			Short Form			OMB No. 1545-1150
Earra	99	O-EZ	Return of Organization Exempt From Income	Tax		BATE
rorm ¢			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except privat		tions)	
	•			161		Open to Public
Denar	tment of	i the Treasury	Do not enter social security numbers on this form as it may be made provide the security numbers on this form as it may be made provide the security numbers.	u.n.k		Inspection
Intern	al Reven	ue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/formation	мтя <b>990.</b>		
_	p <b>r the</b> 2 neck if ap	1	r year, or tax year beginning , 2016, and ending C Name of organization ? アレットフィックテニュ	D Empl	over id	, 20
	ddress of	-	C Name of organization 12 83-0309552 Linter national String Fellowshup of Rotarians			39552
	ame chai	-	Number and street (or P.O. box, if mail is not delivered to street address)	E Telep	hone.r	pumber
	iliai retur nai retur	n vterminated	P.O. 1255 City or town, state or province, country, and ZIP or foreign postal code			46-6539
	mended i nolication	return n pending	Teller de Co 81435		•	emption
_		ing Method:		Check		if the organization is not
	ebsite			required	to at	tach Schedule B 💦 👔
_			<u>x only one)</u> - □ 501(c)(3) □ 501(c) (1) < (insert no.) □ 4947(a)(1) or □ 527	(Form 9	90, 99	10-EZ, or 990-PF).
			Corporation Trust XAssociation Other	al assets		··
			are \$500,000 or more, file Form 990 instead of Form 990-EZ		► 4	5
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			
?	1		the organization used Schedule O to respond to any question in this Part ns, gifts, grants, and similar amounts received	<u> </u>	1	<u>, , , , , ,  </u> ]
?	2		rvice revenue including government fees and contracts		2	
?	3	+	p dues and assessments		3	2,305
?	4	Investment		• • •	4	<u> </u>
ก	5a b		Int from sale of assets other than inventory     5a       or other basis and sales expenses     5b			
	č		s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	ł
	6	-	I fundraising events			004
9	a	Gross inc. \$15,000) .	me from gaming (attach Schedule G if greater than			024
Revenue	b		ne from fundraising events (not including <u></u> of contributio	ns		NOV 2 8 2017
2			ising events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)			
1	с		a gross income and contributions exceeds \$15,000) 6b expenses from gaming and fundraising events 6c		REC	EIVED ENTITY DE
			or (loss) from gaming and fundraising events (add lines 6a and 6b and su			
		line 6c) .		S - S	6d	
			of inventory, less returns and allowances			
	C	Gross prof	of goods sold	100	7c	
	8	Other reve	ue (describe in Schedule O)	لر ٦	8	17,914
	9	Total reve	ue (describe in Schedule O)		9	20,223
	10 11		similar amounts paid (list in Schedule O)	• •	<u>10</u> 11	
	12				12	
) <u>w</u>	13	Profession	ner compensation, and employee benefits 🛛	• •	13	3822
Š.	14		, rent, utilities, and maintenance		14	
<b>3–</b>	15 16		blications, postage, and shipping		15 16	44.4.12
	17		nses. Add lines 10 through 16		17	41,117
4	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)		18	24,7467
Net Assett	19		or fund balances at beginning of year (from line 27, column (A)) (must agre			
۲¥	20	-	figure reported on prior year's return)		19 20	50,338
ž	20 21		or fund balances at end of year. Combine lines 18 through 20		20 21	23,144
For F	Paperv		on Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (2016)
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	Part	t Il'	Balance Sheets (see the instruct Check if the organization used Sc	•	inv question in this	Part II .		<b></b> .
