Form' **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For the	2015 calendar year, or tax year beginning 7 - 1, 2015, and end	ing	20-م	وا 20,
В	Check If	applicable C Name of organization Rotary International - Carroll	ro2	D Employ	er identification number
	Address			- اصا	6054793
	Name ch		suite	E Telephor	ne number
$\overline{\Box}$	initial ret			502	-732-6655
\exists		n/terminated City or town, state or province, country, and ZIP or foreign postal code			
\Box	Amende	C		G Gross re	ceipts \$ 35,759
$\overline{\Box}$		on pending F Name and address of principal officer Chris White	H(a) Is this a d		subordinates? Yes No
سا	Applicati	on perioding 1. Harmo and address of principal simos.			sincluded? Yes No
_	Tay ava	npt status			list (see instructions)
<u> </u>	Website				number ▶ 0573
K			ation 1925		of legal domicile Ky
_	art	· · · · · · · · · · · · · · · · · · ·	ation 1 (25)	IN Otate	or legal dorritorie 14 9
		Summary Profit describe the ergonization's mission or most against activities: 1 -	- A1 Q -	· .	OL de
an.	1	Briefly describe the organization's mission or most significant activities:	CALINE	, Tary	ر و در
Activities & Governance	1	Meetings held Weekly, Civic Activities - Fu	<u>ud !1915</u> 6	$a_{\rm s.h.}$	ild tor the
23	_	Benefit of Local Students Seeking Post Sec	condary.	E 0 0 0	Lation
Ş		Check this box ▶☐ if the organization discontinued its operations or disposed	or more than	1 - 1	_
Ğ	1	Number of voting members of the governing body (Part VI, line 1a)		3	21
φ 9	1	Number of independent voting members of the governing body (Part VI, line 1b) .	4	21
iţie	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	-0-
댩		Total number of volunteers (estimate if necessary)		6	5
Ă		Total unrelated business revenue from Part VIII, column (C), line 12		7a	-0-
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-0-
			Prior Ye		Current Year
ē		Contributions and grants (Part VIII, line 1h)	58 14,821		
Revenue		Program service revenue (Part VIII, line 2g)			
ě	l l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	די	439	
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,60	4	20,499
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,6	<u>59</u>	35,759
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		ļ	
		Benefits paid to or for members (Part IX, column (A), line 4)			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), -line 11e)			
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25). ► 💯	18 , 31 199 % "	SE EAST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ú	17	Other expenses (Part IX, column (A), lines 11 a-11 d, 111-24e, 1			
	18	Total expenses Add lines 13-17 (must equal-Part IX, column (A), line 25)	29,3	15	31,866
	19	Revenue less expenses Subtract line 18 from line 12 🔭	< 1,65		3,893
 8 ∂			Beginning of Cu	rrent Year	End of Year
ssets Balanc	20	Total assets (Part X, line 16)	1289	33	132,826
ASS	21	Total liabilities (Part X, line 26)			
Net As Fund B	22	Net assets or fund balances. Subtract line 21 from line 20	128,9	33	132,226
Pa	art II	Signature Block		•	
Ųn	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to th	ne best of m	y knowledge and belief, it is
tru	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowle	edge	
		RAME S. Paisor, Treasurer		12 -	1-16
Sig	ın	Signature of officer	Dat	e	
He		DENNIS S. RAISOR, Treasurer			
		Type or print name and title			
<u> </u>	: ــــــــــــــــــــــــــــــــــــ	Print/Type preparer's name Preparer's signature	Date	Check [T If PTIN
Pa				self-empl	
	epare		Firm	's EIN ▶	
US	e Only	Firm's address >		ne no	
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No
_			No 11282Y		Form 990 (2015)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
'	
	Raisers held for the benefit OF Local Students Seeking Post
	Secondary Education .
	· ·
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code: 5o1-C-4) (Expenses \$ 15937 including grants of \$) (Revenue \$)
	STUDENT Scholarships TO LOCAL High School and Community
	College Students and related Activities
	J
4b	(Code: Soi-С 4) (Expenses \$ 5,405 including grants of \$) (Revenue \$)
	Member Meal Expense During year - Each Member reimburses
	Club - Included in fart VIII - Line # 1 (F)
	
