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



Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

Form 990 (2015)

OMB No 1545-0047

A	For the	2015 calendar year, or tax year beginning $07/01/15$ , and ending $06/3$	0/16		
В	Check if appl	licable • C Name of organization	-	D Employer Id	entification number
	Address cha	nge CULLMAN ROTARY CLUB			
一	Name chang	Doing business as		63-60	
$\equiv$	_	Number and street (of P O Dox if mail is not delivered to street address)	Room/suite	E Telephone nu	umber 38-0432
	Initial return Final return/			230 3	30 0432
	terminated	CULLMAN AL 35056-0995		C Cross receipt	96,302
	Amended rei	turn F Name and address of pnncipal officer	<u> </u>	G Gross receipt	
$\overline{\Box}$	Application p		H(a) Is this a gro	oup return for subo	rdinates? Yes X No
	.,	266 County Road 699	H(b) Are all sub	ordinates included	Yes No
		Cullman AL 35055		" attach a list (see	
_	Tau aromai				
	Tax-exemple Website	1.4.4. //- 11	H(s) Grove ava	mption number	0573
				000	State of legal domicile AL
******	Form of org.	Summary	L Teal of lonnation	, <u>, , , , , , , , , , , , , , , , , , </u>	State of legal conficile
		riefly describe the organization's mission or most significant activities			
	1	TO CREATE AND PROMOTE OPPORTUNITIES FOR SERVICE.			
၁င		TO CREATE AND FROMOTE OFFORTUNITIES FOR SERVICE.			
nar					
ve	200	and the back of the experience described to experience or described.	0E9/ of the mot occup.	_	
Activities & Governance	2 Cr	heck this box \( \bigcup \subseteq \sigma if the organization discontinued its operations or disposed of more than the state of the approximate the discontinued its operations or disposed of more than the state of the approximate the discontinued its operations or disposed of more than the state of the approximate the discontinued its operations or disposed of more than the state of the approximate the discontinued its operations or disposed of more than the state of the stat	25% of its net asset		16
త	3 NU	umber of voting members of the governing body (Part VI, line 1a)		<u> </u>	16
itie	4 NI	umber of independent voting members of the governing body (Part VI, line 1b)			0
ξį	5 10	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		<del></del>	0
Z &	6 10	otal number of volunteers (estimate if necessary)		<u> </u>	
3	7a lo	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Ne	et unrelated business taxable income from Form 990-1, line 34	Prior Ye	7b	O Current Year
JAIN 1 L Revenue		ontributions and grants (Part VIII, line 1h)		2,159	47,707
29	I .	ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d) DEC 2 7 2016		2,133	97,707
₹\$	9 Pr	vestment income (Part VIII, column (A), lines 3, 4, and 7d) DEC 2 7 2016			0
Re				0,839	47,051
<b>Э</b>	11 00	the revenue (1 art vin, column (1 ), intes of our object, beginning inter-		2,998	94,758
xpenses CANED	12 10	otal revenue – add lines 8 through 11 (must equal Part VIII) (2) Mine (12) T		1,563	54,738
Ž	13 G	rants and similar amounts paid (Part IX, column (A), lines ==3)	3	1,363	
•	14 Be	enefits paid to or for members (Part IX, column (A), line 4)			0
Š	15 Sa	plaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
eus	16a Pr	rofessional fundraising fees (Part IX, column (A), line 11e)			
Ε̈́	1 5 10	otal fundraising expenses (Part IX, column (D), line 25)		7,778	41,934
_		ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		9,341	96,840
	1 -	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,657	-2,082
	19 Ke	evenue less expenses Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or	20 To	otal assets (Part X, line 16)		0,565	128,483
Asse	21 To	otal liabilities (Part X, line 26)		0	0
Net.	22 N	et assets or fund balances. Subtract line 21 from line 20	13	0,565	128,483
	art II	Signature Block		<u> </u>	
		alties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the he	et of my knowle	adae and holief it is
	•	it, and complete Declaration of preparer (other than officer) is based on all information of which preparer		•	sage and belief, it is
_	T			10.	11/11/2
Sig	ո	Signature of officer		Date	1191,5
He	-	•	C SECRETAI		
. 10		Type or print name and title	COLUMEN	<u> </u>	<del></del>
_	<del>+</del>	Pnnt/Type preparer's name  Breggeter's signature	Date	Check	d PTIN
Pai	a	PHYLLIS E BREWER, CPA Pullin & Preure	1 1	, I	<b>」</b> "
	narer F	Commercial Commercial Inc.	_ ,	1/16 self-emplo	yed   P00303951 63-1139137
	e Only	301 Elizabeth St NE		Firm's EIN	03-1133131
	· I	G-11 37 25055 0027		<b></b>	256-737-0532
Mar		discuss this return with the preparer shown above? (see instructions)		Phone no	
ivid	y 1110 1173	discuss this feturn with the biebater shown above, (see ilistractions)			X Yes No

