



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-1150

**2015**

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2015 calendar year, or tax year beginning <b>JUL 1, 2015</b> and ending <b>JUN 30, 2016</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROTARY INTERNATIONAL - GREATER MANKATO ROTARY</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 63</b> City or town, state or province, country, and ZIP or foreign postal code <b>MANKATO, MN 56002</b> <b>D</b> Employer identification number <b>41-6022823</b> <b>E</b> Telephone number <b>507-354-8907</b> <b>F</b> Group Exemption Number ▶ <b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). <b>I</b> Website: ▶ <b>HTTP://WWW.MANKATOROTARY.ORG/</b> <b>J</b> Tax-exempt status (check only one) -- <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> 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 ▶ \$ <b>44,773.</b>

**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 ☒

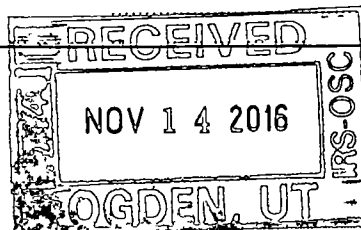
SCANNED NOV 14 2016

Expenses

Net Assets

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	<b>40,868.</b>
4	Investment income	4	<b>24.</b>
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	<b>3,881.</b>
6c	Less: direct expenses from gaming and fundraising events	6c	<b>3,224.</b>
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<b>657.</b>
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>41,549.</b>
10	Grants and similar amounts paid (list in Schedule O)	10	<b>25,983.</b>
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	<b>3,000.</b>
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	<b>1,805.</b>
16	Other expenses (describe in Schedule O)	16	<b>4,600.</b>
17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>35,388.</b>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>6,161.</b>
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)	19	<b>53,191.</b>
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<b>0.</b>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>59,352.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

6-9

☒

<b>Expenses</b>	<b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>
Advertising or promotional expenses	
Business travel expenses	
Charitable contributions	
Compensation of officers, directors, and key employees	
Contractual services	
Dues and subscriptions	
Facilities and equipment	
Filing fees	
Gifts	
Institutional charges	
Insurance	
Interest	
Laboratory and scientific expenses	
Legal expenses	
Life insurance	
Maintenance and repairs	
Medical expenses	
Office expenses	
Paid advertising	
Paid circulation	
Paid distribution	
Paid printing	
Paid reproduction	
Paid subscription	
Paid telecommunication	
Paid transportation	
Paid travel	
Paid writing	
Rent	
Salaries and wages	
Taxes and licenses	
Telephone and communication	
Travel expenses	
Venue charges	
Wages and salaries	
Writing expenses	

32	13,834.
----	---------

11

Form **990-EZ** (2015)

ROTARY INTERNATIONAL - GREATER

Form 990-EZ (2015)

MANKATO ROTARY

41-6022823

Page 3

**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 Sch. 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		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)		X
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)?		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	N/A	
c 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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
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
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		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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	X
41 List the states with which a copy of this return is filed	MN	
42a The organization's books are in care of	DENISE ZERNECHEL	Telephone no. 507-625-4451
Located at	802 BELWOOD DRIVE, MANKATO, MN	ZIP + 4 56001
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)?	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).		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	

**ROTARY INTERNATIONAL - GREATER  
MANKATO ROTARY**

41-6022823 Page 4

- 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 Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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
N/A				

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." **N/A**

(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

☐ Yes ☒ No

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.

**Sign Here**

Signature of officer

Date

*Steven Jansen*  
**STEVEN JANSEN** - EX SEC / TREAS

11/8/16

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

STEVEN JANSEN

11/2/16

P00032500

Firm's name ▶ CLIFTON LARSON ALLEN LLP

Firm's EIN ▶ 41-0746749

 Firm's address ▶ 101 NORTH SECOND ST, SUITE 200  
 MANKATO, MN 56001

Phone no.

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

☒ Yes ☐ No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

**2015**

Open to Public  
Inspection

Name of the organization

ROTARY INTERNATIONAL - GREATER  
MANKATO ROTARY

Employer identification number  
41-6022823

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

CD INTEREST

24.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY INTERNATIONAL

AFFILIATE ADDRESS: 1 ROTARY CENTER, 1560 SHERMAN AVENUE EVANSTON, IL 60201

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT:

5,779.

AFFILIATE NAME: ROTARY INTERNATIONAL- DISTRICT

AFFILIATE ADDRESS: 2233 HAMLINE AVENUE N, SUITE 511 ROSEVILLE, MN 55113

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT:

4,745.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

10,524.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CHILDRENS EDUCATION

GRANTEE NAME: ISD 77- FORENSICS STUDENTS

GRANTEE ADDRESS: PO BOX 8741 MANKATO, MN 56002

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

3,484.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

**2015**

Open to Public  
Inspection

Name of the organization

ROTARY INTERNATIONAL - GREATER  
MANKATO ROTARY

Employer identification number  
41-6022823

ACTIVITY CLASSIFICATION: AID TO LOCAL CHARITIES

GRANTEE NAME: VARIOUS

GRANTEE ADDRESS: VARIOUS MANKATO, MN 56001

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 350.

ACTIVITY CLASSIFICATION: AID TO INTERNATIONAL CHARITIES

GRANTEE NAME: VARIOUS

GRANTEE ADDRESS: VARIOUS VARIOUS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,625.

ACTIVITY CLASSIFICATION: CHILDRENS EDUCATION

GRANTEE NAME: CHILDRENS MUSEUM OF SOUTHERN MINNESOTA

GRANTEE ADDRESS: CHERRY STREET MANKATO, MN 56001

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 10,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 15,459.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

CONFERENCES AND MEETINGS 3,864.

WEB HOSTING 736.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2015**

Open to Public  
Inspection

Name of the organization

ROTARY INTERNATIONAL - GREATER  
MANKATO ROTARY

Employer identification number  
41-6022823

TOTAL TO FORM 990-EZ, LINE 16

4,600.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS RECEIVABLE

1,528.

5,135.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER THE IDEALS OF  
SERVICE TO MANKIND

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2015**

Open to Public  
Inspection

Name of the organization

ROTARY INTERNATIONAL - GREATER  
MANKATO ROTARY

Employer identification number

41-6022823

TOTAL TO FORM 990-EZ, LINE 16

4,600.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS RECEIVABLE

1,528.

5,135.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER THE IDEALS OF  
SERVICE TO MANKIND

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.