For Paperwork Reduction Act Notice, see the separate Instructions.

of Organization Exempt From Inc

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

2016

•
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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A_</u>	For the 2016 c	alendar year, or tax year beginning 0 // 01/16, and ending 06/30/.			
В	Check if applicable	C Name of organization		Employer	identification number
	Address change	CULLMAN ROTARY CLUB			
\equiv	Na	Doing business as	63-6	066306	
\sqsubseteq	Name change	Number and street (or P O box if mail is not delivered to street address)		Telephone	
11	Initial return	P.O. BOX 995		<u> 256-</u>	338-0432
	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
\Box	terminated	CULLMAN AL 35056-0995	۱,	Gross rece	epts \$105,262
	Amended return	F Name and address of principal officer		01000100	
\Box	Application pending		H(a) Is this a group	return for su	bordinates? Yes X No
ш	Application pending	FRANCENE VAN SAMBEEK			ted? Yes No
		266 County Road 699	H(b) Are all subord		
		Cullman AL 35055	If "No," at	tach a list (see instructions)
$\overline{}$	Tax-exempt status	501(c)(3) X 501(c) (4) ◄ (Insert no) 4947(a)(1) or 527	1		
_		ttp://cullman.rotary-site.org	H(c) Group exempt	tion number	▶ 0573
<u></u>			ear of formation 19		M State of legal domicile AL
	Form of organization		ear or iormation 1	<u> </u>	M State of legal doffliche
		mmary			
	1	scribe the organization's mission or most significant activities			
a	TOC	REATE AND PROMOTE OPPORTUNITIES FOR SERVICE.			
2					
Ë					
Activities & Governance	2 Chook the	a have Not of the arrangement on discontinued to appropriate or disposed of more than 250/	of its not specific		
တိ	2 Check the		or its net assets	1 - 1	1.0
ಂಶ	3 Number of	if voting members of the governing body (Part VI, line 1a)		3	16
es	4 Number of	of independent voting members of the governing body (Part VI, line 1b)		4	16
₹	5 Total nun	iber of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
뜷	6 Total num	aber of volunteers (estimate if necessary)		6	0
Ă		•		- 1	0
		elated business revenue from Part VIII, column (C), line 12		7a	
	b Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
	\		Prior Year		Current Year
<u>a</u>	8 Contribut	ons and grants (Part VIII, line 1h)	47	,707	50,824
Ĭ	9 Program	service revenue (Part VIII, line 2g)			0
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		ľ	0
æ		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47	,051	52,991
	1			, 758	103,815
	1 — —	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	1	id similar amounts paid (Part IX, column (A), lines 1–3)	54	, 906	32,920
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)			0
Ś	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
ě	h Total fund	Iraising expenses (Part IX, column (D), line 25) ► RECEIVED			
X	47 Other ave		/11	.934	47,752
_	17 Other exp	enses (Part IX, column (A), lines 11a–11d, 111–24e)	41		
	18 Total exp	enses Add lines 13–17 (must equal Part IX, column (12) DEC 28 2017		,840	80,672
_	19 Revenue	enses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A) line 25) less expenses Subtract line 18 from line 12	-2	,082	23,143
Net Assets or	9	<u>"</u>			End of Year
ets :	20 Total ass	ets (Part X, line 16)	128	,483	151,626
30	21 Total hab	hties (Part X, line 26)	1	0	0
逻辑	22 Net asset	s or fund balances Subtract line 21 from line 20	128	, 483	151,626
₹		gnature Block		,,	
_	ATT OF				
α	Inder penalties of	perjury. I declare that I have examined this return, including accompanying schedules and stateme emplete. Declaration of preparer (other than <u>office</u> r) is based on all information of which preparer h	nts, and to the best o	of my kno	wledge and belief, it is
	ue, correct, and co	property Declaration of preparer (other than onice) is based on all information of which preparer in	as any knowledge		
4				14	7/17
Sig	gn \pmb 🛚 🔻	ignature of object		Date	
Sig	re	FRANCENE VAN SAMBEEK EXEC	SECRETARY	•	
N W Bai		ype or print name and title			
5	Print/Tun	preparer's name Preparer's signature	Date	T	T # PTIN
<u>ح</u>	ia *********************************		A .	Check	□"
اەرى م	PHATTI	S E BREWER, CPA Phyllin & Siewa C	12/04/1	7 setf-em	
	eparer Firm's na		Fırm	's EIN	63-1139137
Us	e Only	301 Elizabeth St NE			
	Firm's ad	0-11 - NT 05055 0007	Pho	ne no	256-737-0532
Ma		s this return with the preparer shown above? (see instructions)	1,110		X Yes No
_	<u> </u>	ction Act Notice, see the separate instructions.			Form 990 (2016)
DAA		enerviet riotics, see the separate manadema.			rom 330 (2016)

