ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN	: 93492102003088
				Short	Form				OMB No 1545-1150
	a	90-EZ	Return of O	rganization E		om Incom	e Ta	Y	
For	m y (90-LZ		•	•				2016
2			Under section 501(c), 527,	or 4947(a)(1) of the Int	ternal Revenue C	ode (except priva	te found	dations)	2010
			▶ Do not enter so	ocial security numbers	on this form as	it may be made	public.		Open to Public
Dep	artment	of the Treasury	► Information abo	ut Form 990-EZ and i	ts instructions	is at <u>www.irs.</u>	gov/fo	<u>rm990</u> .	Inspection
Inter	mal Rev	enue Service							Inspection
			ar year, or tax year begin	ning 07-01-2016	, and end	ling 06-30-201			
		f applicable s change	C Name of organization ROTARY INTERNATIONAL CAR	THAGE			۱۳	Employe	er identification number
	Name c	hange	Number and street (or P O b	ox if mail is not delivered to	n street address) li	Room/suite	+-	43-6050	0162 ne number
	Initial n		PO BOX 606	ox, ii iliali is not delivered to	o street address, i	Coomy suite	-	•	
_		turn/terminated . ed return	City or town, state or province	e, country, and ZIP or foreig	I gn postal code			((417) 358-8875
_		tion pending	CARTHAGE, MO 64836					Group Ex Number	emption •
G A	ccoun	tıng Method ☑	Cash □ Accrual Other (s	pecify) ▶		I			organization is not
		3		. ,,					Schedule B ., or 990-PF)
ΙW	ebsit/	e: ► <u>N/A</u>				_	111 550,	JJ0 LZ	, 01 330 11)
J Ta	ıx-exe	mpt status(check	only one) - 🗆 501(c)(3) 🗹 501(c)(4) ∢ (insert no) □ 494	47(a)(1) or 🔲 52	7			
K F	orm of	organization 🗆	Corporation 🗆 Trust 🗆 As	sociation 🗆 Other		I			
LΑ	dd line	es 5b, 6c, and 7b	to line 9 to determine gros	receipts If gross recei	pts are \$200,00	00 or more, or if t	otal ass	sets (Pa	rt II, column (B) below)
are	\$500,		Form 990 instead of Form						
P	art I	Revenue,	Expenses, and Change	es in Net Assets or	Fund Balanc	es (see the instr	uctions	for Part	: I)
	1		organization used Schedule					1	
	1		gifts, grants, and similar amo						621
	2	-	e revenue including governm				•	3	25.636
	4	•	es and assessments		4	35,626			
	-		ome	nunventerv				-	280
	5a ե		rom sale of assets other tha	ř	5a 5b		0		
	b		ther basis and sales expense			= 1	U	5c	
	с 6	, ,	rom sale of assets other that	30					
Ü		_	ndraising events	o C if grooter than #1E	000) 6a 				
ZI.	а		rom gamıng (attach Schedul						
Revenue	b		rom fundraising events (not nts reported on line 1) (atta		of cont	ributions from			
Œ		=	oss income and contributions		6ь	2	18,609		
	С	_	penses from gaming and fun-		6c		18,229		
	d	·	loss) from gaming and fund	=				6d	30,380
	7a	•	nventory, less returns and a	,		Subtract line oc)			
	b	Less cost of go	• •		7b		0		
	c	_	(loss) from sales of inventor					7c	
	8	•	(describe in Schedule O)	, ,				8	611
	9		. Add lines 1, 2, 3, 4, 5c, 6d	, 7c, and 8				9	67,518
\dashv	10		ılar amounts paıd (lıst ın Sch					10	
	11		or for members	,				11	
إي	12	•	compensation, and employe	e benefits				12	
Expenses	13		es and other payments to inc					13	750
ber	14		t, utilities, and maintenance	·				14	
Ĕ	15	, , , , ,	ations, postage, and shipping					15	
	16		(describe in Schedule O)					16	70,117
	17	•	s. Add lines 10 through 16				•	17	70,867
	18	•	cit) for the year (Subtract lin					18	-3,349
2	19	•	and balances at beginning of	•					
455			ure reported on prior year's					19	109,047
NetAssets	20	_	in net assets or fund balance	·	0)			20	
Z	21	_	and balances at end of year	, ,	•			21	105,698
For			on Act Notice, see the sep		-	Cat No 10642			Form 990-EZ (2016)

-orm 990-EZ (2016)					Page 2
Part II Balance Sheets (see the instructions		westion in this Bart			
Check if the organization used Schedule	O to respond to any q) Beginning of year		(B) End of year
22 Cash, savings, and investments			109,047	22	105,698
23 Land and buildings			,	23	· ·
24 Other assets (describe in Schedule O)				24	
25 Total assets			109,047	25	105,698
26 Total liabilities (describe in Schedule O)				26	
27 Net assets or fund balances (line 27 of column	· / -		109,047	27	105,698
Part III Statement of Program Service	•	•	•	/B	Expenses equired for section 501(c)
Check if the organization used Schedule What is the organization's primary exempt purpose?	O to respond to any o	juestion in this Part	<u> </u>) and 501(c)(4)
CIVIC ENVOLVEMENT AND CONTRIBUTIONS TO THE (COMMUNITY OF CARTH	HAGE			ganizations, optional for
Describe the organization's program service accomplis measured by expenses In a clear and concise manne benefited, and other relevant information for each pro	r, describe the service			_	hers)
28	9.4				
See Additional Data Table					
			_		
(Grants \$) If this amoun	t ıncludes foreıgn gran	ts, check here .	▶ ⊔	28a	ı
29				29 a	1
			_		
(Grants \$) If this amoun	t includes foreign gran	ts, check here .	▶ ⊔		
30				30a	ı
(Grants \$) If this amoun	t includes foreign gran	ts, check here .	▶ □		
31 Other program services (describe in Schedule O)					
(Grants \$) If this amoun	t ıncludes foreign gran	ts, check here .	▶ 🗆	31a	1
32 Total program service expenses (add lines 28a					
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule					
Check if the organization used Schedule	O to respond to any q	descion in this rait		•	🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not pai)- benefit plans,	mploy and	(e) Estimated amount of other compensation
WAYAF WILCON		enter -0-)			
WAYNE WILSON	0		0		
President Elect					
JIMMY GRIMES	0		0		
President & CEO					
PAT GOFF	0		0		
Tues 21, 1121					
Treasurer MIKE ROBERTSON	0		0		
MINE ROBERTSON					
Director					
MARK ELLIFF	0		0		
Secretary					
ED HARDESTY	0		0		
Director					
HEATHER COLLIER	0		0		
Mary Downstone					
Vice President TOM FLANIGAN	0		0		
TOM FLANIGAN					
Director					
STEVE WILLIS	0		0		
Director					
			+		