	
4c	(Code: <u>501-C-4</u>) (Expenses \$ 4,995 including grants of \$) (Revenue \$)
	(
	Youth Activities - Purchase OF Local Newspaper For reading
	Program and Assistance with Strdent
)
	Fres and Supplies at Community College
	•••••••••••••••••••••••••••••••••••••••
A -J	Other program contines (Deporte in Schodule C)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 5 \(\) 2 \(\) including grants of \(\) (Revenue \(\))
40	Total program convenees N 31 S(-1-

Part	V Checklist of Required Schedules			
		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
	complete Schedule A	1		\sim
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	
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	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
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	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	!	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	ŽŲ.	1, 4	3884
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	a to trade state	٠
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\overline{}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u></u>
			000	

Part	Checklist of Required Schedules (continued)			,
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No /
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		7
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 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 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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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? 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	26		~
27	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 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):		Ž	- (35)
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>'</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u>/</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u></u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
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	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	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.	38		
		Form	990	(2015)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
	Chock ii Corloquic C Correction of Note to any linto in the Correction		Yes	No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, , , , , , , , , , , , , , , , , , ,	
0-	reportable gaming (gambling) winnings to prize winners?	1c	`_\	2'
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE	N # 1	, ,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? LANote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	·	,
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?			7
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶	13.1		15
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		/
6a b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	gifts were not tax deductible?	6b		/
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	i ,	ta was a	income of
_	and services provided to the payor?	7a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b 7c		\ <u>\</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	T 20/2	150 /	BANK
e	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? .	7f		/
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		/
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?	£	أشائلنا	±7 °≥ 6±
	oponooring organization have excess business networks and any more partially many	8	, /	~
9	Sponsoring organizations maintaining donor advised funds.	9a	لة للأست	`ر
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		Ť
b 10	Section 501(c)(7) organizations. Enter:	5 / 1 _G ,	3.37	W.
a	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 . 10b -o-	· & · .	, l	4
11	Section 501(c)(12) organizations. Enter.	1 1 1	1.5	San .
а	Gross income from members or shareholders	· =		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		(X) (\$ 2) (ms/less*)	à O Ž
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b ~ //A	12a	y -, 91	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		, ,	1353
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			P.
C	Enter the amount of reserves on hand	-154° 1.	Bridge	- 26 1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	.000	(2015)
		Form	1 ラサじ	(2015)

art	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.								
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI								
ecti	on A. Governing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	145.3	18.0	3, 2					
• • •	If there are material differences in voting rights among members of the governing body, or		# (1) B						
	if the governing body delegated broad authority to an executive committee or similar	1 2 kg 1	اگان از امریکارد	ing is Mari					
	committee, explain in Schedule O.	1 , 3							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2!	-	,						
2									
	any other officer, director, trustee, or key employee?	2	r	Ĩ					
3	taran da antara da a								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/					
6	Did the organization have members or stockholders?	6	/						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
	one or more members of the governing body?	7a	Ì	J					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b		/					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	77.5	<u> </u>	1					
	the year by the following:	1,000	ر من الله الله الله الله الله الله الله الل						
а	The governing body?	8a		·					
b	Each committee with authority to act on behalf of the governing body?	8b	7						
9	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	9		~					
cti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)						
			Yes	No					
0a	Did the organization have local chapters, branches, or affiliates?	10a		~					
b	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? MA	10b							
1a									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a									
b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe in Schedule O how this was done	12c		/					
3	Did the organization have a written whistleblower policy?	13		~					
4	Did the organization have a written document retention and destruction policy?	14		$\overline{}$					
5	Did the process for determining compensation of the following persons include a review and approval by	** ; ;	\$' 1 } \	3/2					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, <u>ş</u> ı							
а	The organization's CEO, Executive Director, or top management official	15a	·	<i>"</i>					
	Other officers or key employees of the organization	15b		$\overline{\ \ }$					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	- "	· ;					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ξ,		,					
	with a taxable entity during the year?	16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		- 44						
	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							
ctio	on C. Disclosure								
7	List the states with which a copy of this Form 990 is required to be filed ► Kentucky								
В	List the states with which a copy of this Form 990 is required to be filed ► Kentucky 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.								
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)								
•	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic	erest p	olicy,	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 rec	cords.	>						
	Dennis S. RAISOR, 513 Highland Ave P. O. BOX #354, Carrol			, 4					
_			990 (