orm 990 (2015)	CULLMAN ROTARY CI	LUB 6:	3-6066306	Page <b>2</b>
Part III S	tatement of Program Serv		ıs Part III	
	nbe the organization's mission TE AND PROMOTE OP	PORTUNITIES FOR SERVIC	E.	
prior Form 9	nization undertake any significant p 90 or 990-EZ? cribe these new services on Sched	rogram services during the year which were rule O	of listed on the	Yes X No
services?	nization cease conducting, or make cribe these changes on Schedule C	e significant changes in how it conducts, any p	rogram	Yes X No
4 Describe the expenses Se	e organization's program service ac	complishments for each of its three largest pro inizations are required to report the amount of	=	
THROUGH	PROVIDING SCHOLA	54,906 including grants of \$ RIOUS OPPORTUNITIES FOR RSHIPS, GRANTS, AND OT S AND ORGANIZATIONS.		)
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other progra	am services (Describe in Schedule	0)	<del></del>	<del></del>
(Expenses		uding grants of \$	) (Revenue \$	
4e Total program	m service expenses >	54,906		

	1990 (2015) Comment Rotation Schodules			age e
Pa	art IV Checklist of Required Schedules	_	Vac	Na
	504(-)/0\ 4047(-)/4\ / 10		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Λ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	^
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_	,,	
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	$\sqcup$	X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		_ <u>X</u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	}		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			}
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?	ł	l	l

If "Yes," complete Schedule G, Part III

Checklist of Required Schedules (continued) Part IV Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. X Part VI 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

192 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015) CULLMAN ROTARY CLUB Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a 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 X account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter а Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

63-6066306 Form 990 (2015) CULLMAN ROTARY CLUB Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 16 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X а The governing body? 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > 20

FRANCENE VAN SAMBEEK

266 COUNTY ROAD 699

AL 35055

256-338-0432

CULLMAN

orm 990 (2015	CULLMAN ROTARY CLUB	63-6066306	Page
Part VII	Compensation of Officers, Directors, Tru	istees, Key Employees, Highest Compensated Er	mployees, and
	Independent Contractors		
	Check if Schedule O contains a response of	or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and	Highest Compensated Employees	
La Camplete the	is table for all persons required to be listed. Deport com	pensation for the calendar year ending with or within the	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	of	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2	organization and related organizations
(1) FRANCENE VAN SAM										
	0.00									
EXEC SECRETARY	0.00	X		X		$\sqcup$		1,200	0	0
(2) RICKEY KREPS						1				
	0.00									
PRESIDENT	0.00	X	L_	X		$\sqcup$		0	0	0
(3) FRANCES COOPER		ļ				1 1				
	0.00				İ				_	_
PAST PRESIDENT	0.00	X	<u> </u>	X	<u> </u>	$\sqcup$		0	0	0
(4) DALE GREER						1				
	0.00	1	l i		İ			_		_
VICE PRESIDENT	0.00	X		X	<u> </u>			0	0	0
(5) PERRY SHIELDS										
	0.00	1								
SECRETARY	0.00	X		X	L			0	0	0
(6) MICHAEL FULLER		ļ		l	Į				16	
	0.00	}		ļ		1				
TREASURER	0.00	X	<u> </u>	X				0	0	0
(7) TERRY SHABEL				1	Ì	ìì				
	0.00				]	}				
CHAIRPERSON	0.00	X	L		L			0	0	0
(8) MIKE KRASSICK				ŀ		li				
	0.00	ļ	ļ	ļ	ļ	ļ (				
CHAIRPERSON	0.00	X	_	<u> </u>	<u> </u>			0	0	0
(9) JOEL ADAMS										
	0.00				1	l l				
CHAIRPERSON	0.00	X	<u> </u>	<u> </u>	L	$\sqcup$		0	0	0
(10) ELI HOWARD		}	1			i i				
	0.00				İ	ĺl				
CHAIRPERSON	0.00	X	_	<u> </u>	<u></u>	$\sqcup$		0	0	0
(11) JEB WILLIAMSON					ł	]				
	0.00		l	l						
CHAIRPERSON	0.00	X	L		L			0	0	0
DAA										Form 990 (2015)

