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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

B

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C

Name of organization  
COLLEGE ROTARY CLUB

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
PO BOX 73010

City or town, state or country, and ZIP + 4  
FAIRBANKS, AK 99707

D

Employer identification number  
92-6002970

E

Telephone number  
(907) 456-6676

F

Group Exemption Number

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 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 ☒ \$ 75,402

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 . . . . . <input checked="" type="checkbox"/>				
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	7,031
	2	Program service revenue including government fees and contracts . . . . .	2	5,658
	3	Membership dues and assessments . . . . .	3	36,833
	4	Investment income . . . . .	4	19
	5a	Gross amount from sale of assets other than inventory . . . . .	5c	
	5b	Less cost or other basis and sales expenses . . . . .		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
	6	Gaming and fundraising events	6d	3,749
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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)		
Expenses	6b	1,850	7c	783
	6c	17,756		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
	7a	4,356	8	54,073
	7b	3,573		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		
	8	Other revenue (describe in Schedule O) . . . . .	9	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	10	
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	11	
	11	Benefits paid to or for members . . . . .	12	
Net Assets	12	Salaries, other compensation, and employee benefits . . . . .	13	
	13	Professional fees and other payments to independent contractors . . . . .	14	
	14	Occupancy, rent, utilities, and maintenance . . . . .	15	
	15	Printing, publications, postage, and shipping . . . . .	16	51,075
	16	Other expenses (describe in Schedule O) . . . . .	17	51,075
	17	Total expenses. Add lines 10 through 16 . . . . .	18	2,998
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	19	31,290
	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) . . . . .	20	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	21	34,288
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

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 . . . . .	30,270	22	34,639
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	1,020	24	1,119
25	Total assets . . . . .	31,290	25	35,758
26	Total liabilities (describe in Schedule O) . . . . .		26	1,470
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	31,290	27	34,288

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?  
College Rotary's purpose is to have service above self and to reach out both locally and internationally to help those that are in need

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 College Rotary service projects have been and will continue to be Providing scholarships for four students at the University of Alaska, sponsoring high school exchange students to and from other countries, participating in the adopt-a-highway litter clean-up, providing enhancements for the Rotary pavilion at the University of Alaska Georgeson botanical garden, participating in and donating to the Literacy Council spelling bee, singing with the elderly at the Pioneer Home sing-a-long, helping disadvantaged children shop for their families at the Christmas shopping spree, answering phones during the public radio and television fundraisers, and using grant money and donations to drill wells and build clean water projects in Africa and Asia (Grants \$ 47,470) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
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	47,470

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 . . . . .		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) . . . . .		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
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)?	Yes	
35b	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 . . . . .	Yes	
35c	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 . . . . .		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 . . . . .		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
37b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9 . . . . .	0	
39b	Gross receipts, included on line 9, for public use of club facilities . . . . .	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 ▶		
40b	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 . . . . .		No
40c	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 . . . . . ▶		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
40e	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 . . . . .		No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ CAROL CALLAHAN Telephone no ▶ (907) 388-3222 PO BOX 73010 Located at ▶ FAIRBANKS, AK ZIP + 4 ▶ 99707		
42b	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 ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	Yes	No
42c	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 ▶		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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		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? <b>NOTE:</b> 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	*****	2012-09-28		
	Signature of officer	Date		
Paid Preparer's Use Only	RONALD BERGH President			
	Type or print name and title			
	Preparer's signature	DAVID B STEPHENSON CPA	Date	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's taxpayer identification number (See instructions)
David B Stephenson CPA			EIN	
1531 Gillam Way			Phone no	(907) 452-4407
Fairbanks, AK 997016045				
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

Additional Data

Software ID: 11000144  
Software Version: 2011v1.2  
EIN: 92-6002970  
Name: COLLEGE ROTARY CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description
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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
JULIE SCOTT PO BOX 80435 FAIRBANKS,AK 99708	Director 1 00	0		
CYNTHIA STEINER 2148 NOTTINGHAM DRIVE FAIRBANKS,AK 99709	Director 1 00	0		
JOHN KELLY C/O PO BOX 73010 FAIRBANKS,AK 99707	Director 1 00	0		
DENNIS DUSSMAN 3535 COLLEGE ROAD STE 202 FAIRBANKS,AK 99709	Director 1 00	0		
SATYANARAYAN NAIDU 2153 BRIDGEWATER FAIRBANKS,AK 99709	Director 1 00	0		
CAROL CALLAHAN PO BOX 73010 FAIRBANKS,AK 99707	Secretary 1 00	0		
RON INOUYE C/O PO BOX 73010 FAIRBANKS,AK 99707	Director 1 00	0		
CHERYL KEEPERS PO BOX 74898 FAIRBANKS,AK 99707	Director 1 00	0		
BARBARA HOMPESCH 119 N CUSHMAN STREET STE 400 FAIRBANKS,AK 99701	Director 1 00	0		
VONNA HUSBY 610 CUSHMAN STREET STE 103 FAIRBANKS,AK 997014600	PAST-President 1 00	0		
CINDY WENTWORTH PO BOX 83565 FAIRBANKS,AK 99708	Vice President 1 00	0		
MICHAEL DUNTON 500 FOURTH AVENUE FAIRBANKS,AK 99701	Treasurer 1 00	0		
KERYNN FISHER PO BOX 81936 FAIRBANKS,AK 99708	Director 1 00	0		
RONALD BERGH C/O PO BOX 73010 FAIRBANKS,AK 99707	President 1 00	0		



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 . . . . .	19,655		19,655
	2	Cash prizes . . . . .	16,002		16,002
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .	1,754		1,754
	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 ▶

CAROL CALLAHAN

Address ▶

PO BOX 73010  
FAIRBANKS,AK 99707

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 ▶ \$ 2,557 and the amount of gaming revenue retained by the third party ▶ \$ 1,096

c

If "Yes," enter name and address

Name ▶

TIFFANY PARK WEST DBS SHENANIGANS

Address ▶

2406 SOUTH CUSHMAN STREET  
FAIRBANKS,AK 99701

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 ▶ \$ 2,557

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

Identifier	ReturnReference	Explanation
Part III, Line 17b - Distributions Required Under State Law		AK \$2557

**2011**

**Open to Public  
Inspection**

**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.**

Name of the organization  
COLLEGE ROTARY CLUB

**Employer identification number**

92-6002970

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$0 Accounts Payable and Accrued Expenses - Ending \$1470
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$109 Prepaid Expenses and Deferred Charges - Ending \$0
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$0 Inventories - Ending \$1386
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$911 Accounts Receivable - Ending \$-267
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	INSTALLATION DINNER \$268
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	ADMINISTRATIVE EXPENSES \$1852
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	CONTRIBUTIONS \$5075
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	DUES \$6550
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	SERVICE EXPENSES \$13871
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MEMBERSHIP LUNCHESES \$21974
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$1485