Form 990 (2015)

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

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 n	or any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	it officer, director	,-or trustee
				(0	C)					
(A)	(B)	ļ , .			ıtıon			(D)	(E)	(F)
Name and Title	Average					than one south		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	2 2	5	Q	Ž	욕포	77	from the	related organizations	other compensation
	related	할	<u>\$</u>	Officer	۳ e	함	Former	organization	(W-2/1099-MISC)	from the
	organizations	ecta	l to	ar .	Key employee	st c	۳ ا	(W-2/1099-MISC)	l `	organization
	below dotted line)	~ =	<u>e</u>	ı	oye] 3				and related organizations
	iii ie)	Individual trustee or director	Institutional trustee		Ō	ĕ				organizations
		"	ee		}	Highest compensated employee		1		
						-	1		-	
(1) Chris white, Pres.	34~									
				\			L	-0-	-0	-0-
(2) JEFF Moore, VICE Pres	, 1 hr									
- Carrollton, Kentucky				\				-0-	-0-	
(3) Charlotte WALLACE, Sect	437-								-0-	-0-
Carrollton, Kentucky -	<u>/</u>			~		ļ		-0-		
(4) DONNIS RaISOR, Treas.	3hr							-0-	-0-	-0-
SANders, Kentulay				<u> </u>			-	-0-		
(5) Marjorie Bowers	1 4							-0-	-0-	-0-
Carrollton, Kentucky		<u> </u>					-	-0-	0-	
(6) D'Anne Smith	1 1/2	/						-0-	-0-	- 0-
(7) Deborah Garrett	1						\vdash			
Carrollton, Kentucky	1 hr							-0-	-0-	-0-
(8) Mark SMI+h	- 	<u> </u>			-					
Carrollton, Kentriku	160	/						-0-	-0-	-0-
(9)							\vdash			
(10)										
(11)										
									<u>.</u>	
(12)								•		
(40)	<u> </u>				ļ		 			
(13)										
(14)			H							
(14)					ŀ					
	1									

	(A) Name and title	(B) Average hours per week (list any hours for related	(do n box, office	ot ch unles	Pos neck is pe	c) intion more rson lirect	than on the state of the state	one n an	(D) Reportable compensation from the organization	(E) Reporta compensati relate organiza (W-2/1099	ible on from d tions	(F) Estimated amount of other compensation from the
		organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)			organization and related organizations
(15)												
(16)												
<u>(17)</u>												
(18)												
(19)												<u> </u>
(20)												
(21)												
(22)										···		
(23)												
(24)												
(25)												
1b c	Sub-total	VII, Section	n A					>	-0-	- to		-0-
d 	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organization)	not limited						▶ e) wh	no received mo	re than \$1) of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S							mpl	loyee, or highe	est compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											• 253
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or in	dıvıdua	
Section	n B. Independent Contractors										•	
1	Complete this table for your five highest of compensation from the organization. Replyear.											
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) Compensation
	ry/A					-						
		- 										
		· · · · · · · · · · · · · · · · · · ·										
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed abo	ve) who	i. Irai,	