Pa	art IV Checklist of Required Schedules			
		<u></u> `	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ı		
	complete Schedule A		_ 1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	;		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Т		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	,		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	T		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ł	
	Part III	, [\mathbf{x}	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Т		
	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		Ì	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	Ì	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	T		
	complete Schedule D, Part III		ı	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	\top		
	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	, [X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Т		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	յ L		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	\top		
	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,"		į	
	complete Schedule D, Part VI	а		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	T		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	ь		X
С	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	С		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	d _	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ	
	Schedule D, Parts XI and XII	a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	-	- 1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Ы		<u>X</u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>a</u> _		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	Ì	Ì	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<u>b</u>		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ļ	
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<u>i</u>		<u> </u>
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	斗		<u>X</u>
7	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)	Ή-		<u>X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_ 1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4	X	
Α .	Did the organization report more than \$15,000 of gross income from gaming activities on Red VIII. Inc. 922	1	1	

If "Yes," complete Schedule G, Part III

63-6066 Form 990 (2016) CULLMAN ROTARY CLUB Page 4 Part IV Checklist of Required Schedules (continued) Ye<u>s</u> No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 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 through 24d and complete Schedule K If "No," go to line 25a 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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? X If "Yes," complete Schedule L, Part I 25b 26 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 disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 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) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, III, or IV, and Part V, line 1 34 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36

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,

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

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

37

38

X

37

38

Part VI

Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V		l vaa	
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	1	ŧ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10-		
La	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	•		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	25		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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		<u> </u>
	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)?	4a		х
b	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			
	(FBAR)			ŧ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	<u>7a</u>	 _	ļ <u>.</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	
	,			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	7f 7g		<u> </u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, , , , , , , , , , , , , , , , , , ,		
•	sponsoring organization have excess business holdings at any time during the year?	8		Ī
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			Ī
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
h	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	Х
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	\vdash	 -

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X 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 1a 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 Enter the number of voting members included in line 1a, above, who are independent 16 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a x Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X 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.) 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 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 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 with a taxable entity during the year? X 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 ▶ 17 None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply igsOwn website igsAnother's website $igs | \hat{f X} igs$ 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 \blacktriangleright

266 COUNTY ROAD 699

CULLMAN

FRANCENE VAN SAMBEEK

AL 35055

256-338-0432

Part VII

Form 990 (2016) CULLMAN ROTARY CLUB

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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 T₁tle	(B) Average hours per week (list any	bo	(C) Position do not check more than one iox, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(V -2/1099-MISC)	from the organization and related organizations
(1) RICKEY KREPS							٦			
	0.00				İ					
PAST PRESIDENT	0.00	X	<u> </u>	X	<u> </u>			0	0	0
(2) DALE GREER										
	0.00	l							_	
PRESIDENT	0.00	X		X			_	0	0	0
(3) PERRY SHIELDS			l							
	0.00				1	1	1			
VICE PRESIDENT	0.00	X	_	X			-+	0	0	0
(4) MICHAEL FULLER	0.00									
ananan nu	0.00		,	37	ļ		ļ		^	•
SECRETARY (5) WILL HARDING	0.00	X	ļ.,	X	_	╁┷┼		0	0	0
(5) WILL HARDING	0.00	}			ŀ	1	- 1			
TREASURER	0.00	x		x				0	. 0	0
(6) MIKE KRASSICK	0.00	1	H	_	-	+ +	-			0
(0)HIM INABBICK	0.00	ļ			}		ŀ			
CHAIRPERSON	0.00	x					ı	o	0	0
(7) CHRIS BRANHAM	0.00	* 			┢	╁═┼╴	\dashv		_	
(// 0111120 210211121	0.00	Į			ĺ					
CHAIRPERSON	0.00	x						0	0	0
(8) JOEL ADAMS	1	† 	<u> </u>				7			
	0.00									
CHAIRPERSON	0.00	X				1 1	1	0	0	0
(9) ELI HOWARD										
	0.00									
CHAIRPERSON	0.00	X	l 			<u> </u>		0	0	0
(10) JEB WILLIAMSON										
	0.00	1		1		1 1				
CHAIRPERSON	0.00	X			L_	$oxed{oxed}$	_	0	0	0
(11)ANITA PIRKLE		ĺ							- 	
	0.00		1		1	}	}			
CHAIRPERSON	0.00	X	<u> </u>	<u> </u>	L_			0	0	0

