

Form **990EZ**
 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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 ▶ \$ 181,582

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	50,066
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	18,276
	4 Investment income	4	237
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 18,158 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	113,003
c Less direct expenses from gaming and fundraising events	6c	86,518	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,485	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	95,064	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	94,725
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	2,679
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	653
	16 Other expenses (describe in Schedule O)	16	9,076
17 Total expenses. Add lines 10 through 16 ▶	17	107,133	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,069
	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	64,851
	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	52,782

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	64,851	22 52,782
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	64,851	25 52,782
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)	64,851	27 52,782

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

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 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **29a**

30 See Additional Data Table

(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** 98,788

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
BRAD MCCLEARY	2 00	0	0	0
PRESIDENT				
ROBERT SAUVE	2 00	0	0	0
TREASURER				
JEFF SILVER	2 00	0	0	0
SECRETARY				
MATT SANNING	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				
SUSAN COFFMAN	2 00	0	0	0
DIRECTOR				
GREG KARTSONIS	2 00	0	0	0
DIRECTOR				
JOHN GOOCH	2 00	0	0	0
DIRECTOR				
AMY CHINNERY-VALMASSEI	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

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of ROTARY TREASURER Telephone no (816) 220-7235 Located at PO BOX 785 LEES SUMMIT, MO ZIP + 4 64063

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, controlled entities, and Form 720.

		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	46		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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ 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	2019-11-14 Date
ROBERT SAUVE TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GARY A HAWKINS CPA	Preparer's signature	Date 2019-11-13	Check <input type="checkbox"/> if self-employed	PTIN P00660522
	Firm's name ▶ BERGANKDV LLC			Firm's EIN ▶ 81-3053687	
	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

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 \$ 21,506) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	22,115

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 PROVIDE VARIOUS COMMUNITY SERVICE PROJECTS (Grants \$ 41,663)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>45,117</p>

TY 2018 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.

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

		(a)Event #1	(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))
Revenue	1 Gross receipts	74,839	29,397	26,925	131,161
	2 Less Contributions		8,723	9,435	18,158
	3 Gross income (line 1 minus line 2)	74,839	20,674	17,490	113,003
Direct Expenses	4 Cash prizes		2,000	0	2,000
	5 Noncash prizes		2,097	1,529	3,626
	6 Rent/facility costs		6,080	5,220	11,300
	7 Food and beverages	48,354	7,535	3,012	58,901
	8 Entertainment		525	0	525
	9 Other direct expenses		2,437	7,729	10,166
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				86,518
11 Net income summary Subtract line 10 from line 3, column (d) ▶				26,485	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 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 provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
ROTARY CLUB OF LEE'S SUMMIT

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 237

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 12,136

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 6,475

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 15,443 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 34,054

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 17,500

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 8,800

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 28,426

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 GREATER KC COMMUNITY FOUNDATION GRANTEE ADDRESS 1055 BROADWAY BLVD #130 KANSAS CITY, MO 64105 AMOUNT GIVEN 5,945 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 60,671

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SUPPLIES AMOUNT 2,694 DESCRIPTION TRAVEL AMOUNT 364 DESCRIPTION PLAQUES/AWARDS AMOUNT 1,788 DESCRIPTION SOFTWARE AMOUNT 858 DESCRIPTION BANK CHARGES AMOUNT 83 DESCRIPTION MISCELLANEOUS AMOUNT 1,015 DESCRIPTION CONFERENCE EDUCATIONS AMOUNT 2,274 TOTAL TO FORM 990-EZ, LINE 16 9,076