

R Andrew Hanson, CPA, LLC PO Box 1337

Kearney, NE 68848-1337 rahcpa@rahcpa.net Phone: (308)237-7365 | Fax: (308)237-4815

July 29, 2017

Rotary International Kearney Rotary PO Box 394 Kearney, NE 68848-0394

Rotary International Kearney Rotary:

Enclosed is the 2016 federal return for a tax-exempt organization, prepared for Rotary International Kearney Rotary from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (308)237-7365.

Sincerely,

R Andrew Hanson, CPA R Andrew Hanson, CPA, LLC

Form 8879-EO

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning $\underline{07-01-2016}$, and ending $\underline{06-30-2017}$

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2016

Name of exempt organization	Employer identification number
Rotary International Kearney Rotary	47-6027901
Name and title of officer	
Roger A Hanson, Treasurer	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the control of the contr	
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this f	
leave line 1b , 2b , 3b , 4b , or 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the re the applicable line below. Do not complete more than 1 line in Part I.	turn, then enter -0- on
1a Form 990 check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	-
2a Form 990-EZ check here Dubble b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	•
4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here b b Balance Due (Form 8868, line 3c)	
5a Form 6000 check here	
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy	of the
organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge	ge and belief, they
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or real	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. I	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct deb	oit) entry to the
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes	
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. T Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the	
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answ	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the	ne organization's
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	
Officer's PIN: check one box only	
I authorize to enter my PIN	_ as my signature
ERO firm name Enter five numbers, but do not enter all zeros	t .
on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a co	ny of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author	
ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 el	ectronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.	ig charities as part of
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Part III Certification and Authentication	•
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 471	202 92699
Tiumber (EFTIV) lollowed by your live-digit self-selected FTIV.	203 82688 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the	organization
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Moo	
Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature R Andrew Hanson, CPA	07-29-2017
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form To the IRS Unless Requested To	Do So

Form **990-EZ**

Return of Organization Exempt From Income Tax

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.

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

Inte	rnal Revenu	ue Service	Information about Form 990-EZ and its instructions is	at www.irs.g	gov/torm990.		
Α	For the 2	2016 calenda	r year, or tax year beginning 07-01, 2016, ar	nd ending	_	06-30	, 20 17
В	Check if ap	yer ident	ification number				
	Address ch	ange	Rotary International Kearney Rotary		47-	-602790	01
	Name chan	E Telepho	one numb	per			
$\overline{}$	Initial return	-					
$\overline{}$	Final return		PO Box 394		(30	8)237-	-7365
\equiv	Amended re		City or town, state or province, country, and ZIP or foreign postal code		F Group		
\equiv	Application		Kearney, NE 68848-0394		Numbe		0573
_		ng Method:	X Cash				organization is not
	Website		knrotary.org		required to		-
			check only one) - \square 501(c)(3) \boxtimes 501(c)(4) \blacktriangleleft (insert no.) \square 4947(a)(1)	or 527	(Form 990,		
_			Corporation Trust Association Other	01	(1 01111 000,	000 LZ,	01 000 1 1).
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore or if total	l accete		
				·		D C	70 000
<u> </u>	art I	. ,	e, Expenses, and Changes in Net Assets or Fund Bala				70,809
•	uiti		the organization used Schedule O to respond to any question in t				
_	1 4			$\overline{}$		1	
	1		, g. a. i.e., a. i.e. a				4,392
	2	•	vice revenue including government fees and contracts			2	
	3	•	dues and assessments			3	28,434
	4	Investment in				4	28
	5a		nt from sale of assets other than inventory				
			other basis and sales expenses				
	_	,) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and					
a	a	Gross incom					
Ž		+,,	· · · · · · · · · · · · · · · · · · ·				
Revenue	b		e from fundraising events (not including \$	of contribut	tions		
ď			sing events reported on line 1) (attach Schedule G if the	1			
			gross income and contributions exceeds \$15,000) · · · · · · · 6		37,955		
			expenses from gaming and fundraising events · · · · · · · · <u>6</u>		30,190		
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract			
		line 6c) •				6d	7,765
	7a	Gross sales	of inventory, less returns and allowances	a			
	b	Less: cost of	goods sold	b			
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8		ue (describe in Schedule O)			8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	40,619
	10		imilar amounts paid (list in Schedule O)			10	22,165
	11	-	to or for members			11	
S	12		er compensation, and employee benefits			12	
Expenses	13		fees and other payments to independent contractors			13	
g	14		rent, utilities, and maintenance		14		
ш			lications, postage, and shipping		15		
	16		ses (describe in Schedule O)			16	21,757
_	17		ses. Add lines 10 through 16			17	43,922
w	18		eficit) for the year (Subtract line 17 from line 9)			18	(3,303
set	19		r fund balances at beginning of year (from line 27, column (A)) (must agree				
As		-	igure reported on prior year's return)			19	25,075
Net Assets	20	_			• • • • • •	20	
_	1 24	Not constant	s fund belonged at and of year Combine lines 10 through 20		_	1 24	04 ==0

