

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



ef	ile G	RAPHIC print	: - DO NOT PROCESS   As Filed Data -	DLI	N: 93492226002377
			Short Form		OMB No 1545-1150
	a	90-EZ	Return of Organization Exempt From Income 1	av	
For	m <b>J</b>	90-LZ			<b>2016</b>
•			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	undations	
			▶ Do not enter social security numbers on this form as it may be made publ	ic.	On an to Bublic
Dep	artment	of the Treasury	► Information about Form 990-EZ and its instructions is at <u>www.irs.gov/</u>		Open to Public
-		enue Service			Inspection
			ar year, or tax year beginning 07-01-2016 , and ending 06-30-2017		
		f applicable s change	C Name of organization COLLEGE ROTARY CLUB	D Emplo	yer identification number
	Name c	_		92-60	02970
_	Initial re	9	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 73010	E Telepho	one number
	Final re	turn/terminated			
_		ed return	City or town, state or province, country, and ZIP or foreign postal code FAIRBANKS, AK 99707	<b>F</b> Group I	Exemption
Ш,	Applicat	tion pending		Numbe	r <b>Þ</b>
			L. Chaol. N	[7] .6 ±1	
G A	ccoun	ting Method 🗆	Cash Maccidal Other (specify)		ne organization is <b>not</b> n Schedule B
		_			EZ, or 990-PF)
		e: ►N/A	only one) - □ 501(c)(3) ☑ 501(c)(4) ◀(Insert no ) □ 4947(a)(1) or □ 527		
		• •			
		-	Corporation Trust Association Other		
LA	dd line ≰500	es 5b, 6c, and 7b	o to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total e Form 990 instead of Form 990-EZ	assets (P	Part II, column (B) below)  ▶ \$ 46,545
	art I		Expenses, and Changes in Net Assets or Fund Balances (see the instruction		
	aiti	Check if the	organization used Schedule O to respond to any question in this Part I		
	1		gifts, grants, and similar amounts received	1	12,280
	2	Program service	e revenue including government fees and contracts	2	2,037
	3	_	es and assessments	3	27,340
	4	•	ome	4	20
	5a		rom sale of assets other than inventory   5a		
	ь		· • • • • • • • • • • • • • • • • • • •	0	
	c		rom sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	, ,	ndraising events	-	
٥	a	_	rom gaming (attach Schedule G if greater than \$15,000)   6a		
Revenue			· · · · · · · · · · · · · · · · ·		
2	b		om fundraising events (not including \$ of contributions from nts reported on line 1) (attach Schedule G if the		
-		=	4.00	R	
	С		penses from gaming and fundraising events <b>6c</b> 1,64		
	d	·	loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	⊖ 6d	3,228
	7a	•	nventory, less returns and allowances   7a	- Ou	3,220
	b	Less cost of go		0	
		-	(loss) from sales of inventory (Subtract line 7b from line 7a)	Ŭ 7c	
	c	•		8	
	8 9		(describe in Schedule O)  . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		44,905
$\dashv$	10			10	44,903
	11		ılar amounts paid (list in Schedule O)		
		•	or for members	11	
508	12		compensation, and employee benefits	12	2.045
Expenses	13		es and other payments to independent contractors	13	2,845
쫎	14	, , , , ,	t, utilities, and maintenance	14	
-	15		ations, postage, and shipping	15	F0.165
	16	•	(describe in Schedule 0)	16	50,169
_	17		-	17	53,014
ے	18	•	cit) for the year (Subtract line 17 from line 9)	18	-8,109
Assets	19		ind balances at beginning of year (from line 27, column (A)) (must agree with		
t A			ure reported on prior year's return)	19	45,069
ž	20	_	ın net assets or fund balances (explaın ın Schedule O)	20	
	21		ind balances at end of year Combine lines 18 through 20	21	36,960
For	Pape	rwork Reduction	on Act Notice, see the separate instructions. Cat No 10642I		Form <b>990-EZ</b> (2016)