Part VII ' Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	s, ar	id Highest Compensated I	Employees (continued)				
(A)	(B)	ł		Pos	C) ition			(D) Reportable	(E) Reportable	İ	(F) Estimat	ed	
Name and title	Average hours per			check	more	than o		compensation compensation from		amount of			
,	week (list any		box, unless person is both ar officer and a director/trustee)					from the	related organizations		other compensa		
	hours for related	유표	- Ing	Officer	<u></u> 6	e H	Ρ̈́	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization		
	organizations	Individual trustee or director	nstitutional	GE C	Key employee	hest o	Former			1	and relation		
	below dotted line)	S 12	nai tr		oloye	duoc					organizan	Ulia	
	ì	ste	trustee		•	Highest compensated employee							
ALCO STATES DEDUCE		ļ				82				<u> </u>			
(12) ANITA PIRKLE	0.00									1			
CHAIRPERSON	0.00	x						0	o				0
(13) CHARLIE NESMI		A	┞─			_							
(10, 00, 11, 11, 11, 11, 11, 11, 11, 11,	0.00												
CHAIRPERSON	0.00	X						0	0	1			0
(14) TODD ADKISON			Γ										
	0.00												
CHAIRPERSON	0.00	X	ļ			<u> </u>		0	0	<u> </u>			0
(15) WILL HARDING	0.00												
CHA EDDED CON	0.00	x							_				0
CHAIRPERSON (16) PHYLLIS BREWE		^	-	_				0	0	├──			
(10) Philippis Brown	0.00	ł											
CHAIRPERSON	0.00	x						o	o	1			0
(17) JIM WRIGHT	<u> </u>							<u> </u>		<u> </u>	-		<u> </u>
	0.00	•								İ			
CHAIRPERSON	0.00	X						0	0				_0
(18) GUY CAFFEY	]												
	0.00			ĺ									•
SERGEANT-AT-ARMS	0.00	X	-	<u> </u>		<u> </u>	_	0	0				0
1b Sub-total			L	<u> </u>			<b></b>	1,200					
c Total from continuation shee	ets to Part VII, S	ectio	on A				<b>•</b>						
d Total (add lines 1b and 1c)	·						<b></b>	1,200					
2 Total number of individuals (inc			to th	ose	listed	i abo	ve)	who received more than \$10	00,000 of				
reportable compensation from	the organization		<u> </u>									Yes	No
3 Did the organization list any for	rmer officer, dire	ctor,	or tru	ustee	, ke	y em	ploy	ee, or highest compensated					
employee on line 1a? If "Yes,"	•										3		<u>X</u>
4 For any individual listed on line organization and related organization									m the			1	
individual	g. v		,	,	••	. 00,		The state of the s			4		<u> </u>
5 Did any person listed on line 1a									dividual		_	ŧ	v
for services rendered to the org		s, c	отр	ete s	scne	<u>auie</u>	J TO	r such person			5		<u> </u>
Complete this table for your five		nsate	ed inc	depe	nder	nt cor	ntrac	ctors that received more that	n \$100 000 of				
compensation from the organiz	ation Report coi							r year ending with or within t	he organization's tax year		<b>,</b>		
Name and	(A) business address						L	Description	(B) tion of services		Con	(C) npensate	on
							<u> </u>	<del></del>	·		<del> </del>		
							-		<del></del>		<del>                                     </del>		
							$\vdash$				<del>                                     </del>		
						_							
											1		
2 Total number of independent or								listed above) who	-				•
received more than \$100,000 c	o compensation	11 (111)	uie (	Ji yal	ııZd(	1011					For	990	(2015)
											,		/

Pa	rt V	III Stateme	ent of Reve	nue ) contains	a response o	r note to any line i	n this Part VIII		
		,	Concadio			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f		es nts ations ontributions) gifts, grants, of included above included in lines 1a-	1a	40,632 3,000 4,075	47,707			
Program Service Revenue	2a b c d e	All other program	n service rever	ue	Busn Code	41,707			
	3 4 5 6a b c d 7a b	Investment incor and other similal Income from inv Royalties	me (including d r amounts) restment of tax- (i) Real te or (loss) (i) Securities		•				
Other Revenue	8a b c 9a b c 10a b	Gross income from (not including \$ of contributions report income or (Income or (Income or Income  n fundraising ever ported on line 1c) 8 enses oss) from fundra a gaming activities 9 enses oss) from gamin enventory, less wances ods sold	a b aising events a b activities a b	35,364 1,044 3	34,320 12,731			34,320 12,731	
	11a b c d	All other revenue	e						
	12	Total. Add lines Total revenue.		s		94,758	0	0	47,051

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b. (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 54,906 54,906 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management Legal 1,800 Accounting 1,800 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 320 19 Conferences, conventions, and meetings 320 20 21 6,970 6,970 Payments to affiliates Depreciation, depletion, and amortization 22 23 146 Insurance 146 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) MEALS AND ENTERTAINMENT 31,514 31,514 MEMBER RECOGNITION 873 873 PO BOX RENTAL 196 196 MISC 115 115 e All other expenses 96,840 54,906 41,934 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 122,510 Cash-non-interest bearing 1 118,596 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 8,055 9,887 15 16 130,565 Total assets. Add lines 1 through 15 (must equal line 34) 128,483 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Balances complete lines 27 through 29, and lines 33 and 34. 27 <u>130,565</u> Unrestricted net assets 128,483 28 Temporarily restricted net assets 28 Net Assets or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 130,565 128,483 33 Total liabilities and net assets/fund balances 128,483 130,565

Form	990 (2015) CULLMAN ROTARY CLUB	63-6066306			Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets			_		
	Check if Schedule O contains a response or note to any line in this	Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1			758
2	Total expenses (must equal Part IX, column (A), line 25)		2			840
3	Revenue less expenses Subtract line 2 from line 1		3			082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)	))	4	1	<u>30,</u>	565
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part	X, line				
	33, column (B))		10	1	28,	483
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII	<u> </u>			
		_			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual	Other				•
	If the organization changed its method of accounting from a prior year or checked "Othe	r," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent a	ccountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year wer	e compiled or				
	reviewed on a separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate	ate basis				1
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year wer	e audited on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate					1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsi	bility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an indepe	ndent accountant?		2c	<u></u>	<u> </u>
	If the organization changed either its oversight process or selection process during the t	ax year, explaın ın				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audi	ts as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did	•				
	required audit or audits, explain why in Schedule O and describe any steps taken to und	ergo such audits		3b		<u> </u>
				For	m 990	0 (2015)

# SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of organization

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B

► Complete if the organization is described below.

· Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-B Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  V S S S S S S S S S S S S S S S S S S		CULLMAN ROTARY CLUB			63-60663	06
Part LB Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955	Pai	t I-A Complete if the organization is exem	pt under section 501(c)	or is a sectio	n 527 organizatio	n
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955	1	Provide a description of the organization's direct and indirect	political campaign activities in	Part IV	-	
Part LB Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955	2	Political expenditures			▶ \$	
1 Enter the amount of any excese tax incurred by the organization under section 4955 2 Enter the amount of any excese tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 Total exempt function activities 5 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 5 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization and experiments. For each organization is funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (e) Address (e) EIN (g) Amoust part from filing organizations. (e) Amoust part from filing organizations. (f) Amoust part from serier -0- thouse if none, enter -0- through and directly delivered to a separate political organization. (f) Amoust part from serier -0- through and directly delivered to a separate political organization. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. In rone, enter -0- through and directly delivered to a separate political organization.	3	Volunteer hours				
1 Enter the amount of any excese tax incurred by the organization under section 4955 2 Enter the amount of any excese tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 Total exempt function activities 5 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 5 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization and experiments. For each organization is funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (e) Address (e) EIN (g) Amoust part from filing organizations. (e) Amoust part from filing organizations. (f) Amoust part from serier -0- thouse if none, enter -0- through and directly delivered to a separate political organization. (f) Amoust part from serier -0- through and directly delivered to a separate political organization. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. In rone, enter -0- through and directly delivered to a separate political organization.						
2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made?  b If "Yes," describe in Part IV.  Part LC Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV  (a) Name (b) Address (c) EIN (c) Amount paid from filing organizations from the filing organization in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from filing organizations from the filing organization in Part IV  (a) Amount of political organization in Part IV  (b) Address (c) EIN (d) Amount paid from the filing organization in Part IV  (a) Amount of political organization in Part IV  (b) Address (c) EIN (d) Amount paid from the filing organization in Part IV  (d) Amount of political organization in Part IV  (e) Amount of political organization in Part IV  (a) Amount of political organization in Part IV  (b) Address (c) EIN (d) Amount paid from the filing organization in Part IV  (e) Amount of political organization in Part IV  (e) Amount of political organization in Part IV  (f) Amount of political organization in Part IV  (g) Amount of political organization in Part IV  (g) Amount of political organization in Part IV  (g) Amount of political organizat	Pai	t I-B Complete if the organization is exem	pt under section 501(c)	(3).		
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?    Yes	1	Enter the amount of any excise tax incurred by the organization	on under section 4955		▶ \$	
4a Was a correction made? b   TYes,* describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount pad from the filing organizations work as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV  (a) Name (b) Address (c) EIN (d) Amount pad from committee organization in Part IV (e) Andress (e) EIN (d) Amount pad from committee organization committee organization in Part IV (e) Andress (f) EIN (f) Amount pad from committee organization	2	Enter the amount of any excise tax incurred by organization i	managers under section 4955		▶ \$	
If "Yes," describe in Part IV	3	If the organization incurred a section 4955 tax, did it file Form	1 4720 for this year?			Yes No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 170  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid for displaying directly delivered to a separate political organization or fling organizations frunds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered as a separate political organization. In one, enter -0-  (1)  (2)  (3)  (4)	4a	Was a correction made?				Yes No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount pad from filing organization's funds. If none, enter-0-line organization in none, enter-0-line organization in none, enter-0-line organization in none, enter-0-line organization in none, enter-0-line organization in none, enter-0-line org	b					
activities  Enter the amount of the filing organization's funds contributed to other organizations for section  527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount pad from filing organizations from the filing organization in Part IV.  (a) Name (b) Address (c) EIN (d) Amount pad from filing organizations from the filing organization in Part IV.  (a) Name (e) Amount of political contributions received and promptly and directly delivered to a separate political organization in filing organization.  (a) Name (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. In filing organization in filing organization.  (a) Name (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. In filing organization in filing organization.  (a) Name (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. In filing organization in filing organization.  (b) Address (c) EIN (d) Amount and free Part III and III an	Pai	t I-C Complete if the organization is exem	pt under section 501(c)	, except secti	on 501(c)(3).	
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount pad from lining organization's funds. If none, enter-0- principly and directly delivered to a separate (e) EIN (f) Amount pad from lining organizations. If none, enter-0- principly and directly delivered to a separate (f) Amount of political contributions received and principly and directly delivered to a separate (f) Amount of political contributions received and principly and directly delivered to a separate (f) Amount of political contributions received and principly and directly delivered to a separate (f) Amount of political contributions received and principle and directly delivered to a separate (f) Amount of political contributions received and principle and directly delivered to a separate (f) Amount of political contributions received and principle and directly delivered to a separate (f) Amount of political contributions received and principle and directly delivered to a separate (f) Amount of political contributions received and principle and directly delivered to a separate (f) Amount of political contributions received and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principle and principl	1	Enter the amount directly expended by the filing organization	for section 527 exempt function	n		
527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Dine 17b		activities			▶ \$	
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount of political contributions received and promptly and directly delivered to a separate political organization. Sit funds. If none, enter -0-  (e) EIN (f) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-  (g) Amount of political contributions received and promptly and directly delivered to a separate political organization in fining organization in the filing organization in the filing organization in the filing organization in the filing organization in the filing organization in the filing organization is funds. If none, enter -0-  (e) EIN (f) Amount of political contributions received and promptly and directly delivered to a separate political organization in the filing organization in the filing organization is funds. If none, enter -0-  (f) Amount of political contributions received and promptly and directly delivered to a separate political organization in the filing organization is funds. Also enter the amount part funds are separate political organization in the filing organization is funds. Also enter the amount part funds are separate political organization in the filing organization is funds. Also enter the amount of political organization is funds are separate political organization in the filing or	2	Enter the amount of the filing organization's funds contributed	d to other organizations for sect	tion		
Inne 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from fling organization's funds if none, enter -0- influing organization's funds if none, enter -0- influing organization in Part IV  (e) Amount paid from influing organization in Part IV  (e) Amount paid from influing organization in Part IV  (e) Amount paid from influing organization in Part IV  (f) Amount paid from influing organization in Part IV  (e) Amount paid from influing organization in Part IV  (f) Amount paid from influing organization in Part IV  (e) Amount paid from influing organi		527 exempt function activities			▶ \$	
4 Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- which is none, enter -0- (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- (1)  (2)  (3)  (4)  (6)  (6)	3	Total exempt function expenditures Add lines 1 and 2 Enter	here and on Form 1120-POL,			
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part I.V.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0.  (1)  (2)  (3)  (4)  (4)  (5)					▶ \$	
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee. (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from the filing organization in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-  (1)  (1)  (3)  (4)  (4)  (5)  (6)	4	Did the filing organization file Form 1120-POL for this year?				Yes No
the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from fling organization's funds if none, enter -0- funds if none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (3)  (4)  (6)  (6)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (1)  (1)  (1	5	Enter the names, addresses and employer identification num	iber (EIN) of all section 527 poli	itical organizations	to which the filing	
as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- interval of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)  (6) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (6) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (6) Amount paid from filing organization's funds if none, enter -0-  (7)			·	• •		
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- filing organization's funds if none, enter -0- delivered to a separate political organization If none, enter -0-  (1)  (2)  (3)  (4)  (6)			•	•	•	
filing organization's funds if none, enter -0- filing organization's funds if none, enter -0- fu		as a separate segregated fund or a political action committee	e (PAC) If additional space is n	eeded, provide info	rmation in Part IV	
funds if none, enter -0- promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)  (5)		(a) Name	(b) Address	(c) EIN	1 '' '	
delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)  (5)					1	
(1) (2) (3) (4) (5)				]	Turkes if fibrie, eriter 20-	
(1) (2) (3) (4) (5)						
(2) (3) (4) (5) (6)				<del> </del>	<del> </del>	none, enter-o-
(3) (4) (5) (6)	(1)			<b>\</b>		
(3) (4) (5) (6)				<del> </del>	<del> </del>	
(4) (5) (6)	(2)					
(4) (5) (6)					ļ	
(5) (6)	(3)			}		
(5) (6)	(4)			<del>                                     </del>		
(6)	(4)				1	
(6)	/E\			<del></del>		
	(5)					
	(6)		<del></del>	<del> </del>	<del> </del>	
	(0)					
For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015	For P	aperwork Reduction Act Notice, see the Instructions for Form 9	990 or 990-EZ.	L	Schedule C (Fo	orm 990 or 990-EZ) 2015
	Eor D	anonyork Paduation Act Notice, see the Instructions for Form 9	900 or 900 E7	<u> </u>		

