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DLN: 93492046002497

2015

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

ZUI

Department of the Treasury Internal Revenue Service ▶ 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 <u>www.irs.gov/form990</u>.

Open to Public Inspection

nte	mal Re	venue Service			mspection
		e 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
		f applicable C Name of organization Rotary Club of Greater Corvallis	D Emplo	yer id	entification number
	Name c	change	93-067		
	Initial re	DO B 262	E Telephoi	ne nun	nber
_	Fınal ret	tum/terminated		(541)	754-0112
_	Amende	city or town, state or province, country, and ZIP or foreign postal code Corvallis, OR 97339	FGroup E		on
	Applicat	ion pending	Number		
		required	to attach	Sche	anization is not dule B 990-PF)
		npt status(check only one) - 501(c)(3)			
F	orm of	organization Corporation Trust Association Other			
		es 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or i) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ftotal ass ▶\$1		•
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	s for l	Part I)
	1	Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received		1	12,166
	2	Program service revenue including government fees and contracts		2	42,323
	3	Membership dues and assessments		3	42,736
	4	Investment income		4	2
	5a	Gross amount from sale of assets other than inventory	_		
į	b	Less cost or other basis and sales expenses	0		
9	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
ć	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a			
	ь	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	11,712		
	C	Less direct expenses from gaming and fundraising events 6c	8,107		
	d	Net income or (loss) from gaming and fundraising events (add lines $6a$ and $6b$ and subtract line $6c$)	6d	3,605
	7a	Gross sales of inventory, less returns and allowances			
	b	Less cost of goods sold	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	725
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	101,557
	10	Grants and similar amounts paid (list in Schedule O)		10	31,160
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
2	13	Professional fees and other payments to independent contractors		13	750
-	14	Occupancy, rent, utilities, and maintenance		14	
3	15	Printing, publications, postage, and shipping		15	187
	16	Other expenses (describe in Schedule O)		16	70,353
	17	Total expenses. Add lines 10 through 16	•	17	102,450
כ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-893
'n	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
5		end-of-year figure reported on prior year's return)		19	25,602
Ė	20	Other changes in net assets or fund balances (explain in Schedule O) \cdots		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	. ►	21	24,709
	. Dana	work Deduction Act Natice and the congrete instructions			

	1 990-EZ (2015)						Page 2
Pa	rt II Balance Sheets (see the instru Check if the organization used Sch	•	ny question in t	his Part II			
				(A) Beginnir	of vear		(B) End of year
22	Cash, savings, and investments			(,	32,847	22	33,906
23	Land and buildings					23	
24	Other assets (describe in Schedule O)				9,369	24	10,218
25	Total assets				42,216	25	44,124
	Total liabilities (describe in Schedule O)				16,614	26	19,415
27	Net assets or fund balances (line 27 of colu	ımn (B) must agree with	line 21)		25,602	27	24,709
Pa	Statement of Program Serv				II)	/D.	Expenses
	Check if the organization used Sch t is the organization's primary exempt purp	ose?	iny question in t	inis Part III	•	(c)	equired for section 501 (3) and 501(c)(4) ganizations, optional for
Des mea ben	IC LEAGUE BENEFITING SOCIAL ORGAN cribe the organization's program service accurated by expenses. In a clear and concise of the control of th	complishments for each					ners)
28 See	Addıtıonal Data Table						
(Gra	nts \$) If this am	ount includes foreign gi	rants, check her	re .	Г	28a	
29							
(Gra	nts \$) If this am	ount includes foreign gi	rants, check her	re >	Г	29a	
30							
(Gra	nts \$) If this am	ount includes foreign gi	rants, check her	re >	Г	30a	
	ther program services (describe in Schedu				_		
	nts \$) If this am otal program service expenses (add lines 28	ount includes foreign gi			<u> </u>	31a 32	
	rt IV List of Officers, Directors, Trustees	s, and Key Employees (ıst each one even ı	f not compensated	— see the ins	tructio	ons for Part IV)
	Check if the organization used Sch	edule O to respond to a	ny question in t	his Part IV		•	· · · · · <u> </u>
	(a) Name and title	(b) A verage	(c)Reporta	ble (d) H	Health benet	fits,	(e) Estimated amount
		hours per week devoted to position	compensat	l l	ntributions t		of other
		devoted to position	(Forms W-2/1 MISC) (if not enter -0-	paid, a	yee benefit p ind deferred ompensation		compensation
See	Additional Data Table			,	'		
	Additional Buta Fubic						
		_					

orm	990-EZ (2015)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirem	ents i	n the	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u></u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b		No
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	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			
h	section 4911 ►, section 4912 ►, section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	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	40 b		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 sections4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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	40 e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ Joy Ragsdale Telephone no	<u>. </u>		0112
	Located at ► 2015 NW Grant Ave Corvallis, OR ZIP + 4	► <u>97</u>	330	
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	424	Yes	No
	account)? If "Yes," enter the name of the foreign country	42b		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	,		NI -
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. • 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	- 10		.,,0
-	explanation in Schedule O	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		No
		Form	990-F	Z (2015

