

**FOR TAX YEAR 2016**

ROTARY INTERNATIONAL KEARNEY ROTARY

R Andrew Hanson, CPA, LLC

PO Box 1337

Kearney, NE 68848-1337

(308)237-7365

# R Andrew Hanson, CPA, LLC

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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**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 07-01-2016, and ending 06-30-2017

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

**2016**

Department of the Treasury

Internal Revenue Service

Name of exempt organization

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

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 return. If you 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 form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	.....	<b>1b</b>	_____
<b>2a</b> Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	.....	<b>2b</b>	<u>40,619</u>
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	.....	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	.....	<b>4b</b>	_____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	.....	<b>5b</b>	_____

## 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 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 the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the 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

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned 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 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

## 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.

471203 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**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ R Andrew Hanson, CPA

Date ▶ 07-29-2017

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2016)

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)

2016

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

A For the 2016 calendar year, or tax year beginning 07-01, 2016, and ending 06-30, 2017

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: Rotary International Kearney Rotary
Number and street (or P.O. box, if mail is not delivered to street address): PO Box 394
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Kearney, NE 68848-0394

D Employer identification number: 47-6027901
E Telephone number: (308) 237-7365
F Group Exemption Number: 0573

G Accounting Method: [X] Cash [ ] Accrual [ ] Other (specify)

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

I Website: www.knrotary.org

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c)(4) [ ] (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 70,809

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6d, 7a-7c.

**Part II Balance Sheets** (see the instructions for Part II)

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	25,075	21,772
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	25,075	21,772
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,075	21,772

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Social welfare org. to encourage service

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.

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

28 <u>Providing membership programs and social events. Payment of dues to affiliated international and district organizations.</u>  (Grants \$ <u>7,591</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	29,348
29 <u>Providing financial assistance in the form of contributions and awards to various entities to promote health, education, vocational understanding, and other charitable activities.</u> (Grants \$ <u>14,574</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	14,574
30 _____  (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	43,922

**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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Andrew Hanson Past-President	5.00	0	0	0
Jeffrey Warren President	10.00	0	0	0
Brett King President Elect	5.00	0	0	0
Belen Benevides Secretary	5.00	0	0	0
Roger A Hanson Treasurer	5.00	0	0	0
Dan Atchison Board member	3.00	0	0	0
Kelly Bartling Board Member	3.00	0	0	0
Craig Peshek Board Member	3.00	0	0	0
Spencer Kuhl Board Member	3.00	0	0	0
Judi Sickler Board Member	3.00	0	0	0
Jeffrey Morgan Board Member	3.00	0	0	0

Part 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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		Yes	No
		46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47	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	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
49b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Roger A Hanson</b> Signature of officer	<b>07-29-2017</b> Date
	<b>Roger A Hanson, Treasurer</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>R Andrew Hanson, CPA</b>	Preparer's signature <b>R Andrew Hanson, CPA</b>	Date <b>07-29-2017</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00023849</b>
	Firm's name <b>R Andrew Hanson, CPA, LLC</b>	Firm's EIN		Phone no. <b>308-237-7365</b>	
	Firm's address <b>Kearney NE 68848-1337</b>				

May the IRS discuss this return with the preparer shown above? See instructions



**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 <u>Travelogue</u> (event type)	(b) Event #2 <u>District</u> (event type)	(c) Other events <u>4</u> (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	15,204	7,638	15,113	37,955
	2	Less: Contributions . . . . .				
	3	Gross income (line 1 minus line 2) . . . . .	15,204	7,638	15,113	37,955
Direct Expenses	4	Cash prizes . . . . .			856	856
	5	Noncash prizes . . . . .		6,400	856	7,256
	6	Rent/facility costs . . . . .	2,800		3,800	6,600
	7	Food and beverages . . . . .	198		629	827
	8	Entertainment . . . . .	4,725			4,725
	9	Other direct expenses . . . . .	3,580		6,346	9,926
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				30,190
11	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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: \_\_\_\_\_

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**Rotary International Kearney Rotary**

Employer identification number

**47-6027901**

**01. List of grants and similar amounts paid (Part I, line 10)**

Activity Contributions to affiliated org.  
Grantee The Rotary Foundation  
Street 14280 Collections Center Dr  
City, State, Zip Chicago, IL 60693  
Amount 2,136

Activity International dues to affiliated org.  
Grantee Rotary International  
Street 1 Rotary Center, 1560 Sherman  
City, State, Zip Evanston, IL 60201  
Amount 4,731

Activity District dues to affiliated org.  
Grantee Rotary District 5630  
Street 616 S Poplar St  
City, State, Zip North Platte, NE 69101  
Amount 2,860

Activity Youth scholarship awards  
Grantee University of NE Foundation  
Street 214 W 39th St  
City, State, Zip Kearney, NE 68845  
Amount 1,500

Name of the organization <b>Rotary International Kearney Rotary</b>	Employer identification number <b>47-6027901</b>
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Activity Youth Christmas party  
 Grantee 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 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  
 Grantee Kearney Public Schools  
 Street 310 W 24th St  
 City, State, Zip Kearney, NE 68845  
 Amount 4,091

Activity Contributions to other organizations  
 Grantee Various  
 Street Various

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, line 16)

Description

Amount

Conventions and meetings

19,227

Insurance

188

Miscellaneous

790

Supplies

911

Website expense

135

Taxes

506

Client Copy