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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

2016
Open to Public Inspection

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

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.

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
ROTARY CLUB OF LEE'S SUMMIT
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 785
City or town, state or province, country, and ZIP or foreign postal code
LEES SUMMIT, MO 64063

D Employer identification number
43-1587933
E Telephone number
(816) 525-9699
F Group 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: ▶ WWW.LSROTARY.COM
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 192,997

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	43,418
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	24,088
	4	Investment income	113
	5a	Gross amount from sale of assets other than inventory	
	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	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ 21,174 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	125,378
	6c	Less direct expenses from gaming and fundraising events	78,851
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	46,527
	7a	Gross sales of inventory, less returns and allowances	
	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)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	114,146
Expenses	10	Grants and similar amounts paid (list in Schedule O)	100,181
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	7,531
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	617
	16	Other expenses (describe in Schedule O)	8,932
	17	Total expenses. Add lines 10 through 16 ▶	117,261
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-3,115
	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)	76,313
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	73,198

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	76,313	22 73,198
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	76,313	25 73,198
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,313	27 73,198

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?

MEMBER CLUB OF ROTARY INTERNATIONAL

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

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐**29**(Grants \$) If this amount includes foreign grants, check here ☐**30**(Grants \$) If this amount includes foreign grants, check here ☐**31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ☐**32** Total program service expenses (add lines 28a through 31a) ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28a**29a****30a****31a****32** 103,665**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
JEFF SILVER	2 00	0	0	0
PRESIDENT				
ROBERT SAUVE	2 00	0	0	0
TREASURER				
JANE MONROE	2 00	0	0	0
SECRETARY				
ED LIPOWICZ	2 00	0	0	0
DIRECTOR				
KIRBY ASPLUND	2 00	0	0	0
DIRECTOR				
JON PLAAS	2 00	0	0	0
DIRECTOR				
ANGIE MILLER	2 00	0	0	0
DIRECTOR				
CARL CHINNERY	2 00	0	0	0
DIRECTOR				
PATRICK MAY	2 00	0	0	0
DIRECTOR				
GREG KARTSONIS	2 00	0	0	0
DIRECTOR				
JOHN GOOCH	2 00	0	0	0
DIRECTOR				
PHYLLIS EDSON	2 00	0	0	0
DIRECTOR				

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

		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 ▶ 37a 0			
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			
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>ROTARY TREASURER</u> Telephone no ▶ <u>(816) 220-7235</u> Located at ▶ <u>PO BOX 785 LEES SUMMIT, MO</u> ZIP + 4 ▶ <u>64063</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)?	42b		No
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 the U S ?	42c		No
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 ☐ 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		No

		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	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	▶	
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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.	▶	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	▶	☐ Yes ☐ No
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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		2017-11-14 Date	
	ROBERT SAUVE, TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name GARY A HAWKINS	Preparer's signature	Date	Check ☐ if self-employed PTIN P00660522
	Firm's name ▶ HSMC ORIZON LLC			Firm's EIN ▶ 45-3576904
	Firm's address ▶ 3550 NE RALPH POWELL RD LEES SUMMIT, MO 64064			Phone no. (816) 525-9699

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

Software ID:
Software Version:
EIN: 43-1587933
Name: ROTARY CLUB OF LEE'S SUMMIT

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

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 PROVIDE SCHOLARSHIPS, STUDENT GRANTS, AND OTHER SUPPORT FOR HIGH SCHOOL STUDENTS (Grants \$ 19,400) If this amount includes foreign grants, check here . . . ☐		28a	25,496

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

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.)	
29 PROVIDE VARIOUS COMMUNITY SERVICE PROJECTS (Grants \$ 35,403) If this amount includes foreign grants, check here . . . ☐	29a	42,801

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
30 PROVIDE SUPPORT FOR WORLDWIDE PROJECTS THAT GAIN THEIR ASSISTANCE THROUGH ROTARY AND THE ROTARY INTERNATIONAL FOUNDATION (Grants \$ 40,368) If this amount includes foreign grants, check here . . . ☐	30a 35,368

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF LEE'S SUMMIT

EIN: 43-1587933

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 G (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization ROTARY CLUB OF LEE'S SUMMIT	Employer identification number 43-1587933

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		MEALS (event type)	RAFFLE/GALA (event type)	4 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	93,879	25,297	27,376	146,552
2	Less Contributions		8,322	12,852	21,174
3	Gross income (line 1 minus line 2)	93,879	16,975	14,524	125,378
Direct Expenses	4 Cash prizes		2,000		2,000
	5 Noncash prizes		949	1,002	1,951
	6 Rent/facility costs		6,385	4,070	10,455
	7 Food and beverages	47,351	6,772	3,014	57,137
	8 Entertainment		300		300
	9 Other direct expenses		570	6,438	7,008
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				78,851
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				46,527

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ROTARY CLUB OF LEE'S SUMMIT

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

2016

**Open to Public
Inspection**

Employer identification number

43-1587933

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 113

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT INTERNATIONAL DUES AMOUNT OF PAYMENT 24,647

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY DISTRICT 6040 AFFILIATE ADDRESS C/O ROTARY DISTRICT TREASURER EVA NSTON, IL 60201 PURPOSE OF PAYMENT DISTRICT DUES AMOUNT OF PAYMENT 15,665

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME LEE'S SUMMIT ROTARY ENDOWMENT FUND AFFILIATE ADDRESS P O BOX 785 LEE'S SUMMIT, MO 64063 PURPOSE OF PAYMENT FUND STUDENT SCHOLARSHIPS AMOUNT OF PAYMENT 5,740 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 46,052

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME ROTARY INTERNATIONAL GRANTEE ADDRESS 1560 SHERMAN AVENUE EVANSTON, IL 60201 AMOUNT GIVEN 6,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME LONGVIEW COMMUNITY COLLEGE GRANTEE A ADDRESS 500 SW LONGVIEW ROAD LEE'S SUMMIT, MO 64081 AMOUNT GIVEN 16,250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME GRANTS UNDER \$5,000 EACH AMOUNT GIVEN 26,869

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME HILLTOP SCHOOL GRANTEE ADDRESS 301 NE GREGORY BLVD LEE'S SUMMIT, MO 64064 AMOUNT GIVEN 5,010 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 54,129

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SUPPLIES AMOUNT 1,741 DESCRIPTION TRAVEL AMOUNT 268 DESCRIPTION PLAQUES/AWARDS AMOUNT 2,884 DESCRIPTION SOFTWARE AMOUNT 827 DESCRIPTION BANK CHARGES AMOUNT 279 DESCRIPTION MISCELLANEOUS AMOUNT 2,333 DESCRIPTION CONFERENCE EDUCATIONS AMOUNT 600 TOTAL TO FORM 990-EZ, LINE 16 8,932