23       Land and buildings.       23         24       Other assets (describe in Schedule O)       24         25       Total assets.       51.9 £7         26       Total isabilities (describe in Schedule O)       15.9 9         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       50.1 3.9 ± 27         28       Total isabilities (describe in Schedule O)       15.9 9       28         29       Other assets or fund balances (line 27 of column (B) must agree with line 21)       50.1 3.9 ± 27       28         29       Other assets or fund balances (line 27 of column (B) must agree with line 21)       Expenses       (Provide asset)         20       Check if the organization's program service accomplishments (see the instructions for Part III)       Expenses         20       Check agree asset as fund balances (line 30 and concise manner, describe the services provided, the number of other selvant information for each program title.       28       Outron 4.0 Line 4.0 Conce down 4.0 mist agree asset as fund balance and concise manner, describe in Schedule Conce there instructions for Part III       28a         21       Outron 4.0 Column 4.0 mist and asset a			oneon in the organization dood bo					(B) End of yea
22       Land and buildings.       23         24       Other assets (describe in Schedule O)       24         25       Total assets.       51,847       25       32,12         28       Total isabilities (describe in Schedule O)       15,97       26       0         29       Total assets or fund balances (line 27 of column (B) must agree with line 21)       50,33       27       28,32,14         29       Other assets or fund balances (line 27 of column (B) must agree with line 21)       50,33       27       28,33         20       Check if the organization's program Service Accomplishments (see the instructions for Part III)       Expenses       (Require for sector program service accomplishments for each of its three largest program services (program services and concise menner, describe the services provided, the number of other relevant information for each program title.       28       Ourset, 20,014, TSF, C, C, G gavi, 28,44,45,44,55,44,56,44	22	Cash	savings and investments		F	×1 9817	22	22 144
24       Other assets (describe in Schedule 0)       21       22       23       12       23       23       27       23       12       23       12       23       23       27       23       14       15       27       23       23       27       23       14       15       24       20       23       24       23       23       24       23       24       23       24       23       24       23       24       23       24       23       24       23       24       24       25       24       24       25       24       24       25       24       24       24       25       24       24       25       24       24       25       24       24       25       24       24       25       24								
25       Total assets       51,847       25       32       32         28       Total liabilities (describe in Schedule 0)       15,97       26       32       33       32       32       32       32       32       32       32       32       32       32       32       32       32       32       32       32       33       32       32       33       32       33       32       33       32       32       32       33       32       32       32       32       32       32       32       32       33       32       33       32       33       33       33       33       33       33       33       33       33       33       33       33       33       33       33       34       34       34       34       34       34       34       34       34       32       34       34       34       34       35       36       34			•					
28       Total liabilities (describe in Schedule 0)       1549       25       27       28       0         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       50,338       27       23,14         28       What is the organization's primary exempt purpose?       Expenses       Expenses       Expenses         What is the organization's primary exempt purpose?       Expenses       Expenses       Expenses         Describe the organization's program service accomplishments for each of its three largest program services, and each program title.       Expenses         28       Our no. 2016. ISER. Collar to 2006. Works, ILS and Eurore.       During the relevant information for each program title.       Expenses         28       Our no. 2016. ISER. Collar to 2006. Works, ILS and Eurore.       During the collar to 2016. Collar to						51.887	1	1214
27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       50, 33, 5       27       23, 14         Part III       Statement of Program Service Accomplishments (see the instructions for Part III)       Expenses       Required to sect 50, 53, 5       27       23, 14         What is the organization used Schedule O to respond to any question in this Part III       Expenses       Required to sect 50, 50, 50, 50, 50, 50, 50, 50, 50, 50,							+ +	
Entitie       Statement of Program Service Accomplishments (see the instructions for Part III)       Expenses         What is the organization's primary exempt purpose?       Biologia at 2010       Biologia at 2010         Describe the organization's primary exempt purpose?       Biologia at 2010       Biologia at 2010         Describe the organization's primary exempt purpose?       Biologia at 2010       Biologia at 2010         Describe the organization's primary exempt purpose?       Biologia at 2010       Biologia at 2010       Biologia at 2010         Describe the organization's primary exempt purpose?       Biologia at 2010       Biologia at 2010       Biologia at 2010       Biologia at 2010         Describe the organization's primary exempt purpose?       Biologia at 2010       Biologia at 2	-					50,328		
