	
b	An outside facility	13b	100 000 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name DANTE REYES

Address 9309 GLACIER HWY STE B-200
JUNEAU, AK 99801

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

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 \$ 12,251

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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
JUNEAU GLACIER VALLEY ROTARY CLUB

Employer identification number

23-7332939

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 39
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 394 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 203 GROSS PROFIT 191 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 203 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 203
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT ANNUAL DUES AMOUNT OF PAYMENT 3,542
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY DISTRICT 5010 AFFILIATE ADDRESS 200 WEST 34TH AVENUE ANCHORAGE, AK 99501 PURPOSE OF PAYMENT ANNUAL DUES AMOUNT OF PAYMENT 3,445 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,987
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATIONAL SCHOLARSHIPS GRANTEE NAME N/A AMOUNT GIVEN 5,000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 4,227 DESCRIPTION CONFERENCES, CONVENTIONS AND MEETINGS AMOUNT 14,923 DESCRIPTION PILLARS OF AMERICA AMOUNT 84,180 DESCRIPTION MEMBERSHIP EVENTS AMOUNT 24,734 DESCRIPTION ROTARY FOUNDATION AMOUNT 16,263 DESCRIPTION YOUTH AND INTERNATIONAL EXCHANGE AMOUNT 9,740 DESCRIPTION BANK AND CREDIT CARD FEES AMOUNT 3,423 DESCRIPTION DONATIONS AMOUNT 2,100 DESCRIPTION MEMBER/GUEST AWARDS AMOUNT 835 DESCRIPTION CLUB SUPPORT AMOUNT 2,250 DESCRIPTION SUNSHINE AMOUNT 167 DESCRIPTION FIRESIDE AMOUNT 397 DESCRIPTION ROTARY PARK-9/11 10TH ANNIVERSARY AMOUNT 793 DESCRIPTION LICENSES AND PERMITS AMOUNT 191 DESCRIPTION BAD DEBTS AMOUNT 1,581 TOTAL TO FORM 990-EZ, LINE 16 165,804
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 4,285 END OF YEAR AMOUNT 2,660 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,000 END OF YEAR AMOUNT 492
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,420 END OF YEAR AMOUNT 7,273 DESCRIPTION OTHER PAYABLE-REBOUNDERS CLUB BEG OF YEAR AMOUNT 501 END OF YEAR AMOUNT 0

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

EIN: 23-7332939

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 23-7332939
Name: ROTARY INTERNATIONAL
JUNEAU GLACIER VALLEY ROTARY CLUB

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

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, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 COMMUNITY SERVICE - VARIOUS EVENTS AND DONATIONS FOR LOCAL COMMUNITY - LARGER EVENTS INCLUDE PILLARS SERIES (2000+ ADULTS AND STUDENTS IN ATTENDANCE) SCHOLARSHIPS, ETC (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	92,823
29 INTERNATIONAL SERVICE- PROGRAMS INCLUDE EXCHANGE STUDENTS, GROUP STUDY EXCHANGE AND PAYMENTS TO ROTARY INTERNATIONAL FOR WORLD COMMUNITY SERVICE AND OTHER GRANTS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	32,442
30 CLUB SERVICE- CLUB SERVICE BUILDS FELLOWSHIP AND GOODWILL BETWEEN MEMBERS AND ROTARY AT LARGE INCLUDED ARE DINNERS AUCTIONS, DISTRICT CONFERENCE AND OTHERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	40,530
VOCATIONAL SERVICE- SCHOLARSHIPS FOR LOCAL YOUTH TO ATTEND THE ANNUAL RYLA (ROTARY YOUTH LEADERSHIP ACADEMTY) COSTS WERE FOR 5-6 STUDENTS TO ATTAND THE CONFERENCE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		2,481

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
COLLEEN SULLIVAN PO BOX 34418 JUNEAU,AK 99803	PAST PRESIDENT 10 00	0	0	0
CHRIS LETTERMAN PO BOX 34418 JUNEAU,AK 99803	PRESIDENT 10 00	0	0	0
RICHARD BURNS PO BOX 34418 JUNEAU,AK 99803	PRESIDENT ELECT 10 00	0	0	0
CHARLENE MORRISON PO BOX 34418 JUNEAU,AK 99803	SECRETARY 10 00	0	0	0
DANTE REYES PO BOX 34418 JUNEAU,AK 99803	TREASURER 10 00	0	0	0
ERIC FORST PO BOX 34418 JUNEAU,AK 99803	CLUB ADMINSTRATOR 10 00	0	0	0
NATHAN RIVAS PO BOX 34418 JUNEAU,AK 99803	CLUB SERVICE 10 00	0	0	0
BILL PETERS PO BOX 34418 JUNEAU,AK 99803	ROTARY FOUNDATION 10 00	0	0	0