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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

▶ 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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization
ROTARY CLUB OF KALISPELL

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO BOX 481

City or town, state or province, country, and ZIP or foreign postal code
KALISPELL, MT 599030481

D Employer identification number
81-6013861

ETelephone number
(406) 253-0936

FGroup Exemption Number ▶

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

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

I Website: ▶N/A

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

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other AFFILIATE OF ROTARY INTERNATIONAL

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 ▶ \$ 97,771

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 ☒

Revenue	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	97,771
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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)		
Expenses	6c	Less direct expenses from gaming and fundraising events		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	97,771
	10	Grants and similar amounts paid (list in Schedule O)	10	27,384
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	5,103
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,131
	16	Other expenses (describe in Schedule O)	16	57,210
	17	Total expenses. Add lines 10 through 16 ▶	17	92,828
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,943
	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	32,446
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	37,389

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	22,191	22	25,061
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	14,151	24	12,376
25 Total assets	36,342	25	37,437
26 Total liabilities (describe in Schedule O)	3,896	26	48
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,446	27	37,389

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?
ENCOURAGE AND FOSTER 1) THE DEVLOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE2) HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS3) THE APPLICATION OF SERVICE IN EACH MEMBERS PERSONAL,BUSINESS AND COMMUNITY LIFE4) THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL AND PEACE THROUGH A WORLD FELLOWSHIP

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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here	28a	
29		
(Grants \$) If this amount includes foreign grants, check here	29a	
30		
(Grants \$) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	52,519

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
LAURA O'CONNOR PRESIDENT	8 00	0	0	0
PATRICIA HULLA SECRETARY	8 00	0	0	0
SCOTT MURPHY TREASURER	8 00	0	0	0
LUCY SMITH PRESIDENT ELECT	4 00	0	0	0
ERIC HANSON DIRECTOR	1 00	0	0	0
JACK DAVIS DIRECTOR	1 00	0	0	0
DAVID GRAY DIRECTOR	1 00	0	0	0
JANICE LAKE PRESIDENT ELECT NOMINEE	1 00	0	0	0
BILL DAKIN DIRECTOR	1 00	0	0	0
LORI ADAMS DIRECTOR	1 00	0	0	0
JACK GRIFFITH DIRECTOR	1 00	0	0	0
JOE BRENNEMAN DIRECTOR	1 00	0	0	0

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
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	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a0		
b	Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
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	No
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>KELLY WILKE</u> Telephone no ▶ <u>(406) 253-0936</u> Located at ▶ <u>PO BOX 481 KALISPELL, MT</u> ZIP + 4 ▶ <u>599030481</u>		
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)? If "Yes," enter the name of the foreign country ▶	42b	No
	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 the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45b	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	

		Yes	No
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		No

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 ☐

		Yes	No
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		
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?		
49b	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 "

(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 ▶ ☐ 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		2016-10-26 Date				
	LAURA O'CONNOR, PRESIDENT Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name EVERIT A SLITER		Preparer's signature		Date 2016-10-26	Check ☐ if self-employed	PTIN P00022864
	Firm's name ▶ JORDAHL & SLITER PLLC					Firm's EIN ▶ 81-0497523	
	Firm's address ▶ PO BOX 8600 KALISPELL, MT 599041600					Phone no. (406) 752-1040	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 81-6013861
Name: ROTARY CLUB OF KALISPELL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
PARTICIPATING IN ROTARY DISTRICT 5390 AND ROTARY INTERNATIONAL HUMANITARIAN SERVICES TO NEEDY INDIVIDUALS AND GROUPSROTARY INTERNATIONAL FOUNDATION 28 EVANSTON, IL (Grants \$ 27,384) If this amount includes foreign grants, check here . . . ☐	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
29 REGULAR WEEKLY MEETINGS OF THE MEMBERS WITH PRESENTATIONS TO FOSTER AND PROVIDE AWARENESS OF COMMUNITY SERVICE ACTIVITIES (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	51,576

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
30 ATTENDANCE AT DISTRICT AND INTERNATIONAL MEETINGS (Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	943

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
COMMUNITY AND YOUTH PROGRAMS AND SERVICESGRANTS WERE ALL UNDER \$5,000 TO UNRELATED GRANTEES (Grants \$ 0) If this amount includes foreign grants, check here ☐		0

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF KALISPELL

EIN: 81-6013861

Declaration: 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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
ROTARY CLUB OF KALISPELL

Employer identification number

81-6013861

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY DISTRICT 5390 PURPOSE OF PAYMENT PER CAPITA DUES AMOUNT OF PAYMENT 8,172
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVE EVANSTON, IL 602 01-3698 PURPOSE OF PAYMENT PER CAPITA DUES AMOUNT OF PAYMENT 8,075 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 16,247

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INTERNATIONAL HUMANITARIAN GRANTEE NAME ROTARY INTERNATIONAL FOUNDATION GRANTEE ADDRESS 1560 SHERMAN AVE EVANSTON, IL 60201-3698 GRANTEE RELATIONSHIP AFFILIATE OF PARENT ORGANIZATION PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOUNT GIVEN 11,137
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEALS AMOUNT 40,982 DESCRIPTION PROGRAM COSTS AMOUNT 592 DESCRIPTION OTHER ADMINISTRATIVE COSTS AMOUNT 1,767 DESCRIPTION SERVICE PROJECTS & PROGRAM COSTS AMOUNT 12,926 DESCRIPTION OTHER CONFERENCES AND MEETINGS AMOUNT 943 TOTAL TO FORM 990-EZ, LINE 16 57,210

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 14,151 END OF YEAR AMOUNT 12,254 DESCRIPTION DUE FROM AFFILIATE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 122
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION AMOUNT DUE AFFILIATES BEG OF YEAR AMOUNT 3,084 END OF YEAR AMOUNT 0 DES CRPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 812 END OF YEAR AMOUNT 48