Check if the organization used Schedule O to respond to any question in this Part III       Expenses         What is the organization's primary exempt purpose?       Strict of the organization of each program title.       Strict of the organization organis organization organization organization organ							<u> </u>	a0,17
What is the organization's primary exempt purpose?       Image: Second Sec								Expenses
Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 Mur.ng. 2016. TSE.C. OC gave, 26d. two Ske works, US and Euroge.  28 Mur.ng. 2016. TSE.C. OC gave, 26d. two Ske works, US and Euroge.  28 Mur.ng. 2016. TSE.C. OC gave, 26d. two Ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two Ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two Ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two Ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, US and Euroge.  20 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, US and Euroge.  20 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, US and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, WS and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, WS and Euroge.  29 Mur.ng. 2016. TSE.C. OC gave, 26d. two ske works, 100 Mur.ng. 2016. TSE.C. TSE.	What	is the			ny quoonon ni uno			
as indexide by expenses. If a clear information for each program title.         28       During 2016_ISFR_OF or gamized two sky works, IIS and Europe.         During the works, Retarings from all over the court of Course troughter to the services provided, the information of the ach program title.         28       During the works, Retarings from all over the court of Course troughter to the services provided, the information of the ach program title.         28       During the works, Retarings from all over the course troughter to the services provided, the course troughter to the services and the services for an all over the course troughter to the services.         Another course and the services for all over the course troughter to the services for all over the course troughter to the services.       28a         41       If this amount includes foreign grants, check here       28a         30	Descr	ribe the	e organization's program service ac	complishments for each o			organ	uzations; optic
During       Hur weeks, Rotarians from all out the world come together to have a consense interesting strain with a	as me perso	easure ons ber	d by expenses. In a clear and cor refited, and other relevant informatio	ncise manner, describe th in for each program title.	e services provided	, the number of		
Share a common. Interestion Sking. Warna, the workt Try, Charlows, Cause Tunde for (Grants \$ ) If this amount includes foreign grants, check here	28	Quein	, 2016 ISER organiz	ed two sky walks	, US and Europ	e		
Share a common. Interestion Sking. Warna, the workt Try, Charlows, Cause Tunde for (Grants \$ ) If this amount includes foreign grants, check here		Duri	ng the weeks Rotarian	s from all over the ,	barld come to	setter to		ļ
4 (Grants \$       ) If this amount includes foreign grants, check here		Share	a common interestin skilling &	Twing the event Tre	Rotarians raise	Eunds for		
(Grants \$       ) If this amount includes foreign grants, check here       ▶       29a         30		(Grants	s \$ ) If this a	amount includes foreign gr	ants, check here .	► 🔲	<b>28</b> a	41, 11
(Grants \$       ) If this amount includes foreign grants, check here       ▶       29a         30	1/29							
30	-							
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30	Ī	(Grants	s\$) If this a	amount includes foreign gr	ants, check here .	🕨 🔲	<b>29a</b>	
31 Other program services (describe in Schedule 0)	30			· · · · · · · · · · · · · · · · · · ·		·····		
31 Other program services (describe in Schedule O)       31a         32 Total program service expenses (add lines 28a through 31a)       >         32 Total program service expenses (add lines 28a through 31a)       >         9art IV       List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pactors, Trustees, and Key Employees (list each one even if not compensation (list each one even if not paid, enter-O-)         Al Morrus       (a) Name and title       (b) Al external       (c) Al external       (c) Al exteremover (list each one even if not paid, e	-							
31 Other program services (describe in Schedule O)       31a         32 Total program service expenses (add lines 28a through 31a)       >       >>       32         Part IV       List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV       >>       32         (a) Name and title       (b) Average hours per week devoted to position (forms W-2/1099-MISC) (ff not paid, enter -0-)       (d) Health benefits, compensation to employee (e) Estimated an other compensation         Al Morrus       2       C       0         Press ident       2       C       0         Marke Beer       , 50       0       0         Marke Beer       .50       0       0         Origo Construction Compensation       .50       0       0         Sec (e fram, Trepsuler'       3       0       0         Origo Construction Compensation       .50       0       0         Directory       .50       0       0       0	-				,*=***===== <i>\$</i> *****======**			
