

1906

OMB No 1545-1150

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Rotary International, Kirksville-Thousand Hills Rotary Club
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 887
 City or town, state or province, country, and ZIP or foreign postal code
Kirksville, MO 63501

D Employer identification number
43-1515791

E Telephone number
660-665-1111 x221

F Group Exemption Number ▶ **0573**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

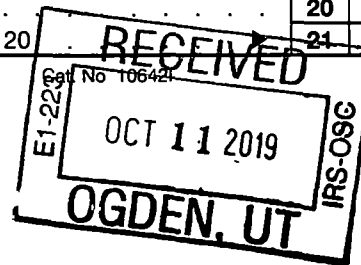
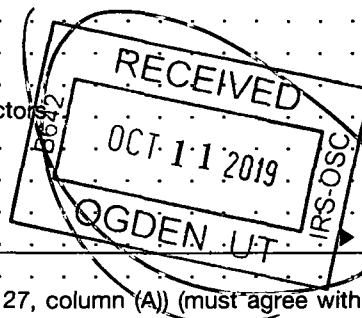
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization is required to attach Schedule O to respond to any question in this Part I ☐

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	5,664	10	Grants and similar amounts paid (list in Schedule O)
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members
3	Membership dues and assessments	3	14,644	12	Salaries, other compensation, and employee benefits
4	Investment income	4	425	13	Professional fees and other payments to independent contractors
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)
6	Gaming and fundraising events:			17	Total expenses. Add lines 10 through 16
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	35,493	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
c	Less: direct expenses from gaming and fundraising events	6c	9,758	20	Other changes in net assets or fund balances (explain in Schedule O)
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	25,735	21	Net assets or fund balances at end of year. Combine lines 18 through 20
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,468		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

SCANNED NOV 14 2019



Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	52,682	22 57,438
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	52,682	25 57,438
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,682	27 57,438

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28	Support of the Rotary Foundation. The Rotary Foundation is a 501(c)(3) Charitable Fund utilized to address humanitarian needs all over the world. One of the largest and most significant projects supported by the Foundation is the on-going effort to eradicate polio worldwide. Millions of people are impacted annually. (Grants \$) If this amount includes foreign grants, check here ☐	28a	12,972
29	Multiple local charities are supported by our organization: Inspire1, Pantry For Adair County, United Way, Foster Care program, I Think I Can Foundation, Chariton Valley Association, Moose Lodge, YMCA. NorthStar Rotary BBQ, PEACE Program, etc. Each of these programs helps hundreds of people annually. (Grants \$) If this amount includes foreign grants, check here ☐	29a	8,754
30	Days For Girls. This project provides feminine hygiene products in underdeveloped countries. Our club supports a local chapter that puts together the kits and sends them to Days for Girls Intl. for distribution. Since 2008, over 1,000,000 women and girls have been helped in 125 countries. (Grants \$) If this amount includes foreign grants, check here ☐	30a	2,500
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ☐	32	24,226

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Employer identification number

43-1515791

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations	e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations	f ☐ Solicitation of government grants
c ☐ Phone solicitations	g ☐ Special fundraising events
d ☐ In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

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
		<u>Dinner & RR</u> (event type)	<u>(event type)</u>	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1 Gross receipts	35493			35493
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	35493			35493
Direct Expenses	4 Cash prizes	6200			6200
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	3080			3080
	8 Entertainment				
	9 Other direct expenses	478			478
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				9758
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				25735	

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____