Check if the organization used Schedule	O to respond to any o	question in this F	Part II		<u>.</u>	
			<b>(A)</b> B	eginning of year		(B) End of year
22 Cash, savings, and investments		[		45,064	22	38,353
23 Land and buildings					23	
24 Other assets (describe in Schedule O)					24	_
25 Total assets				45,169		38,353
26 Total liabilities (describe in Schedule O)		-			26	1,393
27 Net assets or fund balances (line 27 of column				45,069	27	36,960
Check if the organization used Schedule What is the organization's primary exempt purpose? College Rotary's purpose is to have service above self that are in need	O to respond to any o	question in this I	Part III	🗆	(3) orga	Expenses quired for section 501(c) and 501(c)(4) anizations, optional for ers )
Describe the organization's program service accomplismeasured by expenses. In a clear and concise manne benefited, and other relevant information for each pro	r, describe the service				-	
28 See Additional Data Table						
(Grants \$ ) If this amoun	t includes foreign gran	nts. check here		. ▶ □	28a	
29	- Includes foreign gran	its, check here	•	. ,	29a	
(Grants \$ ) If this amoun	t includes foreign gran	nts, check here		. ▶ □		
30		TO, CHECK HEIC	•		30a	
30					304	
(Cuanta da)	+			<b>⊾</b> □		
<u>`                                      </u>	t includes foreign gran	<u> </u>	• •	. • 🗆		
<b>31</b> Other program services (describe in Schedule O)						
· · · · · · · · · · · · · · · · · · ·	t includes foreign gran				31a	14.64
32 Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees,		(list each one eve				tions for Part IV)
Check if the organization used Schedule	O to respond to any a	question in this F	Part IV.	inpensated — see the		
	1	1		1	_	Table 1
(a) Name and title	(b) Average hours per week devoted to position	(c) Reports compensat (Forms W-2/ MISC) (if not	ion 1099- p <b>aid,</b>	(d) Health ben contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
PATTY MERITT	1 00	enter -0	<del>-)</del>			
IATTI PENTT	00		J			
Director						
GLENN POTTS	1 00		0			
Vice President						
PAUL BAUER	1 00		0			
PAST PRESIDENT						
CAROL CALLAHAN	1 00		0			
			-			
Secretary	1 00					
JULIE SCOTT	1 00		0			
President						
KAREN ANDERSON	1 00		0			
Treasurer						
CINDY WENTWORTH	1 00		0			1
DDECIDENT ELECT						
PRESIDENT ELECT						
						+

Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	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	Yes	
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			
ь	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 <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization.	40b		No
	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	40e		No
41	List the states with which a copy of this return is filed			
	transaction? If "Yes," complete Form 8886-T	907) 3	88-322	2
	List the states with which a copy of this return is filed ▶—  The organization's books are in care of ▶ CAROL CALLAHAN  Located at ▶ PO BOX 73010 FAIRBANKS, AK  ZIP + 4 ▶	907) 3		2
42a	The organization's books are in care of ► CAROL CALLAHAN  Located at ► PO BOX 73010 FAIRBANKS, AK  ZIP + 4 ►		07	2
42a	The organization's books are in care of ▶ CAROL CALLAHAN Telephone no ▶ (	9970		No
42a	The organization's books are in care of CAROL CALLAHAN  Located at PO BOX 73010 FAIRBANKS, AK  ZIP + 4  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)?		07	
42a	The organization's books are in care of ► CAROL CALLAHAN  Located at ► PO BOX 73010 FAIRBANKS, AK  ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	9970	07	No
42a	The organization's books are in care of CAROL CALLAHAN  Located at PO BOX 73010 FAIRBANKS, AK  ZIP + 4  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)?	9970	07	No
<b>42a</b> b	The organization's books are in care of CAROL CALLAHAN  Located at PO BOX 73010 FAIRBANKS, AK  ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	9970	07	No
42a b	The organization's books are in care of CAROL CALLAHAN  Located at PO BOX 73010 FAIRBANKS, AK  ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	9970 <b>42b</b>	07	No No
42a b	The organization's books are in care of CAROL CALLAHAN  Located at PO BOX 73010 FAIRBANKS, AK  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S ?  If "Yes," enter the name of the foreign country	9970 <b>42b</b> <b>42</b> c	07	No No
42a b	The organization's books are in care of CAROL CALLAHAN  Located at PO BOX 73010 FAIRBANKS, AK  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S ?	9970 <b>42b</b> <b>42</b> c	Yes	No No
42a b	The organization's books are in care of CAROL CALLAHAN  Located at POBOX 73010 FAIRBANKS, AK  ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country  Execution 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	9970 <b>42b</b> <b>42</b> c	Yes	No No
42a b	The organization's books are in care of CAROL CALLAHAN  Located at POBOX 73010 FAIRBANKS, AK  ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country  Execution 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	9970 <b>42b</b> <b>42</b> c	Yes	No No
42a b c 43 <sup>5</sup>	Telephone no Located at POBOX 73010 FAIRBANKS, AK  ZIP + 4 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country Poetion 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 Poetion 493   Lag    Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   Lag   Lag    Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	9970 42b 42c	Yes	No No
42a b c 43 \$	Telephone no Located at POBOX 73010 FAIRBANKS, AK  ZIP + 4 P  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country P  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country P  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 bld the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	9970 42b 42c	Yes	No No No
42a b c 43 5 44a b c	Telephone no Located at PO BOX 73010 FAIRBANKS, AK  ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country  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  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	9970 42b 42c . 44a 44b 44c	Yes	No No No No No
42a b c 43 S 44a b c d	Telephone no Located at PO BOX 73010 FAIRBANKS, AK  ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country  Exection 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  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	42b 42c . 44a 44b 44c 44d	Yes	No No No No No No
42a b c 43 5 44a b c d 45a	Telephone no Located at PO BOX 73010 FAIRBANKS, AK  ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country  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  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	42b 42c . 44a 44b 44c 44d 45a	Yes	No No No No No