31 Other program services (describe in Schedule O)       31a         32 Total program service expenses (add lines 28a through 31a)       >       >>       32         Part IV       List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV       >>       32         (a) Name and title       (b) Average hours per week devoted to position (forms W-2/1099-MISC) (ff not paid, enter -0-)       (d) Health benefits, compensation to employee (e) Estimated an other compensation         Al Morrus       2       C       0         Press ident       2       C       0         Marke Beer       , 50       0       0         Marke Beer       .50       0       0         Origo Construction Compensation       .50       0       0         Sec (e fram, Trepsuler'       3       0       0         Origo Construction Compensation       .50       0       0         Directory       .50       0       0       0	ī	(Grants	s \$ ) If this a	mount includes foreian an	ants. check here	· · · ▶ 🗍	30a	
(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 31a         32 Total program service expenses (add lines 28a through 31a)	-							
32 Total program service expenses (add lines 28a through 31a)       ▶       32         Part IV       List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Pacheller Check if the organization used Schedule O to respond to any question in this Part IV       ▶       32         (a) Name and title       (b) Average hours per week devoted to position       (c) Reportable compensation (d) Heath benefits, contributions to employee (e) Estimated an other compensation       (d) Heath benefits, contributions to employee (e) Estimated an other compensation         Al Morris       2       C       (d) Heath benefits, contributions to employee (e) Estimated an other compensation         President       2       C       (e) Reportable       (f) not paid, enter-0-)       (e) Estimated an other compensation         Morris       2       C       0       0       0       0         Al Morris       2       C       0       0       0       0         President       3       0       0       0       0       0       0         Secure frauge       Freasure       .50       0       0       0       0       0         Director       .50       0       0       0       0       0       0       0         Marcaret       Huitchin s <sup>m</sup> .50								
Part IV       List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV         Check if the organization used Schedule O to respond to any question in this Part IV       (d) Health benefits, contributors to employee (e) Estimated an other compensation         (a) Name and title       (b) Average hours per week devoted to position       (c) Reportable compensation (from the paid, enter -0-)       (d) Health benefits, contributors to employee (e) Estimated an other compensation         A1 Morrus       2       6       0       0         President       2       6       0       0         Tonu, Sheer		(Grants	•	•			31a	
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(a) Name and title(b) Average hours per week devoted to position(c) Reportable compensation (Forms W-2/1099-MISC)(d) Health benefits, contributors to employee benefit plans, and deferred compensationA1 Morris2600A1 Morris2600President2600Tony Sheer.50000(e) Name and title.50000President.50000Secretary Treasurer3000Orew Vactor.50000Directar.50000Anne Caret Hutchiner.5000Directar.5000Directar.5000Directar.5000Directar.5000Directar.5000	32	Total p	s \$) If this a program service expenses (add line	mount includes foreign gr es 28a through 31a)	ants, check here .	· · · ►	32	tions for Pa
(a) Name and title     hours per week devoted to position     compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)     compensation deferred compensation     other compensation other compensation       AI Morris     2     6     0     0       President     2     6     0     0       Tony, Sheev     .50     0     0     0       Past President     .50     0     0     0       Marquet Hutchin en     .50     0     0     0       Director     .50     0     0     0       Director     .50     0     0     0	32	Total p	s \$ ) If this a program service expenses (add line List of Officers, Directors, Trustees, a	amount includes foreign gr es 28a through 31a) <b>and Key Employees</b> (list eac	ants, check here .	► □     ►     pensated—see the i	32	tions for Pa
Al Morris     2     6     0       President     2     6     0       Tony Sheer     2     6     0       Past President     .50     0     0       Lynne Deck     3     0     0       Secretary Treasurer     3     0     0       Director     .50     0     0       Director     .50     0     0	32	Total p	s \$ ) If this a program service expenses (add line List of Officers, Directors, Trustees, a	amount includes foreign gr es 28a through 31a) and Key Employees (list eac hedule O to respond to a	ants, check here	Part IV	32	tions for Pa
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President     2     0     0       Tony Sheer     .50     0     0       Past President     .50     0     0       Lynne Beck     3     0     0       Secretary Treasurer     3     0     0       Margaret Hatchinson     .50     0     0       Director     .50     0     0       Areador     .50     0     0	32	Total p	s \$       ) If this a         program service expenses (add line         List of Officers, Directors, Trustees, a         Check if the organization used Sc	amount includes foreign gr. es 28a through 31a) and Key Employees (list eac hedule O to respond to a (b) Average hours per week	ants, check here . th one even if not com any question in this (c) Reportable compensation (Forms W-2/1099-MISC		32 nstruc /ee (e) E	Estimated am
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Form 990-EZ (2016)

