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DLN: 93493034012727

OMB No 1545-0047 **201**

Open to Public

Department of the Treasury Internal Revenue Service 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 and its instructions is at <u>www IRS gov/form990</u>

Return of Organization Exempt From Income Tax

Inspection

A F	or the	e 2015 (ca <u>lendar year, or tax year be</u>	eginning 07-01-2015 , and ending	06-30-2016						
	ldress	applicable	e C Name of organization ROTARY INTERNATIONAL-SC	OTTSBLUFF ROTARY				D Employer identification number 47-0292965			
	ame cl ıtıal re	hange tum	Doing business as								
Fı retum,	'termı		Number and street (or P O I PO BOX 391	pox if mail is not delivered to street addres	ss) Room/suite	,		E Telephone number (308) 635-7705			
		d return on pendır		ce, country, and ZIP or foreign postal code				033	,,,,,,		
			SCOTTSBLUFF, NE 69361				G Gross	receipts	\$ 127,171		
			F Name and address of DAN CHARRON 1001 WEST 27TH	principal officer			this a group bordinates?	retur	n for Yes 🗸		
			SCOTTSBLUFF, NE 693	361		N H(b) Ar	o e all subord	ınates	Evan En		
I Ta	x-exei	mpt statu	ıs	(4) ◀ (insert no) 4947(a)(1) or	527	ìínc	:luded?		TYes ▼ No		
J W	ebsit	: e:▶ N	/A				•		(see instructions) mber ► 0573		
K For	n of o	rganızatı	on Corporation Trust	Association Other ►	•		formation 19		1 State of legal domicile NE		
Pa	rt I	Su	mmary						_		
				nission or most significant activitie	s						
au au	5	SERVIC	E CLUB RELATED ACTIVI	HES							
Governance	-										
Ĕ	- ا	Chaal	this hav A T if the arganiza	tion discontinued its energicans or	dianagad of		n 3 F 0/ of its				
Ž O		CHECK	this box P If the organiza	tion discontinued its operations or	disposed of	more tha	11 25% 01 11:	э песа	sseis		
	3	Numbe	r of voting members of the g	overning body (Part VI, line 1a) .				3	6		
ě	4	Numbe	r of independent voting mem	nbers of the governing body (Part V	I, line 1b)			4	6		
Activities &	5	Totaln	umber of individuals employ	ed ın calendar year 2015 (Part V ,	line 2a) .			5	0		
Act	6	Totaln	umber of volunteers (estima		6	100					
			nrelated business revenue f		7a	0					
	b N	let unre	elated business taxable inco	me from Form 990-T, line 34 .				7b			
		-	(David	4777 Long 4 lo		P	rior Year 142,	7.6.5	Current Year		
Ō.	8		Contributions and grants (Part VIII, line 1h)						84,817		
Ravenue	10	_	•	column (A), lines 3, 4, and 7d)			393		366		
Ŗ.	11		,	nn (A), lines 5, 6d, 8c, 9c, 10c, and				012	5,538		
	12		•	ıgh 11 (must equal Part VIII, colur	•		146,		90,721		
		12)						170			
	13		·	(Part IX, column (A), lines 1-3)			49,	876	38,852		
	14		·	(Part IX, column (A), line 4)				_	0		
æ	15	5 a i a 5 – 1	· · · · · · · · · · · · · · · · · · ·	mployee benefits (Part IX, column	(A), lines				0		
Expenses	16a	Prof	essional fundraising fees (P	sional fundraising fees (Part IX, column (A), line 11e)							
ä	ь	Total	fundraising expenses (Part IX, col	umn (D), line 25) ▶ <u>0</u>							
_	17	O the	er expenses (Part IX, colum	n (A), lines 11a-11d, 11f-24e) .			83,	375	90,427		
	18	Tota	l expenses Add lines 13-1	7 (must equal Part IX, column (A),	, line 25)		133,	251	129,279		
. 40	19	Reve	enue less expenses Subtrac	ct line 18 from line 12	<u> </u>		12,	919	-38,558		
Net Assets or Fund Balances						Beginnin	g of Current	Year	End of Year		
Sset	20	Tota	ıl assets (Part X, line 16) .				141,	176	103,604		
¥ Z	21	Tota	ıl lıabılıtıes (Part X, lıne 26)					100	1,086		
	22		assets or fund balances Su	141,	076	102,518					
	t II		nature Block								
my kı	nowle	edge an		ve examined this return, including nd complete Declaration of prepare							
		- I B	****				2017-02-03				
I II		Sig	nature of officer				Date				
Here	2		N CHARRON Treasurer								
		Ту	pe or print name and title	Dropama's signature	10	, ,		PTIN			
Dal-	1		Print/Type preparer's name DENNIS HADDEN	Preparer's signature DENNIS HADDEN	Dat	(Check 🗸 if self-employed	P0024	9553		
Paid		٥r	Firm's name ► Dana F Cole &	Соmpany ШР			rım's EIN ►				
Pre Use	•		Fırm's address ▶ 1510 Broadway			F	Phone no (308	3) 632-4	1400		
USE	U	ııy	Scottsbluff, NE	69361							