Net assets or fund balances at end of year. Combine lines 18 through 20

21,772

International Kearney Rotary	47-6027901 Pag	e 2
e instructions for Part II)		
used Schedule O to respond to any question in this Part II		

Forr	m 990-EZ (2016) Rotary International Kea	rney Rotary		47-6	5027	901 Page
Pá	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	pond to any questior	n in this Part II			
			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			25,075	22	21,772
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			25,075	25	21,772
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree v	with line 21)		25,075	27	21,772
	art III Statement of Program Service Accomplishme		ctions for Part			
	Check if the organization used Schedule O to res	spond to any questio	n in this Part	III 🗌	l	Expenses
Wh	at is the organization's primary exempt purpose? Social welf	fare org. to en	courage se	rvice	,	quired for section
						(c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for each neasured by expenses. In a clear and concise manner, describe the				"	nizations; optional for
	sons benefited, and other relevant information for each program title		Tidifibor of		othe	ers.)
28	Providing membership programs and social ev	vents. Payment	of			
	dues to affiliated international and distri					
	(Grants \$ 7,591) If this amount inc	cludes foreign grants, cl	heck here • •	▶ □	28a	29,348
29	Providing financial assistance in the form		_			
	and awards to various entities to promote h					
	vocational understanding, and other charita					
	(Grants \$ 14,574) If this amount inc			▶ □	29a	14,57
30						==,-:
	(Grants \$) If this amount inc	cludes foreign grants, cl	heck here · ·	▶ □	30a	
31	Other program services (describe in Schedule O)					
	,	cludes foreign grants, cl	heck here • •	▶ □	31a	
32	Total program service expenses (add lines 28a through 31a)				32	43,92
	art IV List of Officers, Directors, Trustees, and Key Employ				ctions	
	Check if the organization used Schedule O to respond to	• '	•			
			(c) Reportable	(d) Health benefits	s,	
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp	· 1	(e) Estimated amount of
		devoted to position	(Forms W-2/1099-I			other compensation
And	drew Hanson		,,	, =====================================		
Pas	st-President	5.00		o	o	0
	ffrey Warren					-
	esident	10.00		o	٥	0
	ett King					<u> </u>
	esident Elect	5.00		o	٥	0
	len Benevides					<u> </u>
	cretary	5.00		o	٥	0
	ger A Hanson	0.00			Ť	
	easurer	5.00		o	٥	0
	n Atchison	0.00			Ť	
	ard member	3.00		o	اه	0
_	lly Bartling	3.00		1		
	ard Member	3.00		o	٥	0
	aig Peshek	3.00		1		
	ard Member	3.00		o	٥	0
	encer Kuhl	3.00	1	1		0
	ard Member	3.00		o	0	0
	di Sickler	3.00	1	1		0
	ard Member	3.00		o	0	0
	Efrey Morgan	3.00	1	-		0
	ard Member	3.00		o	0	0
		3.00	1	1	 	<u> </u>

Form 990-EZ (2016)

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	-		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			- 🗌
			Yes	No
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		X
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		X
35 a	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		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions \(\begin{align*} \) 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Χ
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911			
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		X
С	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 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of Pager A Hanson Telephone no. 308-2	40-4	481	
	Located at ► 5330 Cottonwood Rd, Kearney, NE ZIP+4 ► 68845			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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).			3.7
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here	 I		_
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
++ d	completed instead of Form 990-EZ	44a		X
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	-+-a		Λ
b	completed instead of Form 990-EZ	44b		X
^	Did the organization receive any payments for indoor tanning services during the year?	44b	\vdash	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	740		Λ
u	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	a		21
J	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		Х
		.05		77