	· · · · · · · · · · · · · · · · · · ·							Page
							Yes	No
<b>6</b> Did the or	ganization engage, directly or indirects for public office? If "Yes," complete	tly, in political campaid	n activities on behalf	of or in opposition to				
	ction 501(c)(3) organization					46		No
All	section 501(c)(3) organizations	must answer questi	ions 47-49b and 52,	and complete the	tables fo	or lın	es 50	and 5
Ch	eck if the organization used Schedule	O to respond to any q	uestion in this Part VI			<del></del>	Yes	□ No
	ganızatıon engage ın lobbyıng actıvıtı omplete Schedule C, Part II		D1(h) election in effect		4	47		
8 Is the orga	anization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E .	🗖	48		
_	ganization make any transfers to an	. , , , , , , ,	•		. 4	19a		
	vas the related organization a section	·			. 4	19Ь		
	this table for the organization's five h	-	mployees (other than	officers, directors, true	stees and	L kev i	emplov	-es)
who each	received more than \$100,000 of com	pensation from the org	janization `If there is r	one, enter "None "		•		
(a) Nam	ne and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benef	oloyee of		imated r compe	
		devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensation				
ONE								
f Total nur	mber of other employees paid over \$	100,000			<b>-</b>			
<b>1</b> Complete	this table for the organization's five h	nighest compensated in		who each received m	ore than	\$100	),000 of	
1 Complete compensa		nighest compensated in none, enter "None "	·	who each received m			),000 of	
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					——————————————————————————————————————
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					——————————————————————————————————————
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					——————————————————————————————————————
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					——————————————————————————————————————
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					——————————————————————————————————————
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Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in none, enter "None "	·					——————————————————————————————————————
Complete compensa	this table for the organization's five h tion from the organization If there is	nighest compensated in inone, enter "None " ach independent contra	actor					——————————————————————————————————————
d Total nur	this table for the organization's five had been took from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A?	ach independent control  s each receiving over states. All Section 5016	\$100,000 c)(3) organizations mu	(b) Type of service	(c) Cc	ompe	nsation	
d Total nur	this table for the organization's five had toon from the organization. If there is (a) Name and business address of each of the contractor of other independent contractors.	ach independent control  s each receiving over states. All Section 5016	\$100,000 c)(3) organizations mu	(b) Type of service	(c) Cc	ompe	nsation	
d Total nur  Did the complete complete components	this table for the organization's five had been took from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Note of perjury, I declare that I have example lief, it is true, correct, and complete took organization.	ach independent control s each receiving over states. All Section 501(	\$100,000	(b) Type of service	(c) Cc	Yes	nsation	
d Total nur Did the complete	this table for the organization's five had been took from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Note of perjury, I declare that I have example lief, it is true, correct, and complete took organization.	ach independent control s each receiving over states. All Section 501(	\$100,000	(b) Type of service	(c) Cc	Yes	nsation	
d Total nur  2 Did the complete ander penalties any knowled	this table for the organization's five had been took from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Note of perjury, I declare that I have example lief, it is true, correct, and complete took organization.	ach independent control s each receiving over states. All Section 501(	\$100,000	(b) Type of service	(c) Cc	Yes	nsation	
d Total nur  2 Did the complete nowledge and bus any knowled	mber of other independent contractor organization complete Schedule A	ach independent control s each receiving over states. All Section 501(	\$100,000	(b) Type of service	(c) Cc	Yes	nsation	
d Total nur  Done  d Total nur  Done  Done  d Total nur  Done  Done  d Total nur  Done  Do	mber of other independent contractor organization complete Schedule A? Need Schedule A	ach independent control ach independent control ach receiving over seach receiving over seach feeting for the control ach independent control ach inde	\$100,000	(b) Type of service	(c) Co	Yes	nsation	
d Total nur  Did the complete complete compensarial total nur  Did the complete complete and bus any knowled grand g	mber of other independent contractor organization complete Schedule A	ach independent control s each receiving over states. All Section 501(	\$100,000	(b) Type of service  Ist attach a  Inequiles and statement is based on all inform    2017-08-08   Date   Check	(c) Cc	Yes the t	nsation	
d Total num  DNE  DNE  DNE  d Total num  Did the complete and be sownedge and be sownedge and be so any knowled and any knowled any knowled and any knowled and any knowled any knowle	mber of other independent contractor organization complete Schedule A	rs each receiving over state that the none of the seach receiving over state that the seach receiving over state the seach receiving over state the seach receiving over state that the seach receiving over state the seach receiving over state that the seach receiving over state that the seach receiving over state that	\$100,000	(b) Type of service  st attach a  nedules and statement is based on all inform  2017-08-08  Date	(c) Co	Yes the t	nsation	
d Total nur  2 Did the complete nowledge and bus any knowled	mber of other independent contractor organization complete Schedule A? Need Schedule A	rs each receiving over state that the none of the seach receiving over state that the seach receiving over state the seach receiving over state the seach receiving over state that the seach receiving over state the seach receiving over state that the seach receiving over state that the seach receiving over state that	\$100,000	(b) Type of service  stattach a  edules and statement is based on all inform  2017-08-08  Date  Check  fi self-employed	ts, and to nation of v	Yes the the which	nsation	
d Total num  DNE  DNE  d Total num  Did the complete comp	mber of other independent contractor organization complete Schedule A?  ed Schedule A	rs each receiving over :  None. All Section 501(a  Declaration of preparation	\$100,000	(b) Type of service  st attach a  nedules and statement is based on all inform  2017-08-08  Date  Check  if self-employed  Firm's EIN	ts, and to nation of v	Yes the the which	nsation	