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Pai	IV Checklist of Required Schedules (continue	ď,
21	Did the organization report more than \$5,000 of grants or ot	he

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Yes

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

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Nο

Form 990 (2015)

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . .

er assistance to any domestic organization or

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22

21

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

280

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35a

35b

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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		Check if Schedule O contains a response of flote to any line in this	rait	v	· ·	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0	1		
c		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend	dors and reportable	1c		No
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered	2a	0			
b	If at le	s return	loym	ent tax returns?	2b		No
За		e organization have unrelated business gross income of \$1,000 or more during	•	•	3a		No
ь	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		No
4a	over,	y time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc int)?	_	•	4a		No
b		s," enter the name of the foreign country istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ızatıon solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th not tax deductible?			6 b		
7		sizations that may receive deductible contributions under section 170(c).	•				
а		e organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	ovide	ed?	7 b		
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	•	which it was required to	7c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots . $lacksymbol{f L}$	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the or ed?	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus i the year?	ines:	s holdings at any time	8		No
9a	Did th	e sponsoring organization make any taxable distributions under section 49667			9a		No
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9 b		No
LO	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b] 		
l1		on 501(c)(12) organizations. Enter		ı			
		Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11 b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		Νo
	year	s," enter the amount of tax-exempt interest received or accrued during the	12 b				
L3	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote. S	see the instructions for	13a		No
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13 b				
c	Enter	the amount of reserves on hand	13 c		[
L4a	Did th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	990 (2015)			Page
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			w, . .
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Νo **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Νo **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Νo c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Νo Did the organization have a written whistleblower policy? 13 13 Νo Did the organization have a written document retention and destruction policy? . . . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **a** The organization's CEO, Executive Director, or top management official . 15a Nο 15b **b** Other officers or key employees of the organization Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-1 (501(c)
(3)s only) available for public inspection Indicate how you made these available Check all that apply
Own website Another's website Upon request Other (explain in Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

▶DAN CHARRON 1001 WEST 27TH SCOTTSBLUFF, NE 69361 (308) 635-7705

Νo

16a

16b

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not bo: h ar or/ti	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		Former	MISC)	MISC)	organization and related organizations			
(1) TODD HOLCOMB	3 00									
President		×		×				0	0	(
	0 00 2 00									
(2) DAWNE WOLFE		×						0	0	(
PRESIDENT ELECT	0 00									
(3) RYAN WINDHORST	2 00	l		١.,						
Secretary	0 00	X		X				0	0	(
(4) ZAC KARPF	1 00			١,,						
Vice President	0 00	×		×				0	0	(
(5) RAWNDA PIERCE	1 00									
PAST PRESIDENT	0 00	X						0	0	t
(6) DAN CHARRON	2 00									
Treasurer	0 00	×		X				0	0	

art VII	Section A. Office	rs, Directors, 1	Γrustees, Ke	y Employees,	and Highest	Compensated Employed	es (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related	more t	tion (han d n is l	one l both	oox, an d	officer	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
1b Sub-Total						•				
c Total from continuation sheet	s to Part VII, S	ection A	٠.	•	•	· [
d Total (add lines 1b and 1c) .				•	•	•				
Total number of induiduals (in	cluding but not	limited t	-a +b		lic to	d abou	اینا ۱ م	he recoved more th	3.D	

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0
- 3
 - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

4 Νo 5 Νo

Yes

3

No

Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
(A) Name and business address	(B) Description of services	(C) Compensation						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 0

