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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY CLUB OF FAIRBANKS - SUNRISERS

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO BOX 74036

City or town, state or province, country, and ZIP or foreign postal code
FAIRBANKS, AK 99707

D Employer identification number
92-0116454

ETelephone number
(907) 452-1751

FGroup Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ▶WWW.CLUBRUNNER.CA/FAIRBANKSSUNRISERS/

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 59,277

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	7,500
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	35,837
	4	Investment income	4	12
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,471
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,134
Expenses	c	Less direct expenses from gaming and fundraising events	6c	3,849
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,756
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	2,323
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	55,428
	10	Grants and similar amounts paid (list in Schedule O)	10	24,205
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	236
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	31,524
	17	Total expenses. Add lines 10 through 16 ▶	17	55,965
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-537
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	53,119
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	52,582

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ(2015)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,527	22	46,504
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,934	24	8,123
25 Total assets	56,461	25	54,627
26 Total liabilities (describe in Schedule O)	3,342	26	2,045
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,119	27	52,582

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose?
BUSINESS LEAGUE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

37,385

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCOTT LUPER PRESIDENT	10 00	0	0	0
COLE CARLSON NEXT PRESIDENT	2 00	0	0	0
JOSEPH PASKVAN TREASURER	2 00	0	0	0
PATTY MONGOLD SECRETARY	2 00	0	0	0
MISSEY KOHLER PAST PRESIDENT	1 00	0	0	0

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		No
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <div>37a0</div>		
37b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ AK		
42a	The organization's books are in care of ▶ JEFFREY L JOHNSON Telephone no ▶ (907) 452-4156 Located at ▶ PO BOX 74036 FAIRBANKS, AK ZIP + 4 ▶ 99701		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
42c	c At any time during the calendar year, did the organization maintain an office outside the U S ?		No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	c Did the organization receive any payments for indoor tanning services during the year?		No
44d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****		2016-11-10	
	Signature of officer		Date	
Paid Preparer Use Only	MISSEY KOHLER, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name JEFFREY JOHNSON	Preparer's signature	Date 2016-11-10	Check <input type="checkbox"/> if self-employed PTIN P00233206
	Firm's name ▶ RJG A PROFESSIONAL CORPORATION		Firm's EIN ▶ 92-0121157	
Firm's address ▶ 1100 WEST BARNETTE SUITE 102 FAIRBANKS, AK 99701		Phone no. (907) 452-4156		
May the IRS discuss this return with the preparer shown above? See instructions				

Additional Data

Software ID:

Software Version:

EIN: 92-0116454

Name: ROTARY CLUB OF FAIRBANKS - SUNRISERS

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)

28

THE ROTARY CLUB PROVIDED FUNDS TO LOCAL ORGANIZATIONS FOR COMMUNITY SERVICE PROJECTS AND PROVIDES FINANCIAL AND MANPOWER ASSISTANCE TO THE FAIRBANKS NORTH STAR BOROUGH PARKS AND REC DEPARTMENT FOR BUILDING PLAYGROUNDS

(Grants \$ 0)

If this amount includes foreign grants, check here . . . ☐

28a

18,279

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
ROTARY HOLDS REGULAR BREAKFAST MEETINGS TO PROVIDE A FORUM FOR MEMBERS TO 29 DISCUSS LOCAL ISSUES AND PROJECTS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	19,106

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF FAIRBANKS - SUNRISERS

EIN: 92-0116454

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

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
ROTARY CLUB OF FAIRBANKS - SUNRISERS**Employer identification number**

92-0116454

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 12
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 1,858 DESCRIPTION VISITING ROTARIANS AMOUNT 465 TOTAL TO FORM 990-EZ, LINE 8 2,323

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY DISTRICT #5010 AFFILIATE ADDRESS 200 W 34TH AVENUE, PMB 823 ANCHORAGE, AK 99503 PURPOSE OF PAYMENT DISTRICT DUES AMOUNT OF PAYMENT 4,225
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS PO BOX 75297 CHICAGO, IL 60675529 7 PURPOSE OF PAYMENT INTERNATIONAL DUES AMOUNT OF PAYMENT 1,701 TOTAL INCLUDED ON FOR M 990-EZ, LINE 10 5,926

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME LOCAL CHARITIES GRANTEE ADDRESS VARIOUS FAIRBANKS, AK 99701 GRANTEE RELATIONSHIP N/A- CHARITABLE CONTRIBUTIONS PROPERTY DESCRIPTION CASH CONTRIBUTIONS AMOUNT GIVEN 1,674
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME ALASKA MISSION OF MERCY GRANTEE ADDRESS 9170 JEWEL LAKE ROAD, SUITE 100 ANCHORAGE, AK 99502 GRANTEE RELATIONSHIP N/A- CHARITABLE CONTRIBUTIONS PROPERTY DESCRIPTION CASH CONTRIBUTIONS AMOUNT GIVEN 5,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME FKNB SOUTH DAVIS PARK GRANTEE ADDRESS 19TH AVENUE & LATHROP STREET FAIRBANKS, AK 99701 GRANTEE RELATIONSHIP N/A- CHARITABLE CONTRIBUTIONS PROPERTY DESCRIPTION CASH CONTRIBUTIONS AMOUNT GIVEN 11,605 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 18,279
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 236

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ACCOUNTING AMOUNT 3,602 DESCRIPTION BREAKFASTS AND MEETING EXPENSE AMOUNT 16,060 DESCRIPTION OFFICE EXPENSES AMOUNT 181 DESCRIPTION PLAQUES, ETC AMOUNT 526 DESCRIPTION POST OFFICE BOX AMOUNT 350 DESCRIPTION PRESIDENT TRAINING AMOUNT 1,363 DESCRIPTION YOUTH EXCHANGE AMOUNT 5,000 DESCRIPTION WEBSITE EXPENSE AMOUNT 575 DESCRIPTION ADVERTISING AMOUNT 649 DESCRIPTION BAD DEBT EXPENSE AMOUNT 2,595 DESCRIPTION MISC AMOUNT 56 DESCRIPTION TRAVEL EXPENSE AMOUNT 567 TOTAL TO FORM 990-EZ, LINE 16 31,524
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 9,345 END OF YEAR AMOUNT 7,770 D ESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 589 END OF YEAR AMOUNT 353

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 3,342 END OF YEAR AMOUNT 2,045
FORM 990-EZ, PART V, LINE 35	SUBSTANTIALLY ALL OF THE UNRELATED TRADE OR BUSINESS INCOME WAS EARNED BY VOLUNTEER LABOR AND ACTIVITIES