С		2015)							Page •
С								Yes	No
		rganızatıon engage, dırectly or ındı			n behalf of or ı	n oppositioi	n to		
	andıdatı	es for public office? If "Yes," compl	ete Schedule C, Part	ı			· · 46		No
Part		ection 501(c)(3) organizat	-				•		
		Il section 501(c)(3) organization	ons must answer qu	uestions 47-49b	and 52, and	complete	the table	s for lii	nes 50
	a C	nd 51 heck if the organization used Sche	dule O to respond to a	any question in thi	s Part VI				_
				, ,		<u> </u>		Yes	No
		rganization engage in lobbying acti complete Schedule C, Part II		on 501(h) electior		ng the tax y	ear? 47		
1	.1 165,	complete Schedule C, Fait II							
48 I	s the or	ganization a school as described in	section 170(b)(1)(A))(II)? If"Yes," com	nplete Schedul	e E	48		
49 a [Old the o	rganızatıon make any transfers to a	an exempt non-charita	able related organ	ızatıon?		49a		
ЬI	f"Yes."	was the related organization a sect	tion 527 organization	,			49b		
		e this table for the organization's fives) who each received more than \$1							
		e and title of each employee	(b) A verage	(c) Reportable		alth benefit		tımated	lamoun
			hours per week devoted to position	compensation (Forms W-2/109		ributions to e benefit pla		of othe mpensa	
			devoted to position	MISC)	1 ' '	d deferred	alis,	illhelis	ition
				-	con	pensation			
IONE									
0	of compe	e this table for the organization's fiven is the nearly and the organization. If the nearly and the second is the nearly and the second is the nearly and business address of	ere is none, enter "No	ne "		of service	(c) Com		
IONE									
		umber of other independent contrac	_				-		
d		e organization complete Schedule A eted Schedule A	? NOTE. All Section 5	(01(c)(3) organiza	tions must att	ach a		_v.	
d 52		rea semedate n						Ye	s No
				ina secomponyina	chedules and s	tatements. a	and to the h	est of m	,
52	penalties	of periury, I declare that I have exami	ned this return, includi						
52 Inder p	dge and l	of perjury, I declare that I have exami pelief, it is true, correct, and complete							r has an
nder p	dge and l								r has an
52 Inder p	dge and l	pelief, it is true, correct, and complete			er) is based on	all informati			r has an
52 Inder p nowled	dge and d				er) is based on				r has an
52 Inder p nowled nowled	dge and l	the state of officer Judith Corwin President			er) is based on	all informati 017-02-14			r has an
52 Inder p nowled nowled	dge and l	****** Signature of officer Judith Corwin President Type or print name and title	e. Declaration of prepar	er (other than offic	er) is based on	all informati 017-02-14 ate	on of which		r has an
Inder p nowled nowled Sign Here	dge and l	the state of officer Judith Corwin President		er (other than offic	pate Che	all informati			r has an
inder p nowled nowled Sign Here	dge and dge.	******* Signature of officer Judith Corwin President Type or print name and title Print/Type preparer's name Joy E Ragsdale	Preparer's signature	er (other than offic	er) is based on 21 Date Cheself	all informati	on of which		r has an
Inder provided nowled lere Paid Prep	arer	****** Signature of officer Judith Corwin President Type or print name and title Print/Type preparer's name	Preparer's signature	er (other than offic	er) is based on 21 Date Cheself	all informati	on of which		r has an
Inder provided nowled lere Paid Prep	dge and dge.	******* Signature of officer Judith Corwin President Type or print name and title Print/Type preparer's name Joy E Ragsdale	Preparer's signature	er (other than offic	Date Cheself	all informati	PTIN P00263751		r has an
Inder provided nowled lere Paid Prep	arer	******* Signature of officer Judith Corwin President Type or print name and title Print/Type preparer's name Joy E Ragsdale Firm's name Byzick and Company	Preparer's signature	er (other than offic	Date Cheself	all informati	PTIN P00263751		r has an

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 93-0672558

Name: Rotary Club of Greater Corvallis

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

Describe what was achieved manner, describe the service for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
SUPPORT ROTARY INT 28 STUDENTS, AND WORL	ERNATIONAL FOUNDATION, GROUP STUDY EXCHANGE, EXCHANGE D COMMUNITY PROJECTS		
(Grants \$ 6,953)	If this amount includes foreign grants, check here •	28a	1,721

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

Describe what was achieved in carry manner, describe the services provid for each program title.	501(uired for 501(c)(3) and c)(4) organizations and (a)(1) trusts; optional for others.)	
29 SUPPORT LOCAL CHARITIES (Grants \$ 3,688)	If this amount includes foreign grants, check here ▶ □	29a	3,682

Fynenses

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

Describe what was achieved manner, describe the service for each program title.	501(uired for 501(c)(3) and c)(4) organizations and (a)(1) trusts; optional for others.)	
30 ROTARY YOUTH LEADE	RSHIP AWARDS, STUDENT OF THE MONTH AWARDS, SCHOLARSHIPS		
(Grants \$ 15,252)	If this amount includes foreign grants, check here >	30a	13.200