## **Additional Data**

**Software ID:** 16000303

**Software Version:** 2016v3.0 **EIN:** 92-6002970

Name: COLLEGE ROTARY CLUB

Form 20057 Part III - Statement of Brogram Service Accomplishments

Describe the organization's services, as measured by e number of persons benefite	Expenses (Required for section 50 (c)(3) and 501(c)(4) organizations; optiona for others.)		
sponsoring high school excharclean-up program, providing e garden, helping to improve lit Council, helping disadvantage adults helping with shopping), public radio and television fun	s include Providing scholarships for four students at the University of Alaska, age students to and from other countries, participating in the adopt-a-highway litter enhancements for the Rotary pavilion at the University of Alaska Georgeson Botanical eracy for children in the Fairbanks North Star Borough in connection with the Literacy of children shop for their families at the Christmas shopping spree (100 children, 50, providing aid to adopt-a-family at Christmas time, answering phones during the draisers, participating in bell ringing for the Salvation Army at holiday time, paigns and helping with local running organizations to raise money for cancer, etc.	28a	3,000
(Grants \$ 44,643)	If this amount includes foreign grants, check here $\ldots$ . $ ightharpoonup$		

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## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93492226002377

Department of the Treasury

**SCHEDULE C** (Form 990 or 990-

EZ)

