

CINCINNATI OH 45999-0038

In reply refer to: 0241381413
Nov. 29, 2017 LTR 147C 0
30-0397278 000000 00
00001058
BODC: TE

ROTARY INTERNATIONAL
5010 DISTRICT ROTARY INTERNATIONAL
% HARRY J KIELING JR
3036 BRITTANY PL
ANCHORAGE AK 99504-3988



022860

Employer identification number: 30-0397278

Dear Taxpayer:

Thank you for your inquiry of Nov. 17, 2017.

Your employer identification number (EIN) is 30-0397278. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

0241381413
Nov. 29, 2017 LTR 147C 0
30-0397278 000000 00
00001059

ROTARY INTERNATIONAL
5010 DISTRICT ROTARY INTERNATIONAL
% HARRY J KIELING JR
3036 BRITTANY PL
ANCHORAGE AK 99504-3988

Sincerely yours,

Susan M. O'Neill


Susan M. O'Neill, Operations Mgr.
Accounts Management Operations 2

Enclosures:
Copy of this letter

CINCINNATI OH 45999-0038


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022860

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

0241381413

BODCD-TE

Use for payments

Letter Number: LTR0147C
Letter Date : 2017-11-29
Tax Period : 000000

INTERNAL REVENUE SERVICE

CINCINNATI OH 45999-0038



300397278

ROTARY INTERNATIONAL
5010 DISTRICT ROTARY INTERNATIONAL
% HARRY J KIELING JR
3036 BRITTANY PL
ANCHORAGE AK 99504-3988

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Form SS-4 Application for Employer Identification Number

(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

OMB No. 1545-0003

EIN **30-0397278**

1 Legal name of entity (or individual) for whom the EIN is being requested
Rotary International District 5010, INC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
1100 West Barnette Street

4b City, state, and ZIP code
Fairbanks AK 99701

5a Street address (if different) (Do not enter a P.O. box.)

5b City, state, and ZIP code

6 County and state where principal business is located
Fairbanks North Star Borough, ALASKA

7a Name of principal officer, general partner, grantor, owner, or trustee
Jeffrey L Johnson

7b SSN, ITIN, or EIN
477640063

8a Type of entity (check only one box)

Sole proprietor (SSN)

Partnership

Corporation (enter form number to be filed) ▶ **990**

Personal service corporation

Church or church-controlled organization

Other nonprofit organization (specify) ▶

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard

Farmers' cooperative

REMIC

State/local government

Federal government/military

Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **ALASKA**

Foreign country

9 Reason for applying (check only one box)

Started new business (specify type) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶ **INCORPORATED**

Purchased going business

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶

Created a trust (specify type) ▶

Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year). See instructions.
7/1/07

11 Closing month of accounting year
JUNE 30

12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months (enter -0- if none).
1107

Agricultural **0** Household **0** Other **0**

Do you expect to have \$1,000 or less in employment tax liability for the calendar year?
 Yes No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)

14 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker

Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail

Other (specify) **NON-PROFIT SERVICE org**

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 16b and 16c. Yes No

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ **Rotary International District 5010** Trade name ▶ **SAME**

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Jeffrey L Johnson, Treasurer**

Applicant's telephone number (include area code)
(907) 452 4156

Signature ▶ *Jeffrey L Johnson* Date ▶ **12/27/06**

Applicant's fax number (include area code)
(907) 452 3156

2415037 110107

Previous EIN **92-0142057** Current **30-0397278**