Part VII Section A. Officers	, Directors, Trus	e	s, Ke	уЕг	nplo	yees	, ar	nd Highest Compensated	Ern, yees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	Reportable Reportable compensation compensation related		(F) Estima amoun othe	ited it of r	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from to organiza and rela organiza	he ation ated	
		"	ee .			sated							
(12) CHARLIE NESMI	TH												
	0.00	l											_
CHAIRPERSON (13) TODD ADKISON	0.00	X	-					0	0	 			0
(13) TODD ADKISON	0.00												
CHAIRPERSON	0.00	x	l ,					o	o				0
(14) SCOTT GRAHAM													
	0.00												
CHAIRPERSON	0.00	X	<u> </u>					0	0	<u> </u>			0
(15) PHYLLIS BREWE	0.00												
CHAIRPERSON	0.00	x						o	o				0
(16) MIKE VOSS	0.55	-	<u> </u>						<u> </u>				<u> </u>
•	0.00												
CHAIRPERSON	0.00	X						0	0				0
(17) FRANCENE VAN	SAMBEEK												
TITO CHOREELDY	0.00	x		X				o		į			_
EXEC SECRETARY (18) GUY CAFFEY	0.00	^	-		 				0	-			0
(10) 001 011111	0.00												
SERGEANT-AT-ARMS	0.00	x						0	0				0
												_	
								ĺ					
1b Sub-total		L	<u>. </u>		L .]	>			 			
c Total from continuation shee	ets to Part VII. S	ectio	on A				•						
d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·						>						
Total number of individuals (inc reportable compensation from			to th	ose	listed	d abo	ve)	who received more than \$10	00,000 of			Yes	No
3 Did the organization list any for	mer officer, direc	ctor,	or tru	ıstee	e, ke	y em	ploy	ee, or highest compensated					
employee on line 1a? If "Yes," o									Al		3		<u> </u>
4 For any individual listed on line organization and related organi									n the				
individual	_										4		X
5 Did any person listed on line 1a for services rendered to the org									lividual		5	Ī	X
Section B. Independent Contracto													
1 Complete this table for your five	e highest comper	nsate	d inc	lepe	nder	t cor	trac	ctors that received more than	\$100,000 of				
compensation from the organiz	(A) business address	npei	isauc	<u> </u>	rune	cale	nuai		(B) lion of services			(C) mpensat	
Name and	business address						-	Descrip	lion of services		<u>Co</u>	mpensat	on
											<u> </u>		
										ľ			
			_				\vdash				 		—
	_			_									
	<u></u>						L_		-			···	
2 Total number of independent or received more than \$100,000 or								listed above) who	0		l ·		
DAA	. Joinpondation		.,,,, (- yai	<u></u>	J. 1			<u>_</u>		For	m 990	(2016)

Form 990 (2016) CULLMAN ROTARY CLUB

63-60

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (D) Revenue excluded from tax exempt business function revenue under sections 512-514 revenue Grants mounts 1a Federated campaigns 1a 44,784 b Membership dues 1b c Fundraising events 1c 3,000 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,040 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 50,824 Program Service Revenue Busn Code b C f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 43,553 b Less direct expenses 947 c Net income or (loss) from fundraising events 42,606 \triangleright 42,606 9a Gross income from gaming activities See Part IV, line 19 10,885 500 b Less direct expenses c Net income or (loss) from gaming activities 10,385 10,385 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue Total. Add lines 11a-11d \triangleright