▶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

• S	ection 501(c)(3) organizations Cor Section 501(c) (other than section 5	n Form 990, Part IV, Line 3, or Form 99 nplete Parts I-A and B Do not complete 101(c)(3)) organizations Complete Parts	Part I-C		•	_	ctivities), the	n
f the	Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 99 I have filed Form 5768 (election under se	ection 501(h)) Co	mplete Pa	rt II-A Do no	t com	plete Part II-E	
		t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax						
	ky Tax) (see separate instruction		, (see separate ii	istraction	13) 01 1 01111 3	750-L	<b>2</b> , 1 ait <b>v</b> , iiii	5 <b>00</b> C
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III					<i>r</i>	
	ne of the organization LEGE ROTARY CLUB				Employer i	denti	fication num	iber
					92-6002970			
Par	II-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a sectio	n 527 orga	niza	ition.	
1 2	Provide a description of the organ Political expenditures	ization's direct and indirect political cam	ipaign activities in	Part IV	•	\$		
3	Volunteer hours							
Par	T-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise ta	ex incurred by the organization under se	ction 4955		<b>&gt;</b>	\$		
2	Enter the amount of any excise ta	ex incurred by organization managers ur	ider section 4955		<b>&gt;</b>	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	nis year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV	ui-stica is successt under soutis	= F01(a) avec		F01(a)	721		
	<u> </u>	nization is exempt under sectio						
1	, , ,	ed by the filing organization for section	•			\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other or	ganizations for se	ction 527	exempt ▶	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and on	Form 1120-POL,	lıne 17b	<b>&gt;</b>	\$		
4	Did the filing organization file <b>Fori</b>	m 1120-POL for this year?					☐ Yes	☑ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	unt paid from the ed to a separate pe	filing orga olitical org	ınızatıon's fui anızatıon, su	nds A	Also enter the	amount gregated
	(a) Name	(b) Address	(c) EIN	filing o	ount paid fro organization's If none, ente -0-		(e) Amount of contributions and prompt directly delivers.	received otly and vered to a
							separate p organization enter -	If none,
2								
3								
4								
5								
6								

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	xcess over \$500,000	†		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	xcess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0 Subtract line 1f from line 1c If zero or less, enter -0 If there is an amount other than zero on either line 1 section 4911 tax for this year?  4-Year Av (Some organizations that made as	,  -  -   Lh or line 11, did the orga 	ler section 501(l	n)	te all of the f	☐ Yes ☐ No
	columns below. See t					
	Lobbying Expe	enditures During 4-	Year Averaging	Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e)) activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

## Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 5 Taxable amount of lobbying and political expenditures (see instructions) 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -	DLN	: 93492226002377	
SCHEDULE	O Supplemental Information to Form 9	90 or 990-F7	OMB No 1545-0047	
(Form 990 or 9 EZ) Department of the Trea	Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional i Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and www.irs.nov/form990.	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at		
Internal Revenue form Name of the organ COLLEGE ROTARY CL		<b>Employer iden</b> 92-6002970	tification number	
990 Schedule	O, Supplemental Information	·		
Return Reference	Explanation			
Other Expenses 1006	Payments of Travel or Entertainment for Public Officials \$3382			

990 Schedule O, Supplemental Information Return Explanation Reference

Other SERVICE EXPENSES \$18978
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other MEMBERSHIP LUNCHES \$15255
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other DUES \$5400

Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference

Other **CONTRIBUTIONS \$5010** Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Other ADMINISTRATIVE EXPENSES \$1875
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other MEMBERSHIP- OTHER \$135

Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other INSTALLATION DINNER \$134 Expenses 7

Return Explanation

990 Schedule O, Supplemental Information

Assets 1005

Return Reference

Other Accounts Receivable - Beginning \$105 Accounts Receivable - Ending \$0

Return Explanation

990 Schedule O, Supplemental Information

Liabilities 1001

Reference	_Apaliason
Total	Accounts Payable and Accrued Expenses - Beginning \$0 Accounts Payable and Accrued Expenses - Ending \$1020

990 Schedule O, Supplemental Information

Return

Reformance

Explanation

Return
Reference

Total Deferred Revenue - Beginning \$100 Deferred Revenue - Ending \$373

Liabilities 1003