Far	LVIII	Check if Schedule O contains a res	enoneo or noto	to any line in thi	e Dart VIII		L1
		Officer if Schedule O Contains a re-	sporise of flote	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns 1a				, , ,	,,
ts, Grants Amounts	b	Membership dues 1b	2,360] , , ,,,,	z ,	,	
s, C Am	С	Fundraising events 1c]	 		* * * * * * * * * * * * * * * * * * * *
ar.	d	Related organizations 1d		1	23	,	1, ' '
S, C	e	Government grants (contributions) 1e		1	,		,
is is	f	All other contributions, gifts, grants,		- '		,	
but		and similar amounts not included above 1f	12,461		,		, ,
ΞĒ	g	Noncash contributions included in lines 1a-1f. \$		1	, ,		, ,
Contributions, Gifts, and Other Similar Ar	h	Total. Add lines 1a–1f		14,821	, , , , , , , ,	1 39 3 3 3	, , , , , , , , , , , , , , , , , , , ,
			Business Code		4 17 18 1 12		,
enn	2a				d adamet w	hadankan fin	أحتد بالمراسد المستعادة ستعسا
ě	b				ļ		
횻							
څ	C						
ıSe	d				-		
ran	e	All all and a second		 	1		
Program Service Revenue	†	All other program service revenue.		ļ	. %./. 4	,	, " " \
	<u>g</u> 3	Total. Add lines 2a–2f	londs interest	<u> </u>	* 37 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
	3	and other similar amounts)	ienas, interest,	11-30			
		•		4-39		· · · · · · · · · · · · · · · · · · ·	
	4	Income from investment of tax-exempt b	ona proceeas				
	5	Royalties			2 2 3 2 3 2	, × ×	7
	_		(II) Personal				
	6a	Gross rents					rija 🦚 .
	b	Less: rental expenses					
	С	Rental income or (loss)	<u></u>				
	d	Net rental income or (loss)	<u> ▶</u>				
	7a	Gross amount from sales of (i) Securities	(II) Other	1		,	
		assets other than inventory		1			i i i i i i i i i i i i i i i i i i i
	b	Less: cost or other basis			, , , , , , , , , , , , , , , , , , ,	1 1 1 10 10 10 10	
		and sales expenses .				Barry Burne	
	C	Gain or (loss)			o a de la m		
	d	Net gain or (loss)	<u> ▶</u>	. X			10758
ø.							
enne	8a	Gross income from fundraising					
		events (not including \$					
Other Re		of contributions reported on line 1c).					
ĕ		See Part IV, line 18 a				7.5	
₹		Less: direct expenses b	7,100			13	
_		Net income or (loss) from fundraising	events . >	20,499			
	9a	Gross income from gaming activities.		, , , , , , , , , , , , , , , , , , , ,			
		See Part IV, line 19 a		The state of the s	, , ,	, ,	
	b	Less: direct expenses b				()	
	C	Net income or (loss) from gaming act	ıvıties ►				
	10a	Gross sales of inventory, less		15 , 30 , 36 , 36		ar sak jaja, afiju	
		returns and allowances a	}	11 ** ** **	£	1 1	
	b	Less: cost of goods sold b			,		
	С	Net income or (loss) from sales of inv	entory ►				7 11 11 12
ľ		Miscellaneous Revenue	Business Code		27.8	3 31 4	
Ī	11a]			was no restaurate that is 40 fault
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a–11d			, , , , , , , , , , , , , , , , , , ,	,	W. J.
l	12	Total revenue. See instructions		35,759	,,		

Sectio	on 501(c)(3) and 501(c)(4) organizations must coi	mplete all columns	All other organizatio	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any I	ine in this Part IX		🛛
	ot include amounts reported on lines 6b, 7b, o, 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			* ***	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			1 2 2 7	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				30.00
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				7 7 8s x
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b c d	Management				
e f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		53		
12	Advertising and promotion				· - ··· ·
13	Office expenses	4-81	481		
14	Information technology				
15	Royalties				,
16	Occupancy			· · · ·	
17 18	Travel				
19 20	Conferences, conventions, and meetings Interest				
21		2360	2,360		
22 23	Depreciation, depletion, and amortization .	111.6	448		·
	Insurance	448 5. 3. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	19 6	" " " \$ 1	TO THE PROPERTY OF THE PARTY OF
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	323 17.5		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
a b	Rotary Internation - PAUL Member Meal Exp	2,000 5,405	2,000 5,405		
C	Youth Activities	4995	4995	· · · · · · · · · · · · · · · · · · ·	
d	Student Scholarships	15,937	15,937		
е	All other expenses	240	240		
25	Total functional expenses. Add lines 1 through 24e	<u> عاما8 31</u>	31,866		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 21,750 18.237 2 106,576 2 106,196 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 7 8 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 11 11 Investments-other securities. See Part IV, line 11 . . . 12 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 132,826 128,933 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 28,933 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 32 32 132,826 128,933 33 128,933 34 132,826 Total liabilities and net assets/fund balances . Form **990** (2015)