Evnancac

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

	Describe what was achiev manner, describe the servi for each program title.	_ Š01	(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
- 1	ANNUAL PICNIC FOR SF (Grants \$ 568)	ECIAL NEEDS INDIVIDUALS AND THEIR FAMILES If this amount includes foreign grants, check here ▶ □	-		

Expenses

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title (b) Average (c) Reportable (d) Health benefits,

1 00

1 00

1 00

Lee Eckroth Past President

Michael D Corwin PR Chair

Andy Tucknott Service Chair

hours per week

devoted to

position

	position	enter -0-)	deferred compensation	
Joy E Ragsdale Secretary	5 00	0		
Judith Corwin President Elect	5 00	0		
Ted Anderson Treasurer	1 00	0		
Gerry Kosanovic President	5 00	0		
Mark Kalmar Member Chair	1 00	0		
Mary Pat Parker PR Chair	1 00	0		
Scott Elmshaeuser Admin Chair	1 00	0		
Kathleen Hutchinson Rotary Chair	1 00	0		
Helen Higgins Service Chair	1 00	0		
Tom Nelson Service Chair	1 00	0		
Katherine Lacy Service Chair	1 00	0		

compensation (Forms

W-2/1099-MISC)

(If not paid.

0

0

0

contributions to

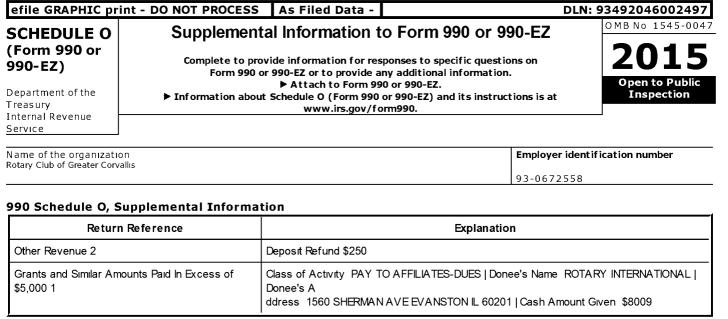
employee benefit plans,

and

(e)Estimated amount

of

other compensation



Return Reference Explanation

Grants and Similar Amounts Paid in Excess of Income to Name TOTAL GRANTS LESS THAN \$5,000 Loash Amount Given \$10430

\$5,000 3	TESTICES NAME TO THE STATE SECTION TO SECTION TO THE SECTION OF SECTION SECTIO
Grants and Similar Amounts Paid in Excess of	Donee's Name VARIOUS STUDENT SCHOLARSHIPS 11@ \$1,000 Cash Amount Given

\$11000

\$5,000 4

990 Schedule O, Supplemental Information Return Reference Explanation

Advertising and Promotion \$2038 Other Expenses 1001 Conferences, Conventions, and Meetings \$4998

990 Schedule O, Supplemental Information

Return Reference Explanation

Other Expenses 1009	Depreciation \$463

Member Meals \$47060

990 Schedule O, Supplemental Information

Return Reference Explanation

Supplies \$2452

Youth Exchange \$4622

Other Expenses 2

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
Other Expenses 4	Youth Service Projects \$2052

990 Schedule O, Supplemental Information Return Reference Explanation

Other Expenses 6 Bad debts \$1275

Other Expenses 7 Bank Fees \$861

990 Schedule O, Supplemental Information

Return Reference Explanation

1.0.101111110101100	
Other Expenses 8	Special Friends Picnic \$568

Other Expenses 9 Special Friends Highlight S

990 Schedule O, Supplemental Information Return Reference Explanation

Administration \$340

Other Expenses 10 Friendship Exchange \$401

990 Schedule O, Supplemental Information Return Reference Explanation

Other Expenses 12 Group study exchange \$209

Changing of the guard \$200

990 Schedule O, Supplemental Information

Return Reference Explanation

Other Expenses 14	Softw are - DACDB \$156

Miscellaneous \$112

990 Schedule O, Supplemental Information

Return Reference Explanation

TRETUITI TRETETERIOC	Explanation
Other Expenses 18	Corporation Registration \$50

Machinery and Equipment - Beginning \$1483 Machinery and Equipment - Ending \$1020

Other Assets 1003

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference	Франацон
Other Assets 1005	Accounts Receivable - Reginning \$5563 Accounts Receivable - Ending \$3012

Prepaid Expenses and Deferred Charges - Beginning \$2323 Prepaid Expenses and Deferred Charges - Ending \$6186

Other Assets 1005 Accounts Receivable - Beginning \$5563 Accounts Receivable - Ending \$3012

Other Assets 1011

990 Schedule O, Supplemental Information

Return Reference Explanation

The turn The Terrerioe	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$9239 Accounts Payable and Accrued Expenses - Ending \$16664

Total Liabilities 1002 Grants Payable - Beginning \$7375 Grants Payable - Ending \$2751