ched		AN ROTARY			63-6066306	
Pai	t II-A Complete if the organiz	ation is exemp	t under section 50	01(c)(3) and f	filed Form 5768 (elec	ction under
	section 501(h)).		·			
(	Check ▶ ☐ if the filing organization					up member's
	name, address, EIN, o					
3 (	Check 🕨 🦳 if the filing organization	n checked box A	A and "limited cont	rol" provisions	s apply.	
	Limits on Lob	bying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" r				organization's totals	group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roo	ots lobbying)			
b	Total lobbying expenditures to influence a le	gislative body (direct	lobbying)	L		
C	Total lobbying expenditures (add lines 1a an	d 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add line	es 1c and 1d)				
	Lobbying nontaxable amount. Enter the amount		g table in both			
	columns					
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nor	ntaxable amount is:			
Γ	Not over \$500,000	20% of the amour	it on line 1e		1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$500	0,000	1	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1,0	00,000	1	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	0,000	1	
ſ	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of	f line 1f)				
	Subtract line 1g from line 1a If zero or less,					
	Subtract line 1f from line 1c If zero or less, e					
i	If there is an amount other than zero on either	er line 1h or line 1i, d	lid the organization file l	orm 4720		
•	reporting section 4911 tax for this year?		_			Yes No
		4-Year Average	ing Period Under s	ection 501(h)		
	(Some organizations that mad	_	-		te all of the five colum	ns helow
	-	· ·	nstructions for line	9		ilis sciow.
	•	ce the separate i	notituotiono for infe	3 La tinough	<b>-</b> 1.,	
	Lo	bbying Expendit	ures During 4-Year	Averaging Pe	riod	
						T
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
			<u></u>			
_						
2a	Lobbying nontaxable amount					
þ	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
_	Total lobbying expenditures					
	Total loppying expenditures					<u> </u>
d	Grassroots nontaxable amount					
		<del></del>				
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))	<del></del>		<del></del>	<del></del>	<del> </del>