Form 99								Page 9
Part V	<i>/</i> + + ·	Statement o						_
		Check if Schedi	ule O contains a respoi	se or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b	71,476				
Gra	c	Fundraising eve	ents 1c					
fts. ⊏ A	d		ations 1d					
.ë .e	e	Government grants						
Sin Sin		_		12 241				
utic Ter	f	similar amounts no	ons, gifts, grants, and 1f ot included above	13,341				
d in	g	Noncash contribution	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		84,817			
				Business Code				+
Program Service Revenue	2a							
£ ₹	ь							
- J	С							
₹ ≅	d							
Ē	e							
ogra	f	All other progra	im service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f		0			
	3		ome (including dividen		366	366		
	4		ar amounts) Itment of tax-exempt bond		0			1
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	L me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses Gain or (loss)						
	d		s)		0			
eune	8a	events (not inc	luding					
Other Revenue	ь	See Part IV, lin	reported on line 1c) le 18 a penses b	41,988				
Ö	1		(loss) from fundraising	36,450 events ▶	5,538			5,538
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming acti		0			
	10a	Gross sales of returns and allo		•				
	b c	Net income or (oods sold b (loss) from sales of inve		0			
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue.	See Instructions .	🕨	90,721	366		5,538
					30,721	500		1 3,336

Part IX Statement of Functional Expenses

Section	501(c)(3)	and 501(c)	(A) organizations must	complete all columns	All other organizations	must complete column (A)
section	201161621	and Sulici	IC4 I OTGANIZACIONS MUSE	complete all columns	A II OTHEL OLGANIZATIONS	-musi combiete column (A.)

Check if Schedule O contains a response or note to any line in this Part IX .								

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	38,852	38,852		
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
		0			
11	Fees for services (non-employees)				
a	Management	0			
Ь	Legal	0			
с	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,959	8,959		
20	Interest	0			
21	Payments to affiliates	12,573	12,573		
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEALS	33,832	33,832		
b	YOUTH PROJECTS	13,306	13,306		
c	ROTARY FOUNDATION	10,253	10,253		
d	MISCELLANEOUS	5,452	5,452		
e	All other expenses	6,052	6,052		
25	Total functional expenses. Add lines 1 through 24e	129,279	129,279	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Dowl V	Palanco	<u> </u>
Dark V	Ralanco	Shoot

orm 9	990 (2	2015)			Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X $$. $$.			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	53,505	1	25,349
	2	Savings and temporary cash investments	87,670	2	78,255
	3	Pledges and grants receivable, net		З	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
SSI				6	0
⋖	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10 c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	1	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	141,176	16	103,604
	17	Accounts payable and accrued expenses	100	17	1,086
	18	Grants payable		18	
	19	Deferred revenue		19	_
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L		22	
Liabilit	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			4	25	
	26	Total liabilities. Add lines 17 through 25	100	26	1,086
ses		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright \checkmark and complete lines 27 through 29, and lines 33 and 34.			
alan	27	Unrestricted net assets	95,434	27	83,018
<u> </u>	28	Temporarily restricted net assets	45,642	28	19,500
Ĕ	29	Permanently restricted net assets		29	
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
şţş	30	Capital stock or trust principal, or current funds		30	
\$\$(31	Paid-in or capital surplus, or land, building or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	141,076	33	102,518
	34	Total liabilities and net assets/fund balances	141,176	34	103,604

Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Schedule O

Employer identification number

47-0292965

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

ROTARY INTERNATIONAL-SCOTTSBLUFF ROTARY

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Par	t I-A	Complete if the or	ganization is exempt under s	section 501(c) or is a section 527	organization.	
1	Provide	a description of the org	ganization's direct and indirect politic	al campaign acti	vities in Part IV		
2	Politica	l expenditures			>	\$	
3	Volunte	er hours					
Dar	t I-B C	omplete if the or	ganization is exempt under s	section 501/c	.//3/		
1		<u>-</u>	tax incurred by the organization und	-	<u> </u>		
2		•	tax incurred by the organization manage		•	\$	
3		•	ection 4955 tax, did it file Form 472		4,333	↑	- No
4a		orrection made?		o ioi emo your			_
b		" describe in Part IV				Yes	No
			ganization is exempt under s	section 501(c), except section 50:	1(c)(3).	
1			nded by the filing organization for se	-		\$	
2	Enter th		rganızatıon's funds contributed to otl	·		\$	
3	Totalex	\$					
4	Did the	Yes	No				
5	organıza amount	527 political organizations m the filing organization's fi to a separate political orgal is needed, provide informat	unds Also enter th	ne			
		(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of pot contributions red and promptly directly delivere separate polit organization If enter -0-	ceived and d to a ical
2							
3							
4							
5							
6							
For P	aperwork	Reduction Act Notice, se	e the instructions for Form 990 or 990	- EZ. C	at No 50084S Schedule C (F	Form 990 or 990-EZ) 2015