									Y	es	No	
46		e organization engage, directly or indirectly, in		es on behalf	of or in oppo	sition						
Dor		didates for public office? If "Yes," complete So							46		Χ	
Par	t VI	Section 501(c)(3) organizations of All section 501(c)(3) organizations		one 47 40	h and 52	and comm	loto the to	hloc	for line			
		50 and 51.	illust allswei questi	0115 47-49	D and 52,	and comp		เทเธอ	101 11116	75		
		Check if the organization used Sch	edule O to respond	to any qu	estion in t	his Part VI	1				П	
		Check if the organization about con	cadio o to respond	to diriy qu	OSHOII III U	ino i dit vi				es	No	
47	Did the	e organization engage in lobbying activities or	have a section 501/h) ele	ction in effec	t during the t	av		Γ	- '	63	140	
		If "Yes," complete Schedule C, Part II			•				47			
48												
49a												
b If "Yes," was the related organization a section 527 organization?												
50												
	employ	yees) who each received more than \$100,000	of compensation from the	e organizatio	n. If there is	none, enter "	None."					
			(b) Average	(c) Rep	ortable	(d) Health						
		(a) Name and title of each employee	hours per week		ensation	contributions benefit plans,			Estimated a other compa			
			devoted to position	(Forms W-2	/1099-MISC)	comper			<u> </u>			
	Total n	umber of other employees paid over \$100,000										
51		ete this table for the organization's five highes		ent contracto	rs who each	received moi	e than					
•		000 of compensation from the organization. If			io wile edeli	10001100 11101	o triari					
		· · · · · · · · · · · · · · · · · · ·										
	(a) Name and business address of each independent contract	ctor	(b)	Type of service	:	(0	c) Comp	ensation			
		A (/)										
	Total n	umb or of other independent contractors and		<u> </u>								
d 52		umber of other independent contractors each e organization complete Schedule A? Note : A		izatione mu	et attach a							
32		eted Schedule A	, , , ,				1	▶ □	Yes	<u>v</u>] ,	No	
Unde		s of perjury, I declare that I have examined this return					f my knowledo	e and b		<u> </u>	10	
	•	nd complete. Declaration of preparer (other than off					iny knomody	o and b	onor, it io			
		Roger A Hanson	,			, <u>g</u>	07-29	-2017	,			
Sigi	n	Signature of officer				Date			-			
Her	Here Roger A Hanson, Treasurer											
		Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date	С	heck X if	PTIN				
Paid		R Andrew Hanson, CPA R	Andrew Hanson,	CPA	07-29-20	17 s	elf-employed	P00	02384	9		
Prep	arer	Firm's name R Andrew Hanson,	CPA, LLC			Firm's E	IN 🕨					
Use	Only	Firm's address PO Box 1337						· <u></u>				
		Kearney NE 68848				Phone n	o. 308-	237-7	7365			
May	the IRS	discuss this return with the preparer shown ab	ove? See instructions				<u>)</u>	X	Yes		No	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization						Employer ider	itification number	
Rotary International Kearney	Rotary					47-602		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization rais				ities Check all that app	olv			
a ☐ Mail solicitations		_	-	of non-government gra	-			
b Internet and email solicitations				of government grants	1110			
c Phone solicitations				draising events				
=		9 🗆	Special luli	uraising events				
d In-person solicitations		41	-l l (i l li					
2a Did the organization have a written or	-	-		-			п.,	
or key employees listed in Form 990,				-		∐ Ye	es 🗌 No	
b If "Yes," list the 10 highest paid individ		ndraisers) p	ursuant to a	greements under which	the fundr	aiser is to be		
compensated at least \$5,000 by the o	rganization.							
	<u> </u>			ı				
(i) Name and address of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to	
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity		ser listed in	(or retained by) organization	
		ļ	1		C	ol. (i)	organization	
		Yes	No					
1								
2								
3								
4								
5								
6								
	· ·							
7								
8								
9								
10								
	74		1					
Total			🕨					
3 List all states in which the organization	is registered or lice	ensed to sol	icit contribut	tions or has been notifie	ed it is exe	mpt from		
registration or licensing.	· ·					•		
3								

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through Travelogue District col. (c)) (total number) (event type) (event type) Revenue Gross receipts 15,204 7,638 15,113 37,955 2 Less: Contributions Gross income (line 1 minus 15,204 7,638 15,113 37,955 Cash prizes 856 856 Noncash prizes 6,400 856 7,256 Rent/facility costs 2,800 3,800 6,600 Expenses Food and beverages 198 629 827 Direct Entertainment 4,725 4,725 Other direct expenses 6<u>,</u>346 3,580 9,926 Direct expense summary. Add lines 4 through 9 in column (d) 30,190 Net income summary. Subtract line 10 from line 3, column (d) 7,765 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

EEA Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► 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.