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Sche	Edule C (Form 990 or 990-EZ) 2015 CULLMAN ROTARY CLUB 63-	606	630	16			Page 🕄
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).			5768			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a) 	ļ	(b	<u> </u>	
	cription of the lobbying activity	Yes	No		Amo	unt	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?						
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	$\vdash$		ł			
C		$\vdash$		<del> </del>			
	Mailings to members, legislators, or the public?			<del> </del>			
e	Publications, or published or broadcast statements?			<del> </del>			
-	Grants to other organizations for lobbying purposes?			<del> </del>			
g	, , , , , , , , , , , , , , , , , , ,			<del>                                     </del>			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Н		<del> </del>			
	Other activities?	-		<del> </del>			
	Total Add lines 1c through 1i			├			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			ł			
	If "Yes," enter the amount of any tax incurred under section 4912			<b> </b>			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					<del></del>	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	\ <u> </u>					
	501(c)(6).	)(J), C	л 5 <del>с</del>	Clion			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			!	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5). c	or se	ction			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O				ine 3	. is	
	answered "Yes."	(-,				,	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year	ĺ	2a				
b	Carryover from last year	Ī	2b				
C	Total	ĺ	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	Ī	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?	į	4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

Schedule C (Form 990 or 990-EZ) 2015 CULLMAN ROTARY CLUB

63-6066306

Page 4

Part IV Supplemental Information (continued)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public

Inspection

Employer identification number Name of the organization 63-6066306 CULLMAN ROTARY CLUB Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part Vill, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2015 CULLMAN RO	TARY CLUB			63-60663	306	F	age 2
Pa	rt III Organizations Maintaining	Collections of Ar	t, Historical Tr	easures, e	or Other Simi	lar Ass	ets (continued)	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, che	eck any of the follow	ving that are a	a significant use o	fits		
а	Public exhibition	d 🗌 Loa	an or exchange pro	arams				
b	Scholarly research	e Oth		g				
c	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain how	they further the org	ganization's e	xempt purpose in	Part		
	XIII		•					
5	During the year, did the organization solicit or re			•	ıılar		П., Г	٦
	assets to be sold to raise funds rather than to b		f the organization's	collection?			Yes	No
Pa	rt IV Escrow and Custodial Arra	_	- Form 000 Da	w 11/ line (	) or roported .		unt an Earm	
	Complete if the organization a 990, Part X, line 21				<u> </u>	an amo 		
1a	Is the organization an agent, trustee, custodian	or other intermediary for	or contributions or o	other assets r	ot		П. Г	٦
	included on Form 990, Part X?	al anno alata de Allano.					Yes	No
b	If "Yes," explain the arrangement in Part XIII an	a complete the followin	ig table				Amount	
_	Regioning helence					1	Amount	
c	Beginning balance Additions during the year					1c	<del></del>	
e	Distributions during the year					1e		
f	Ending balance					1f	<del></del>	
	Did the organization include an amount on Form	n 990. Part X. line 21. fo	or escrow or custor	dial account li	ability?		Yes	No
	if "Yes," explain the arrangement in Part XIII Ci				•			7
	rt V Endowment Funds.							
	Complete if the organization	answered "Yes" or	n <u>Form</u> 990, Pa	irt IV, line 1	0			
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) 1	hree years	back (e) Four years	back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and				]			
	losses							
	Grants or scholarships			ļ				
е	Other expenditures for facilities and							
	programs		<del></del>	<del> </del>				
	Administrative expenses			<del> </del>			<del>-</del>	
g	End of year balance		4	1				
2	Provide the estimated percentage of the curren	•	e 1g, column (a)) he	eid as				
a	Board designated or quasi-endowment ►  Permanent endowment ►  %	%						
b	Temporarily restricted endowment	%						
C	The percentages on lines 2a, 2b, and 2c should							
35	Are there endowment funds not in the possessi	·	that are held and ar	iministered fo	ir the			
ou	organization by	on or the organization t	and are note and ac	anninotered te			Yes	No
	(i) unrelated organizations						3a(i)	1
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required or	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the or	•					<u> </u>	
Pa	at VI Land, Buildings, and Equip							
	Complete if the organization	answered "Yes" or	n Form 990, Pa	irt IV, line 1	1a. See Form	990, F	Part X, line 10	
	Description of property	(a) Cost or other basis (investment)		other basis	(c) Accumula depreciatio		(d) Book value	
4-	Land	(circonies)	<del></del>		a aprodatio	·	<del> </del>	
	Buildings				<del>                                     </del>		<del>                                     </del>	
	Leasehold improvements		<del>-  </del>		<del></del>		<del> </del>	
	Equipment				<del> </del>		<del>                                     </del>	-
	Other						<del> </del>	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