Page	12
raye	

Total evenue (must equal Part VIII, column (A), line 12)				
1 Total revenue (must equal Part VIII, column (A), line 12). 2 Total expenses (must equal Part IX, column (A), line 25). 2 31, 8 & 6 3 Revenue less expenses, Subtract line 2 from line 1 3 3 3,873. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 1 Investment expenses 7 7 Investment expenses 8 7 7 Investment expenses 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, l	Par			_
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Check if Schedule O contains a response or note to any line in this Part XII			1 250	
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A 3b			7	
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Beparate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A 3b	b		2D .	
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		Separate basis, concentrated basis, or beam		
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С		0-	100
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			2C	176
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				
the Single Audit Act and OMB Circular A-133?	ο-		' - " '	111
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A 3b	Ja		20	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits NA 3b	1.		34	
	D		3b	/
Point 330 (2013)		required addit of addits, explain why in deheddic o and describe any stops taken to and ago addit addits 1920	' 	390 (2015)
			Form 3	(2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2015

Open to Public Inspection

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.

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.

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	of organization		<u></u>	1	ntification number
	Carrollton R	otary Club		61-10	154793
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a section 527	organization.
1 2 3	Political expenditures . Volunteer hours				
Part		e organization is exempt unde			,
1 2 3 4a b	Enter the amount of any If the organization incurre Was a correction made? If "Yes," describe in Part		managers under m 4720 for this ye	section 4955	Yes No
Part	I-C Complete if the	e organization is exempt unde	er section 501(c), except section 501	(c)(3).
1 2	activities	ly expended by the filing organiz filing organization's funds contrib	 uted to other org	▶ \$ janizations for section	-0-
3	Total exempt function e	vities	Enter here and	on Form 1120-POL,	-0-
4 5	Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this year? ses and employer identification nun ents. For each organization listed, e ontributions received that were pror fund or a political action committe	nber (EIN) of all se enter the amount nptly and directly	ection 527 political organi paid from the filing organi delivered to a separate p	izations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)	None	N/A	~/A	N/A	~/A
(2)		, 			
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2015

SCITE	edule C (Form 990 or 990-EZ) 2015					r age 🚣
	rt II-A Complete if the organization section 501(h)).					
	Check ► ☐ if the filing organization be name, address, EIN, expe	enses, and shar	e of excess lobb	ying expenditur	es).	oup member's
3	Check ▶ ☐ if the filing organization ch			rol" provisions a	pply.	
		bying Expenditu			(a) Filing	(b) Affiliated
	(The term "expenditures" m		·		organization's totals	group totals
1	a Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ing)	N/A	N/A
	b Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying	3)		
	c Total lobbying expenditures (add lines	1a and 1b) .				
	d Other exempt purpose expenditures .				_	
	e Total exempt purpose expenditures (ad	ld lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amount	is:	1,50	
	Not over \$500,000	20% of the am	ount on line 1e	i		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of		J. 13 77 77 78	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or	ver \$1,500,000	1.3	
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 2					
	h Subtract line 1g from line 1a. If zero or I					
	i Subtract line 1f from line 1c. If zero or le	ess, enter -0-				
	j If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	☐ Yes ☐ No
	reporting section 4911 tax for this year					☐ tes ☐ NO
	(Some organizations that made a se	ection 501(h) ele	Period Under sec ection do not have uctions for lines	e to complete all	of the five columi	ns below.
	Lobbyin	g Expenditures	During 4-Year Av	eraging Period		····
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2	2a Lobbying nontaxable amount	None	Nove	Hove	None	None
	b Lobbying ceiling amount (150% of line 2a, column (e))					_
	c Total lobbying expenditures	None	none	2000	Nove.	None
	d Grassroots nontaxable amount	None	Nove	none	None	None
	e Grassroots ceiling amount (150% of line 2d, column (e))					None
	f Grassroots lobbying expenditures	None	Nove	None	None	none