OMB No. 1545-0047

Employer identification number

2016

Open to Public Inspection

47-6027901 Rotary International Kearney Rotary 01. List of grants and similar amounts paid (Part I, line 10) Activity Contributions to affilated org. Grantee The Rotary Foundation 14280 Collections Center Dr Street Chicago, IL 60693 City, State, Zip 2,136 Amount International dues to affilated org. Activity Rotary International Grantee 1560 Sherman Street 1 Rotary Center, City, State, Zip Evanston, IL 60201 4,732 Amount Activity District dues to affiliated org. Rotary District 5630 Grantee 616 S Poplar St Street <u>City, State, Zip</u> North Platte, NE 69101 2,860 Amount Activity Youth scholarship awards University of NE Foundation Grantee Street 214 W 39th St City, State, Zip Kearney, NE 68845 1,500 Amount

Schedule O (Form 990 or 990-EZ) (2016) Page **2**

Street 310 W 24th St City, State, Zip Kearney, NE 68845 Amount 4,091 Activity Contributions to other organizations Grantee Various	Name of the organization		Employer identification number
Street Various Street Various City, State, Zip Kearney, NE 68847 Amount 176 Activity Contribution to RYLA Grantee RYLA Youth Leadership Camp Street 4114 1st Avenue City, State, Zip Kearney, NE 68847 Amount 800 Activity Contribution to Rotary Nature Barn Grantee 18 E 22nd St City of Kearney Street 18 E 22nd St City, State, Zip Kearney, NE 68847 Amount 2 000 Activity Contribution to Read with Rotary Literacy Project Grantee Kearney Public Schools Street 310 W 24th St City, State, Zip Kearney, NE 68845 Activity Contributions to other organizations Crantee Various Activity Contributions to other organizations Crantee Various	Rotary International Kearney	Rotary	47-6027901
Street Various City, State, Zip Kearney, NE 68847 Anount 176 Activity Contribution to RYLA Grantee RYLA Youth Leadership Camp Street 4114 1st Avenue City, State, Zip Kearney, NE 68847 Amount 800 Activity Contribution to Rotary Nature Barn Grantee City of Kearney Street 18 E A2nd St City, State, Zip Kearney, NE 68847 Amount 3,000 Activity Contribution to Read with Rotary Literacy Project Grantee Kearney Fublic Schools Street 310 W 24th St City, State, Sip Kearney, NE 68845 Amount 4.091 Activity Contributions to other organizations Grantee Various	Activity	Youth Christmas party	
City, State, Zip Kearney, NE 68847 Amount 176 Activity Contribution to SYLA Grantee RYLA Youth Leadership Camp Street 4114 1st Avenue City, State, Zip Kearney, NE 68847 Amount 800 Activity Contribution to Rotary Nature Barn Grantee City of Kearney Street 18 E 22nd St City, State, Zip Kearney, NE 68847 Amount 3,000 Activity Contribution to Read with Rotary Literacy Project Kearney Public Schools Street 310 W 24th St City, State, Zip Kearney, NE 68845 Amount 4,091 Activity Contributions to other organizations Grantee Various Contributions to other organizations Grantee Various	Grantee	Various	
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City, State, Zip Kearney, NE 68845 Amount 4,091 Activity Contributions to other organizations Grantee Various	Grantee	Kearney Public Schools	
Activity Contributions to other organizations Grantee Various	Street	310 W 24th St	
Activity Contributions to other organizations Grantee Various	City, State, Zip	Kearney, NE 68845	
Grantee Various	Amount	4,091	
	Activity	Contributions to other organizations	
Street Various	Grantee	Various	
	Street	Various	

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Name of the organization		Employer identification number
Rotary International Kearney Rotary		47-6027901
City, State, Zip Kearney, NE	68847	
Amount 2,871		
02. Description of other expenses (Part I, lin	ne 16)	
Description	Amount	
Conventions and meetings	19,227	
Insurance	188	
######################################		
Miscellaneous	790	
Supplies	911	
Supplies	311	
Website expense	135	
Maria	506	
Taxes	506	