	orm 990) 2015 CULLMAN ROTARY CLUB		63-6066306	Page :
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" of			
	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valua  Cost or end-of-year man	
(4) 5			Cost of end-or-year than	Net value
(1) Financial (				
	eld equity interests			
(3) Other				
(A)		<del></del>	<del></del>	
(B)				
(C)			<del></del>	
(D)		<del></del>		<del></del>
(E)		<del></del>	<del> </del>	
(F)		<del></del>	<del> </del>	<del></del>
(G)			<del> </del>	
(H)	#\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<del></del>	
	n (b) must equal Form 990, Part X, col (B) line 12 )		<u> </u>	
Part VIII	Investments—Program Related.		- 44 - C F 000 B-+)	/ lim = 40
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valua  Cost or end-of-year man	
		<del>_</del>	Cost of end-or-year man	Ket value
(1)	<del></del>	<del></del>		<del></del>
(2)		<del></del>	<del>                                     </del>	
(3)			<del></del>	
(4)			<del></del>	
(5)		<del></del>	<del></del>	
(6)		<del></del>	<del></del>	<del></del>
(7)			<del> </del>	<del></del>
<u>(8)</u>		<del></del>	<del> </del>	<del></del>
(9)	(h) must soud Ferra 000 Port V and (D) has 42 \ h			<del></del>
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 ) ► Other Assets.		<u> </u>	
Patt IX	Complete if the organization answered "Yes" of	on Form 000 Bort IV Jun	on 11d Son Form 000 Bort	/ lung 16
<del></del> -	(a) Description	on rollin 990, Palt IV, III	le 11d. See Form 990, Part 7	(b) Book value
	Life Insurance CSV	<del>_</del>		9,887
(2)	2220 15022050	<del></del>	<del></del>	
	<del></del>			
(4)	<del></del>		<del></del>	
(5)	<del></del>			
(6)	<del></del>		<del></del>	
(7)		<del></del>		
(8)	<del></del>			
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)	<del></del>	<b>&gt;</b>	9,88
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, Iir	ne 11e or 11f. See Form 990.	. Part X.
	line 25	, ,		, ,
ī.	(a) Description of liability	(b) Book value		T
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			1	
(9)				

<sup>&</sup>quot;otal. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the rganization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

ched	dule D (Form 990) 2015 CULLMAN ROTARY CLUB	63-60	066306	Page <b>4</b>
	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a		_
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

Schedule D (Form 990) 2015 CULLMAN ROTARY CLUB

63-6066306

Page 5

Part XIII Supplemental Information (continued)

# SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

CULLMAN ROTARY CLU	B				63-60663	06
Part 1 Fundraising Activities. Complete if Form 990-EZ filers are not required to			swer	ed "Yes" on Form 9	90, Part IV, line	17.
1 Indicate whether the organization raised funds through an	y of the following a	ctivitie	s Ch	eck all that apply		
a Mail solicitations	e Solicitation	of nor	-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fund	draisir	ig eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in						Yes No
b If "Yes," list the ten highest paid individuals or entities (fur compensated at least \$5,000 by the organization		to agr	eeme	<del>-</del>	Iraiser is to be	
		(iii) Di raiser	d fund- have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custo	dy or rol of utions?	(IV) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
1						
2						
3						
4			_			
5					<del></del>	
		į ,				
		-			<del></del>	
6						
7						
8	<del> </del>	├		-		
•						
		<u> </u>				
9					-	
0						
otal			<u> </u>			
3 List all states in which the organization is registered or lice	ensed to solicit con	tnbutio	ons or	has been notified it is ex	cempt from	

registration or licensing

Sch	edul	le G (Form 990 or 990-EZ)		MAN ROTA					66306 Page <b>2</b>
P	art		fundraising eve	nt contributio					8, or reported more 6b. List events with
		gross roscipio s	(a) Event		(b) Eve	nt #2	(c) Other events		(d) Total events
			ANNUAL AU				None		(add col (a) through
æ			(event type	)	(event t	ype)	(total number)		col (c))
Revenue	1	Gross receipts	<u> </u>	35,364	-·				35,364
		Less Contributions Gross income (line 1 minus		25.054					
		line 2)		35,364					35,364
	4	Cash prizes				<del></del>			
	5	Noncash prizes							
nses	6	Rent/facility costs		750		<del></del> -			750
Direct Expenses	7	Food and beverages			·				
Dire	8	Entertainment							
	9	Other direct expenses		294			<u>L</u>		294
		Direct expense summary	•	, ,				•	1,044 34,320
_	11 art	Net income summary Sub			orod "Voe" or	Form 000 F	Part IV, line 19, or	roports	
•	ait		n Form 990-EZ		ereu res or	i Foiiii 990, F	aitiv, iiile 19, Oi	reporte	iu more
Revenue			(a) Bing		• •	bs/instant essive bingo	(c) Other gamin	9	(d) Total gaming (add col (a) through col (c))
æ	1	Gross revenue							
es		Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs				<del></del>			
	5	Other direct expenses				_			
	6	Volunteer labor	Yes No	%	Yes No	%	Yes No	%	
	7	Direct expense summary	Add lines 2 through	5 ın column (d)				•	
	8	Net gaming income summ	ary Subtract line 7	rom line 1, colum	nn (d)			<b>•</b>	
	ls t	iter the state(s) in which the the organization licensed to No," explain							Yes No
		ere any of the organization's Yes," explain	gaming licenses re	voked, suspende	d or terminated	during the tax yea	ar?		Yes No