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	า 5768		
Eor a	aach "	Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
		of the lobbying activity.	Yes	No	A	moun	t
1	legisla	g the year, did the filing organization attempt to influence foreign, national, state or local ation, including any attempt to influence public opinion on a legislative matter or indum, through the use of:	1 (p)				
а		teers?	<u></u>			اراً. در افزار	
b c	Media	staff or management (include compensation in expenses reported on lines 1c through 1i)?				آئسسن [°]	
d	Mailin	gs to members, legislators, or the public?					
е		ations, or published or broadcast statements?					
f	Grant	s to other organizations for lobbying purposes?					
g		contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i		activities?					
j	Total	Add lines 1c through 1i		17.5%			
2a		e activities in line 1 cause the organization to be not described in section 501(c)(3)?				Sr.	
b		s," enter the amount of any tax incurred under section 4912	1	S.			
C	If "Yes	s," enter the amount of any tax incurred by organization managers under section 4912 .	. ,	. 2	400		2 - -
d	If the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			* **	,	ý, r
Part	III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), c	or se	ction		
		501(c)(6).					
						Yes	No
1		substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	L
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	D _i d th	e organization agree to carry over lobbying and political expenditures from the prior year? .		NA	<u>\ 3</u>		
Part	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes.")(5), ()R (b)	Parl	: III-A,		
1	Dues,	assessments and similar amounts from members		1	2,	36	<u> </u>
2		on 162(e) nondeductible lobbying and political expenditures (do not include amounts cal expenses for which the section 527(f) tax was paid).	s of				
а		nt year		2a	-	-0-	
b	Carry	over from last year		2b		-0-	
С	Total			2c		-0-	
3		gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		~ 0-	
4	exces	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of s does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng				
		olitical expenditure next year?		4	<u> </u>	-0	
5	Taxab	le amount of lobbying and political expenditures (see instructions)		5		-0	
Part	t IV	Supplemental Information					
2 (see	instruc	escriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grotions); and Part II-B, line 1. Also, complete this part for any additional information					and
	avv	oitton Rotary Club Isn't Involved with An	<u> </u>	اها	aby!	<u>~4.</u>	
					.)		
	Act	U, ties or Expend. tures.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

	arrollton Rotary Club		61-6054793
Pa	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	N/A	N/A
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	e organization's exclusive legal cont	rol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		· · · · · · · 🗌 Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreated	tion or education) Preservation	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribut	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
C	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in		on a
	historic structure listed in the National Register .		2d N/A
3	Number of conservation easements modified, trans	sferred, released, extinguished, or te	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · 🗌 Yes 🛄 No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ıı)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		nancial statements that describes the
	organization's accounting for conservation easeme		
Part		•	
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under Si		
	works of art, historical treasures, or other sımılar		ducation, or research in furtherance of
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$ <u>~~</u> A
_	(ii) Assets included in Form 990, Part X		> 3
2	If the organization received or held works of art,		
	following amounts required to be reported under Si		
а	Revenue included on Form 990, Part VIII, line 1 $$.		
b	Assets included in Form 990, Part X		▶ \$ N/A

