

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 instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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		D Employer identification number 43-1587933
Number and street (or P. O. box, if mail is not delivered to street address) PO BOX 785	Room/suite	E Telephone number (816) 525-9699
City or town, state or province, country, and ZIP or foreign postal code LEES SUMMIT, MO 64063		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 ▶ \$ 179,732

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	30,334
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	18,827
	4 Investment income	4	578
	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 \$ 9,134 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	129,993
c Less: direct expenses from gaming and fundraising events	6c	91,552	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	38,441	
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	88,180	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	58,957
	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	3,650
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,740
	16 Other expenses (describe in Schedule O)	16	12,210
	17 Total expenses. Add lines 10 through 16	17	76,557
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,623
	Net Assets	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
20 Other changes in net assets or fund balances (explain in Schedule O)		20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	64,405

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, and 41.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 42b and 42c.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 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.	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.

***** Signature of officer	2020-11-09 Date
ROBERT SAUVE TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LEIGH ANN NELSON CPA	Preparer's signature	Date 2020-11-10	Check <input type="checkbox"/> if self-employed	PTIN P00104286
	Firm's name ▶ SPILKER MCKEONE & NELSON PC			Firm's EIN ▶ 43-1908765	
	Firm's address ▶ 408 SE 3RD ST LEES SUMMIT, MO 640632823			Phone no. (816) 875-1189	

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 \$ 7,715) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	8,963

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 \$ 12,521)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>15,088</p>

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>30 PROVIDE SUPPORT FOR WORLDWIDE PROJECTS THAT GAIN THEIR ASSISTANCE THROUGH ROTARY AND THE ROTARY INTERNATIONAL FOUNDATION. (Grants \$ 38,721) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p>38,721</p>

Form 990EZ, Part IV — List of Officers, 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
SUSAN COFFMAN DIRECTOR	2.00	0		
CARL CHINNERY DIRECTOR	2.00	0		
JON PLAAS DIRECTOR	2.00	0		
KIRBY ASPLUND DIRECTOR	2.00	0		
MATT SANNING PRESIDENT	2.00	0		
JEFF SILVER SECRETARY	2.00	0		
ROBERT SAUVE TREASURER	2.00	0		
SUE MCCAMBRIDGE DIRECTOR	2.00	0		
LIZ EDELMAN DIRECTOR	2.00	0		
COURTNEY STODDARD DIRECTOR	2.00	0		
RAY WEEDA DIRECTOR	2.00	0		
JEREMY SPRINGER DIRECTOR	2.00	0		
BEN MARTIN DIRECTOR	2.00	0		
JEANNA RUEHTER DIRECTOR	2.00	0		
GLENNA JARVIS DIRECTOR	2.00	0		

Form 990EZ, 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
DAN GABBERT DIRECTOR	2.00	0		
MIKE MAKSIN DIRECTOR	2.00	0		
CHRISTINA GRAHECK DIRECTOR	2.00	0		
DAN SHEPARD DIRECTOR	2.00	0		
AMY CHINNERY-VALMASSEI VICE PRESIDE	2.00	0		
JOHN GOOCH DIRECTOR	2.00	0		

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) Total events
	<u>MEALS</u> (event type)	<u>RAFFLE/GALA</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	73,482	27,174	30,807	131,463
2 Less: Contributions		2,345	6,089	8,434
3 Gross income (line 1 minus line 2)	73,482	24,829	24,718	123,029
Direct Expenses	4 Cash prizes		2,000	9,300
	5 Noncash prizes		2,345	3,870
	6 Rent/facility costs		3,025	13,083
	7 Food and beverages	47,342	7,468	56,417
	8 Entertainment			
	9 Other direct expenses		1,390	4,831
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				87,501
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				35,528

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	<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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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 10	ROTARY INTERNATIONAL INTERNATIONAL DUES 13,045 1560 SHERMAN AVENUE EVANSTON IL 60201 ROTARY DISTRICT 6040 DISTRICT DUES 4,216 C/O ROTARY DISTRICT TREASURER EVANSTON IL 60201

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CLASS OF ACTIVITY: GRANTS NAME: ROTARY INTERNATIONAL ADDRESS: 1560 SHERMAN AVANUE EVANSTON, IL 60201 CASH CONTRIBUTION: 19,200 CLASS OF ACTIVITY: SCHOLARSHIPS NAME: LONGVIEW COMMUNITY COLLEGE ADDRESS: 500 SW LONGVIEW ROAD LEE'S SUMMIT, MO 64081 CASH CONTRIBUTION: 6,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 1,796 PUBLIC RELATIONS 355 PLAQUES/AWARDS 2,415 SOFTWARE/WEBSITE 1,180 BANK CHARGES 96 MISCELLANEOUS 506 MEETING EXPENSE 3,793 CONFERENCE/EDUCATION 2,069 TOTAL 12,210