11 [	ule G (Form 990 or 990-EZ) 2015 CULLMAN ROTARY CLUB	63-60663	06 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes No
12 I	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
f	formed to administer charitable gaming?		Yes No
13 I	indicate the percentage of gaming activity conducted in	1	1
а	The organization's facility	13a	%_
b /	An outside facility	13t	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
İ	Name ►		
,	Address ►		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b I	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
ä	amount of gaming revenue retained by the third party ▶ \$		
C	if "Yes," enter name and address of the third party		
i	Name ►		
,	Address ▶		
16 (	Gaming manager information		
i	Name ▶		
(	Gaming manager compensation ▶ \$		
Ī	Description of services provided ▶		
[	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a I	s the organization required under state law to make charitable distributions from the gaming proceeds to		
(	retain the state gaming license?		Yes No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any a instructions)		

SCHEDULE		Grants	and Oti	her Assistancı	Grants and Other Assistance to Organizations,	tions,			OMB No 1545-0047
(Form 990)		Governm	ents, aı	ents, and Individuals in the United States	in the United	States			2015
		Complete II the	organizatio	Complete if the organization answered **Yes** on Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.	on Form 990, Part IV, 990.	line 21 or 22.		<u> </u>	Open to Public
Department of the Treasury Internal Revenue Service	•	Information about	Schedule I	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	nstructions is at wwn	w.irs.gov/form990.			Inspection
	CULLMAN ROTARY CLUB						Em	Employer Identification number 63-6066306	number 16
Part i General I	General Information on Grants and Assistance	Assistance							
1 Does the organization the selection criteria us 2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e amount of the gran ce? toring the use of grai	ts or assista	ince, the grantees' elig	pbility for the grants or	assistance, and		X	X Yes
# # # # # # # # # # # # # # # # # # #	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organiz	rations ar	nd Domestic Gov	vernments. Comp	plete of the organ	nization answe	red "Yes" on	Form
1 (a) Name and a	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Pu	(h) Purpose of grant or assistance
(1) CULLMAN CARING FOR KIDS, INC. P.O. BOX 698	FOR KIDS, INC.					(interpretation)	1	FOOD BANK	
CULLMAN	AL 35056			5,259					
(2) ROTARY FNDTN DONOR ADVI	(2) ROTARY ENDIN DONOR ADVISED FUND 1560 SHERMAN AVE. FN110							DONOR ADVISED	/ISED FUND
EVANSTON	IL 60201	36-3245072		33,100					
(3)									
(4)									
(5)									
(9)									
(2)									
(8)	}								
(6)									
<ul><li>2 Enter total number of s</li><li>3 Enter total number of o</li></ul>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	rganizations listed in 1 table	the line 1 ta	ıble				<b>→</b>	
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.						Schedule	Schedule I (Form 990) (2015)

tion of non-cash assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 CULLMAN ROTARY CLUB

Part III can be duplicated if additional space is needed

Schedule I (Form 990) (2015)

י מוניוו סמון בס מפשיומנים וו מממונים ושלים וויססמים	200000000000000000000000000000000000000				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	

			rmation
			formation required in Part I line 2 Part III column (b) and any other additional information
			Part III column (b)
			Canil Hart I line 2
			de the information rec
			Sunnlemental Information Provide the inf
			A #

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Part IV

- Procedures for Monitoring the Use of Grant Funds

Part I, Line 2

9

GRANT PRIMARY GRANT MADE WAS TO ROTARY INTERNATIONAL DONOR ADVISED FUND. MONEYS TO THE ROTARY FOUNDATION DONOR ADVISED FUND ARE DISTRIBUTED DIRECTLY

FROM DONOR ADVISED FUND TO SPECIFIC ORGANIZATIONS, WHICH MUST BE 501(C)(3)

ORGANIZATIONS

OTHER LESSER GRANTS ARE GENERALLY EITHER TO KNOWN 501(C)(3) ORGANIZATIONS

OR TO SCHOOLS

SCHEDULE O (Form 990 or 990-EZ)

. . . .

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.

2015

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

CULLMAN ROTARY CLUB

Employer Identification number 63-6066306

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BODY.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members THE MEMBERS OF THE ORGANIZATION APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 FORM 990 AVAILABLE TO BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE MADE AVAILABLE TO PUBLIC UPON REQUEST.