Par	t III Organizations Maintaining	Colle	ctions of	Art, His	torical	Freasures	, or O	ther Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	access							
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	grams	
b	☐ Scholarly research			е	□ Othe	r			
С	☐ Preservation for future generations	s							
4	Provide a description of the organization.	tion's c	ollections	and expl	aın how t	hey further	the or	ganization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather								
Par	Complete if the organization 990, Part X, line 21.			on Fo	rm 990, I	Part IV, line	∍ 9, or	reported an a	mount on Form
1a									
b	If "Yes," explain the arrangement in Pa	art XIII a	and compl	ete the fo	ollowing t	able:	Г		Amount
С	Beginning balance						10	;	
d	Additions during the year						10	1	
е	Distributions during the year						16	•	
f	Ending balance						11	F	
2a	Did the organization include an amour						ustodia	l account liabili	ty? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.						•		
	Complete if the organization	answe	ered "Yes	" on For	m 990, F	art IV, line	10.		
		(a) Cu	rrent year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he curre	ent year er	nd baland	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer					. , ,			
b	Permanent endowment ►								
С	Temporarily restricted endowment ▶		% uld equal 1						
	The percentages on lines 2a, 2b, and	2c shou	ıld equal 1	00%.					
За	Are there endowment funds not in the				zation tha	at are held a	and ad	ministered for t	he
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the related or	rganızat	tions listed	as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses	of the	organizatio	on's endo	owment fu	unds.			
Part									_
	Complete if the organization	answe	ered "Yes	" on For	m 990, F	Part IV, line	11a.	See Form 990	, Part X, line 10.
	Description of property		(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land	.					1		
b	Buildings	.		N V 68					
C	Leasehold improvements	.							
d	Equipment Concession Trailer	-			Ч	,500			4500
е	Other					,			· · · · · · · · · · · · · · · · · · ·
Total.	Add lines 1a through 1e. (Column (d) m	nust equ	ual Form 9	90, Part 2	X, column	(B), line 10	c.)	>	4500

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Fo	rm 990) 2015		Page
(b) Book value (c) Michael of valuation (post of read-dyser market value (c) Michael of valuation (post of read-dyser market value (c) (c) Michael of court of read-dyser market value (c)	Part VII			
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (6) (7) (8) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		Complete if the organization answered "Yes" on Fo		
			(b) Book value	
(3) Other (A) (B) (B) (C) (C)	(1) Financial	derivatives		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-I	held equity interests		
G G G G G G G G	(3) Other			
Co Column (b) must equal form 999, Part X, col (c) line 12) Part VIII	(A)			
Col. Column (b) must equal Form 990, Part X, col. (B) line 13) Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(B)			
(6) (7) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)			
(G)				
(G) (F) Total, (Column (6) must equal Form 980, Part X, col (6) line 12) ▶ Part VIII Investments — Program Related.				
(i)				
Total (Column (b) must equal Form 990, Part X, col. (B) Inc 12) ► Part X Inc 13.				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-year market value			<u> </u>	. 13 . 16 % 1 La
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (6) (7) (8) (9) (7) (8) (9) (7) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part VIII	Investments – Program Related.	000 5 107 0	44 0 E 000 D. IV Br. 40
Cost or end-of-year market value				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal form 990, Part X, cot. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (9) Total, (Column (b) must equal Form 990, Part X, cot. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (7) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of investment	(b) Book value	
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Par	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 999		er Keturn.
			. 11
1	Total revenue, gains, and other support per audited financial statemen	is ,	, x , 16, x
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	10-1	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		in the second
e	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:	i i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, III		
Part	XII Reconciliation of Expenses per Audited Financial State		per Return.
	Complete if the organization answered "Yes" on Form 990	0, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		\$5°
a	Donated services and use of facilities	. 2a	120
b	Prior year adjustments		S 4
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
4		. 4a	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		
b			
C	Add lines 4a and 4b		
5	XIII Supplemental Information.	mie 10.)	
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additional	Information.
			

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

arrollton Rotary Club	Employer identification number
Part III - Line 4(d)	
INSUVANCE	<u>448</u>
TAX & Licenses	240
Rotary International -	
Rotary International	Paul 2,000
OFFICE Supplies	
TOTAL	4 / / 0
Part IX - Live # 24(E) -07	ther Expense
	-1 Censes 240
Part VI - Line #11 (A)	
•	Haan Are Court To OFFice
•	+ Board Meeting and work
	+ Board Meetings and upon
PP QVPS1 ID EN	itine Membership.
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