103,815

0

Total revenue. See instructions

rm 990 (2016)	CULLMAN	ROTARY	CLUB
Part IX	Statement of F	unctional	Expenses

Sect	<u>ion 50.1(c)(3) and 501(c)(4) organizations must co</u> Check if Schedule O contains a respo		_	e column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	32,920	32,920		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			1	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,	[
_	trustees, and key employees				
6	Compensation not included above, to disqualified				-
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
·	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
 а	Management				
b	Legal				
	Accounting	1,825		1,825	
d	· · · ·	1,023		1,025	
	Professional fundraising services See Part IV, line 17				
e	Investment management fees				
•				···	
g	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	96		96	·
14	Information technology			90	
15	Royalties		······································		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,607		1,607	
20	Interest	1,007			
21	Payments to affiliates	6,530		6,530	·
22	Depreciation, depletion, and amortization	0,330		6,530	
23	Insurance	112		112	-
24	Other expenses Itemize expenses not covered	112		112	***************************************
24	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O)	1		1	
а	MEALS AND ENTERTAINMENT	35,982		35,982	
b	PROGRAM EXPENSE	824		824	
C	MEMBER RECOGNITION	474		474	
d	CHAMBER MEMBERSHIP	200		200	
	All other expenses	102		102	
25	Total functional expenses. Add lines 1 through 24e	80,672	32,920	47,752	0
26	Joint costs. Complete this line only if the	30,072	32,320	41,132	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ►				
DAA	1010Hilly 001 00-2 [NOO 300-120]				Form 990 (2016)
					FOITH 222 (2010)

63-6065306

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 139,872 118,596 Cash-non-interest bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 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 10<u>c</u> 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 9,887 11,754 15 Other assets See Part IV, line 11 15 128,483 151,626 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 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 25 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 128,483 Unrestricted net assets 27 151,626 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 128,483 151,626 Total net assets or fund balances 33 128,483 151,626 Total liabilities and net assets/fund balances

Form **990** (2016)

Page 11

3b

Form 990 (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

2016

Den to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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
- · 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

Nam	e of organization			1 ' '	ification number
	CULLMAN ROTARY CLUB	63-60663			
Pa	t I-A Complete if the organization is exen	npt under section 501(c	or is a section 5	27 organizatio	n
1	Provide a description of the organization's direct and indirect	ct political campaign activities in	Part IV (see instruction	ns for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instruc			·	
Pa	t I-B Complete if the organization is exen	npt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organiza	ition under section 4955		▶ \$	
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 For	m 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	Complete if the organization is exen	npt under section 501(c), except section	501(c)(3).	
1	Enter the amount directly expended by the filing organizatio	n for section 527 exempt function	n		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sec	tion		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter	er here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	7			Yes No
5	Enter the names, addresses and employer identification nul	mber (EIN) of all section 527 pol	litical organizations to w	hich the filing	
	organization made payments. For each organization listed,	•	•		
	the amount of political contributions received that were pron	• •		·	
	as a separate segregated fund or a political action committee	ee (PAC) If additional space is r	needed, provide informa	ation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's unds If none, enter -0-	contributions received and promptly and directly
			"	ands in none, enter -0-	delivered to a separate
					political organization If
		-			none, enter -0-
1)					
			 	·	
2)					
			 	· · · · · · · · · · · · · · · · · · ·	
3)					
41			 		
4)					
E١			 		
5)					
6)			 		
3)					
_		<u> </u>			

chec	dule C (Form 990 or 990-EZ) 2016	N ROTARY CLUB	63-6066306	Page 4
Par	t II-A Complete if the organiza	tion is exempt under section 501(c)(3) a	nd filed Form 5768 (ele	ction under
	<u>section 501(h)).</u>			
(belongs to an affiliated group (and list in F		up member's
	name, address, EIN, e	xpenses, and share of excess lobbying exp	enditures)	
3	Check 🕨 🦳 if the filing organization	checked box A and "limited control" provis	ions apply	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
		eans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public	c opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a leg	slative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and	1b)		·
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines	s 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amou	nt from the following table in both	-	
_	columns			<u></u>
L	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is.	11	
	Not over \$500,000	20% of the amount on line 1e		
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	<u> </u>	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	<u> </u>	
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of	line 1f)		
h	Subtract line 1g from line 1a If zero or less, e	nter -0-		
i	Subtract line 1f from line 1c If zero or less, er	nter -0-		
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2016