Form 99	0-EZ (2016)		P	age 3
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> 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	35b 35c		
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a	L		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities	4		
100	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ► Lynne Beck Telephone no. ► 9 Located at ► 39 Hillside Lave Telluride, Co 81435 ZIP+4 ► 8			6539
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1 <i>43</i> 42b	Yes	No
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ►	42c		$\overline{\checkmark}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		$\overline{\mathbf{A}}$
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
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Form 990-EZ (2016)

Form 99	0-EZ (2016)				<u></u>		Pa
• •		an induced to include the			w	Yes	1
46	Did the organization engage, directly to candidates for public office? If "Ye						-
Part				· · · · · · · ·	. 40	<u> </u>	1
rart	All section 501(c)(3) organization		estions 47–49b and	52 and complete th	ne tables f	for lin	۱e
	50 and 51.				10 100100		
	Check if the organization used	Schedule O to respon	d to any question in t	his Part VI			
						Yes	ļ
	Did the organization engage in lobb		section 501(h) electio	n in effect during the	tax		Ι
	year? If "Yes," complete Schedule C,		•••••		- 47	<u> </u>	1
	Is the organization a school as describ		•••••••		. 48	₊	┦
	Did the organization make any transf	-			. 49a . 49b		┦
ь 50	If "Yes," was the related organization Complete this table for the organizati			er than officers direct			
30	employees) who each received more						
e		(b) Average	(c) Reportable	(d) Health benefits,			
	(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred			
		devoted to position	(Forms W-2/1099-MISC)	compensation		препза	
	None						
	****						
	······································				····-		
f 51	Total number of other employees pai Complete this table for the organiza	tion's five highest comp	ensated independent	contractors who eac	h received	more	-
		tion's five highest comp organization. If there is n	ensated independent		h received		- e
	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind	tion's five highest comp organization. If there is n	ensated independent one, enter "None."				•
	Complete this table for the organiza \$100,000 of compensation from the	tion's five highest comp organization. If there is n	ensated independent one, enter "None."				•
	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind	tion's five highest comp organization. If there is n	ensated independent one, enter "None."				e
	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind	tion's five highest comp organization. If there is n	ensated independent one, enter "None."				e
	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind	tion's five highest comp organization. If there is n	ensated independent one, enter "None."				e 
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	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind	tion's five highest comp organization. If there is n	ensated independent one, enter "None."				
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51	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind N D NC	tion's five highest comp organization. If there is n ependent contractor	ensated independent one, enter "None."				
51	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind None	tion's five highest comp organization. If there is n ependent contractor	ensated independent one, enter "None."				
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51	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind None	tion's five highest comp organization. If there is n ependent contractor ontractors each receivin hedule A? <b>Note:</b> All :	ensated independent one, enter "None."				9
51	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind None Total number of other independent c Did the organization complete Sc completed Schedule A enalties of penury, I declare that I have examined rect, and complete. Declaration of preparer (other www. addressed a	tion's five highest comp organization. If there is n ependent contractor ontractors each receivin hedule A? <b>Note:</b> All :	ensated independent one, enter "None."				
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51 51 52 Under per true, con Sign Here Paid Prepa Use (	Complete this table for the organiza \$100,000 of compensation from the (a) Name and business address of each ind None Total number of other independent con Did the organization complete Sc completed Schedule A enalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other Signature of officer Signature of officer Type or print hame and title Print/Type preparer's name arer	tion's five highest comp organization. If there is n ependent contractor	ensated independent one, enter "None."				

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SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No 1545-0047 (Form 990 or 990-EZ) Complete to provide information for responses to specific questions on 2016 Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number International Fellowship of 83-Sking Kotaria 0309552 1.\$8 Part Othor ovene is the fees parel by numbers for rogestrah allend ski week Part 1-#13 This is payments for webscher, setting up registration an webssite and 1 nsu rance 1-16 Events during ski were Which are paid from the fees collected from the members Cart For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No 51056K Schedule O (Form 990 or 990-EZ) (2016)