P	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	oup member's name	e, address, EIN,
	Check	•	If the filing organization checked box A and "limited control" provisions apply		
				/-\ E:::	/L \ A661:-44

	Limits on Lobb	pox A and "limited control" provisions apply bying Expenditures heans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots		•
b	lobbying) Total lobbying expenditures to influence a legis	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines			
f				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)		
h	Subtract line 1g from line 1a If zero or less, er	ter -0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter - 0 -		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720		
j		line 1h or line 1i, did the organization file Form 4720	No	

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)												
	Lobbying Expenditures During 4-Year Averaging Period												
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d)2015	(e) Total							
2a	Lobbying nontaxable amount												
b	Lobbying ceiling amount (150% of line 2a, column(e))												
c	Total lobbying expenditures												
d	Grassroots nontaxable amount												
e	Grassroots ceiling amount (150% of line 2d, column (e))												
f	Grassroots lobbying expenditures												
			·	Sche	dule C (Form 990	or 990-EZ) 2015							

Return Reference

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).					
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(3	a)	1	(b)	
ctıv	ıty	Yes	No		moun	t
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	res				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
f g h	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i j	Other activities? Total Add lines 1c through 1:					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912			_		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	01 (c)(5),	or se	ection	n
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 2	Yes	No No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Ī	3		Νo
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a				
a b	Current year Carryover from last year	2b				
	Total	2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p list),	, Part I	I-A,I	ines 1	and

Explanation

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DLN: 93493034012727

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

2015

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ame of the organization	0077684455807	• 5 7				Employer ide	ntification number			
OTARY INTERNATIONAL-S	COTTSBLUFF ROT	ARY				47-0292965	5			
Part I Fundraising Ac Form 990-EZ file			_	ation answered "Yes" his part.	on Form	990, Part IV	/, line 17.			
Indicate whether the orga	nızatıon raısed fund	ds through	n an y of th	ne following activities C	heck all t	hat apply				
a Mail solicitations				e Solicitation of n	ion-goverr	nment grants				
b Internet and email so	licitations			f Solicitation of g	itation of government grants					
c Phone solicitations				g	sing event	S				
d In-person solicitation	าร									
Did the organization have or key employees listed in services?							es √ No			
b If "Yes," list the ten high to be compensated at lea				users) pursuant to agre	ements un	der which the f	undraiser is			
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(or re fundrai	count paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization			
1		Yes	No							
2										
3										
4										
5										
6										
7										
8										
9										
10										
otal			•							
List all states in which the registration or licensing	organization is regi	stered or	licensed	to solicit contributions (or has bee	n notified it is e	exempt from			