Sche	edule C (Form 990 or 990-EZ) 2016 CULLMAN ROTARY CLUB 63-60 6	630	6		1	Page :
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Form	5768			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	a)	L	(b	<u> </u>	
	cription of the lobbying activity Yes	No		Amo	unt	
1	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		l .			
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?		 			
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				_	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		}			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u> </u>			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or se	ction			
					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 campaign activity 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),					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b)	Part	III-A, I	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).					
	Current year	2a				
b	Carryover from last year	2b				
C		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	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?	4				

Part IV Supplemental Information

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

5 Taxable amount of lobbying and political expenditures (see instructions)

Schedule C (Form 990 or 990-EZ) 2016 CULLMAN ROTARY CLUB

63-6066306

Page 4

'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

2016

Open to Public

Employer identification number Name of the organization 63-6066306 CULLMAN ROTARY CLUB Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (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) 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 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 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d 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 7 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 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 VIII, 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 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

(investment) (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Par	t X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year r	narket value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.	5 000 5 4 114 11		
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			·	
(7)				
(8)				
(9)	(h)			
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) ▶ Other Assets.			
1. BIT IV	Complete if the organization answered "Yes"	on Form 900 Bort IV line	11d Soc Form 000 Dog	4 V . luna 4.5
	(a) Description	on ronn 990, Part IV, line	Tid. See Folm 990, Par	(b) Book value
(1)	Life Insurance CSV			11,754
(2)				11,707
(3)				
(4)				
(5)				
(6)				· <u> </u>
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)			11,754
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 99	0 Part X
	line 25			, . .
1	(a) Description of liability	(b) Book value		······································
(1) Federal	income taxes		-	
(2)				
(3)				
(4)				
(5 <u>)</u>				
(6)			•	
(7)			•	
(8)			<u> </u>	
(9)			•	
	n (b) must equal Form 990, Part X, col (B) line 25) ▶		>	
2. Liability for i	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's finance	cial statements that reports the	······································
	iability for uncertain tax positions under FIN 48 (ASC 740)			<u></u>

Sche	dule D (Form 990) 2016 CULLMAN ROTARY CLUB	63	-6066306	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 99	90, 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		
þ	Donated services and use of facilities	2b		
C	Recoveries 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		
Ç	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 St Complete if the organization answered "Yes" on Form 9	•	nses per Return.	
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	2a		
b	Prior year adjustments	2b		
C	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	

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1
 Investment expenses not included on Form 990, Part VIII, line 7b

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

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4c

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplementar information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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

2016

Open to Public Inspection

Employer identification number

CULLMAN ROTARY CLU	В				63-60663	306
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to			wer	ed "Yes" on Form	990, 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 non	-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fund	draisin	g 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 10 highest paid individuals or entities (fundompensated at least \$5,000 by the organization	draisers) pursuant t			nts under which the fun	idraiser is to be	
	\	(iii) Du raiser			(v) Amount paid to	(vi) Amount paid to
(r) Name and address of individual	(II) Activity	custo	dy or	(Iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	.,	contrib		from activity	fundraiser listed in col (i)	organization
	 	Yes	No			
1						
2						
_						
	<u></u>					
3						
4	 	 				
•						
5						
) 1				
6	 	 				
•	•					
7						
0	 	 			 	
•				•		
9						
0	 	 			 	<u> </u>
	<u> </u>					
<u>fotal</u>			<u> </u>	L	L	<u> </u>
3 List all states in which the organization is registered or lice	ensed to solicit conf	tributio	ons or	has been notified it is	exempt from	

registration or licensing

DAA

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Page	4

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, Iine 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with

		gross receipts g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	
			AND THE ALL CONTON		27.000	(d) Total events
	ŀ		ANNUAL AUCTION (event type)	(event type)	None (total number)	(add col (a) through col (c))
e e			(even type)	(even type)	(total fiditiber)	
Revenue	1	Gross receipts	43,553			43,553
æ	'	C1000 1000.pt0				
	2	Less Contributions				
	3	Gross income (line 1 minus				
	<u> </u>	line 2)	43,553			43,553
	4	Cash prizes	·			
	5	Noncash prizes				
	"	Noncasii prizes				
S	6	Rent/facility costs	750			750
ense						
Exp	7	Food and beverages				
Direct Expenses	ļ					
₫	8	Entertainment		······································		
	9	Other direct expenses	197			197
	•	Other direct expenses				
	10	Direct expense summary	Add lines 4 through 9 in column (d)			▶ 947
	ı	Net income summary Sub	stract line 10 from line 3, column (d)			▶ 42,606
P	art		plete if the organization answ	ered "Yes" on Form 990	, Part IV, line 19, or rep	ported more
		than \$15,000 o	n Form 990-EZ, line 6a			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue						
æ						col (a) through col (c))
	1	Gross revenue				coi (a) through coi (c))
	1	Gross revenue				coi (a) through coi (c))
Š		Gross revenue Cash prizes				coi (a) through coi (c))
suses						coi (a) through coi (c))
Expenses	2					coi (a) through coi (c))
ect Expenses	2	Cash prizes Noncash prizes				coi (a) through coi (c))
Direct Expenses	2	Cash prizes				coi (a) through coi (c))
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs				coi (a) through coi (c))
Direct Expenses	3	Cash prizes Noncash prizes	Yes %	Yes %	6 Yes	coi (a) through coi (c))
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes %		6 Yes	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	Yes %	I	%
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	 	Yes %	I	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	No Add lines 2 through 5 in column (d)	Yes %	I	%
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	No	Yes %	I	%
Φ Direct Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ	Add lines 2 through 5 in column (d) ary Subtract line 7 from line 1, column	Yes % No	I	%
- JO	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ	No Add lines 2 through 5 in column (d)	Yes % No nn (d)	I	%
9 a	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ	No Add lines 2 through 5 in column (d) ary Subtract line 7 from line 1, column organization conducts gaming activity	Yes % No nn (d)	I	%
9 a	2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summare the state(s) in which the the organization licensed to	No Add lines 2 through 5 in column (d) ary Subtract line 7 from line 1, column organization conducts gaming activity	Yes % No nn (d)	I	%
9 a b	2 3 4 5 6 7 8 En Ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ nter the state(s) in which the the organization licensed to "No," explain	No Add lines 2 through 5 in column (d) ary Subtract line 7 from line 1, colum organization conducts gaming activit conduct gaming activities in each of	Yes % No nn (d) les these states?	No	% Yes No
9 a b	2 3 4 5 6 7 8 Entit "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ her the state(s) in which the the organization licensed to 'No," explain	No Add lines 2 through 5 in column (d) ary Subtract line 7 from line 1, column organization conducts gaming activity	Yes % No nn (d) les these states?	No	%
9 a b	2 3 4 5 6 7 8 Entit "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summ nter the state(s) in which the the organization licensed to "No," explain	No Add lines 2 through 5 in column (d) ary Subtract line 7 from line 1, colum organization conducts gaming activit conduct gaming activities in each of	Yes % No nn (d) les these states?	No	% Yes No