	(٠.		•		- /	_	-
Part II	Fı	une	dr	ai	sir	ıg	Ε	V€	e n	ıt	S
	_		- 1			- 1-1-				_	

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

	receipts greater than \$5,00			s I allu ob. List evel	
		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		ROTARY GOLD (event type)	(event type)	(total number)	(add col (a) through col (c))
		(event type)	(event type)	(total number)	cor (c)
ne					
Reverkie	1 Gross receipts	41,958			41,958
Re	· ·	11,330			11,330
	2 Less Contributions3 Gross income (line 1 minus				
	line 2)	41,958			41,958
	4 Cash prizes				
	5 Noncash prizes				
S	6 Rent/facility costs				
Expenses	7 Food and beverages				
å X	8 Entertainment				
	9 Other direct expenses	36,450			36,450
Direct	10 Direct expense summary Add lines	4 through 9 in column (d)		36,450
	11 Net income summary Subtract line	10 from line 3, column (c	1)		5,508
Par	rt III Gaming. Complete if the organizatio	n answered "Ves" on I	Form 990 Part IV line	10 or reported ma	ro than #15 000 on
	Form 990-EZ, line 6a.		Torin 990, Fart IV, inie	e 19, or reported mo	Te than \$15,000 on
<u>.e</u>		(a)Bıngo	(b)Pull tabs/Instant	(c)Other gaming	(d) Total gaming (add col
Reversie			bingo/progressive bingo		(a) through col (c))
Re	1 Gross revenue				
·^					
Expenses	2 Cash prizes				
ed X	3 Noncash prizes				
	4 Rent/facility costs				
Direct	The include miney costs in the include miney costs in the include miney costs in the include mines and include mines and include mines are included mines and include mines are included mines and include mines are included				
	5 Other direct expenses				
		Yes%	Yes%	☐ Yes %	
	6 Volunteer labor	No	│	│	
	7 Direct expense summary Add lines	2 through 5 in column (c	1)		
	8 Net gaming income summary Subti	ract line 7 from line 1, co	lumn (d)		
_					
9 a	Enter the state(s) in which the organized Is the organization licensed to conduct				Yes No
	-	-			,
b	If "No," explain				
10a	Were any of the organization's gaming	licenses revoked, suspe	nded or terminated during	g the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Department of the Treasury Internal Revenue Service R

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2015

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DLN: 93493034012727 OMB No 1545-0047

OTARY INTERNATIONAL-SCOTTSBLUFF ROTARY		Employer identification number		
	47-0292965			
Part I General Information on Grants and Assistance	•			
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance the selection criteria used to award the grants or assistance?		✓ Yes N		
that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) A mount of cash grant (a) A mount of cash grant (b) Column assistance (b) A mount of cash assistance (b) A mount of cash assistance (c) A mount of cash assistance (d) A mount of cash assistance (b) A mount of cash assistance (b) A mount of cash assistance (c) A mount of cash assistance (d) A mount of cash assistance (b) A mount of cash cash assistance (b) A mount of cash organization (b) A mount of cash assistance (b) A mount of cash organization (b) A mount of cash assistance (c) A mount of cash organization (b) A mount of cash assistance (b) A mount of cash organization (b) A mount of cash assistance (c) A mount of cash organization (b) A mount of cash assistance (b) A mount of cash organization (b) A mount of cash assistance (c) A mount of cash organization (b) A mount of cash assistance (c) A mount of cash organization (b) A mount of cash assistance (c) A mount of cash organization (b) A mount of cash assistance (c) A mount of cash assistance (b) A mount of cash assistance (c) A mount of cash assistance (d) A mount of cash assistance (e) A mount of cash assistance (b) A mount of cash assistance (b) A mount of cash assistance (c) A mount of cash assistance (d) A mount of cash assistance (e) A mount of cash assistance (b) A mount of cash assistance (b) A mount of cash assistance (c) A mount of cash assistance (d) A mount of cash assistance (e) A mount of cash assistance (b) A mount of cash assistance (c) A mount of cash assistance (d) A mount of cash assistance (e) A mount of cash assistance (e) A mount of cash assistance (b) A mount of cash assistance (e) A mount of cash assistance (f) Method of cash assistance (f) Method of cash assistance (f) Method of cash assistance (f) Metho	(g) Description of non-cash assistance	(h) Purpose of grand or assistance		
ee Additional Data Table				
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		0 2		

Additional Data

ROTARY WATER PROJECT -

SCOTTSBLUFF, NE 69361
THE ROTARY FOUNDATION

14280 COLLECTIONS CENTER DRIV CHICAGO, IL 60693

KENYA PO BOX 391 36-3245072

36-3245072

Software ID: 15000324
Software Version: 2015v3.0

EIN: 47-0292965

Name: ROTARY INTERNATIONAL-SCOTTSBLUFF ROTARY

28,302

7,500

(h) Purpose of grant

or assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(3)		

501(c)(4)

501(c)(4)

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SCHEDULE O (Form 990 or 990-EZ)	Supplementa Complete to prov	ons on	2015			
Department of the Treasury Internal Revenue Service	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 instructi www.irs.gov/form990.				Open to Public Inspection	
Name of the organization ROTARY INTERNATIONAL-SCOTTSBLUFF ROTARY			Employer identification number 47-0292965			
990 Schedule O, Supplemental Information Return Reference				Explanation		
Form 990, Part VI, Line 11b Form 990 Review Process		No re	No review was or will be conducted			
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available			No do	No documents available to the public		