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► Address ► Sa Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party ➤ \$ If "Yes," enter name and address of the third party ➤ \$ Organing manager information Name ► Address ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Bart IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	Sche	dule G (Form 990 or 990-EZ) 2016	ULMAN ROTARY CLU	В	63-606630	6 Page 3
formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 30 Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party ▶ \$ If "Yes," enter name and address of the third party ▶ \$ Osaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 7 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? In the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? In the organization required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	1	Does the organization conduct gaming active	ties with nonmembers?			Yes No
a The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address of the third party Name Address Address Obescription of services provided Description of services provided Director/officer	2		rustee of a trust, or a member of a p	partnership or other entity		n. n.
a The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► Address ► 5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization P\$ and the amount of gaming revenue retained by the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the organization of services provided \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the organization of services provided \$ the "Yes," enter name and address of the third party \$ the "Yes," enter name and address of the third party \$ the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 7 Mandatory distributions a Is the organization required under state law to be distributed to other exempt organizations or spent in the organizations own exempt addributes during the tax year \$ sent in the organizations (iii) and (v), and Part II, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information.	_					∐ Yes ∐ No
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Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ► amount of gaming revenue retained by the third party ► of If "Yes," enter name and address of the third party Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► S Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► Separt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		-				
Name ► Address ► Sa Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If Yes, enter name and address of the third party Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer			ho prepares the organization's gam	ung/special events books and	[100]	
Address ▶ 5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	•		 	3		
Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶ 6 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 7 Mandatory distributions a is the organization required under state law to make charitable distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information.		Name ►				
revenue?		Address ▶				
amount of gaming revenue retained by the third party If "Yes," enter name and address of the third party Name ▶ Address ▶ 6 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	5a		third party from whom the organiza	ition receives gaming		☐ Yes ☐ No
C If "Yes," enter name and address of the third party Name ► Address ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	ь	If "Yes," enter the amount of gaming revenue	e received by the organization	\$	and the	
Name ► Address ► 6 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		amount of gaming revenue retained by the the	nird party ▶ \$			
Address ► 6 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	c	If "Yes," enter name and address of the third	party			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ►				
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Address ▶				
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	6	Gaming manager information				
Director/officer		Name ▶				
Director/officer		Gaming manager compensation ▶ \$				
 7 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information 		Description of services provided ▶				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Director/officer Employe	ee Independent con	itractor		
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	7	Mandatory distributions				
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	а	Is the organization required under state law	o make charitable distributions from	the gaming proceeds to		
spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		retain the state gaming license?				Yes No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b	•		ner exempt organizations or		
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	D-1			oquired by Part Line 2h	columns (w) and (v)	and
	rai					anu
		See instructions	5, 100, 10, and 115, as app.	ouble 7 1130 provide drift a		

Schedule G (Form 990 or 990-EZ) 2016

ROTARYCLUB 12/04/2017 4 58 PM	
OTARYCLUB 12/04/2017 4 5/	⋧
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SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

CLUB

CULLMAN ROTARY

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

2016

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 63-6066306

Parti	General Information on Grants and Assistance	Assistance							
1 Does the se	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	amount of the gran	ts or assistant	ance, the grantees' elig the United States	ibility for the grants or	assistance, and		X Yes	ž
<u></u>	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 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 that received m	zations a	zations and Domestic Governments. Complete if the organization answered "Yes" on Form ore than \$5,000. Part II can be duplicated if additional space is needed.	rernments. Comp	olete if the orgar	is needed.	red "Yes" on Form	
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	ļ
(1) ROTA 1560	(1) ROTARY FNDTN DONOR ADVISED FUND 1560 SHERMAN AVE, FN110						1	DONOR ADVISED FUND	
EVANSTON	NO IL 60201	36-3245072		11,800					ļ
(2)									
(3)				ļ					
(4)									Į .
(5)									ļ
(9)									
(2)									
(8)									
(6)									
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations listed in Enter total number of other organizations listed in the line 1 table	ganizations listed in table	the line 1 table	able				A A	ļ

Schedule I (Form 990) (2016)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

CULLMAN ROTARY CLUB	e to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	בסכים
CULLMAN ROTARY CLUB	ther Assistance	Part III can be dunlicated if additional space is needed
Schedule I (Form 990) (2016) C	Part III Grants and (Part III can by

Page 2

	Part III can be duplicated if additional space is needed	nal space is needed				-
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	,
-						
2						
3						
4						
))		
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information req	uired in Part I, line 2	., Part III, column (b),	and any other additional in	iformation.

PRIMARY GRANT MADE WAS TO ROTARY INTERNATIONAL DONOR ADVISED FUND. GRANT Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

CULLMAN ROTARY CLUB

63-6066306

Employer identification number

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.