01111				rage 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	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
h	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		No
	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		
36		36		No No
37 2	Enter amount of political expenditures, direct or indirect, as described in the instructions	36		NO
	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	370		140
30a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
h	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	30a		NO
39	Section 501(c)(7) organizations Enter	-		
	· · · · · · · · · · · · · · · · · · ·			ĺ
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u> </u>		
	Gross receipts, included on line 9, for public use of club facilities	1		
40a				
b	section 4911 , section 4912 , section 4955 . 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	40ь		No
С	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 sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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 The organization's books are in care of PAT GOFF Telephone no	(417) 2	E0 007	
42a	The organization's books are in care of ▶ PAT GOFF Located at ▶ 1163 S GRAND CARTHAGE, MO ZIP + 4 ▶	6483		-
	·			
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	Yes	No No
	If "Yes," enter the name of the foreign country ▶	420		INO
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42 c		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			
		[Yes	No
	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
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44ь		No
	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		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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

Form	990-E	Z (2016)								Page 4
									Yes	No
46		e organization engage, directly or indirect dates for public office? If "Yes," complete						46		N-
Par	t VI	Section 501(c)(3) organization	· 					46		No
		All section 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the t	ables f	or lin	es 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Pa	art VI				 Yes	□ No
					55 · I		Г			
47		e organization engage in lobbying activit s," complete Schedule C, Part II		01(h) election in		•	.	47		
48	Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete	e Schedule I	Ε .	. [48		
49a	Did th	e organization make any transfers to an	exempt non-charitable	related organizat	tion?		. 4	19a		
ь	If "Ye:	s," was the related organization a section	527 organization? .				. 4	19b		
50	Comp	lete this table for the organization's five l	nighest compensated e	mployees (other	than officers	s, directors, trust	ـــ ees and:	l key	employ	ees)
		ach received more than \$100,000 of com Name and title of each employee	i e	ganization If thei		enter "None " d) Health benefit		- \		amount
	(a)	Name and the or each employee	(b) Average hours per week devoted to position	compensation (Forms W-2/10 MISC)	on conti 099- l	ributions to emplo penefit plans, and erred compensat	oyee of			
NONE				,		'				
f	Tota	I number of other employees paid over \$	100,000			•	<u> </u>			
51		lete this table for the organization's five l		ndependent contr	actors who	each received mo	ore than	\$100	0,000 o	f
	compe	ensation from the organization If there is (a) Name and business address of e	<u> </u>	ractor	(b) T	ype of service	(a) C	omno	nsation	
		(a) Name and business address or e	acii ilidepelidelit coliti	actor	(5)	ype or service	(0) 0	оттре	iii Sacioii	_
NONE	:									
										_
										_
d	Tota	I number of other independent contracto	rs each receiving over	\$100,000		•				
52	Dıd	the organization complete Schedule A?	IOTE. All Section 501(c)(3) organizatioi	ns must atta	ach a	. .	_	_	
	con	npleted Schedule A						_ Ye	s U M	10
knowl	edge a	ties of perjury, I declare that I have exar ind belief, it is true, correct, and complet wledge								
		*****				2018-04-12				
Sign		Signature of officer				Date				
Here	•	PAT GOFF Treasurer Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date		TIN			
Paid			LARRY J MCGUIRE Check L If P01223 self-employed					34		
	parei	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Firm's EIN ▶				
use	Only	Timis address P 222 GIVART ST				Phone no (417) 3	358-4326	5		
		CARTHAGE, MO 6483	61603							
	:									
чау t	ne IRS	discuss this return with the preparer sho	wn above? See instruc	ctions		•	☑ Y	es	□ No	

Additional Data

Software ID: 16000303

Software Version: 2016v3.0 **EIN:** 43-6050162

Name: ROTARY INTERNATIONAL CARTHAGE

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

Describe the organization services, as measured by number of persons benefi	` (c	Expenses quired for section 501)(3) and 501(c)(4) janizations; optional for others.)		
28 CIVIC ENVOLVEMENT AN	D CONTRIBUTIONS TO THE COMMUNITY		28a	
(Grants \$ 70.867)	If this amount includes foreign grants, check here	. ▶ □		

DLN: 93492102003088 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **Employer identification number** Name of the organization ROTARY INTERNATIONAL CARTHAGE 43-6050162 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 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. (a)Event #1 (c)Other events (b) Event #2 (d) Total events **GOLF TOURNAMENT BRATWURST ON** (add col (a) through THE SQUARE (total number) (event type) col (c)) Revenue (event type) 1 Gross receipts. 21,386 17,410 9,813 48,609 2 Less Contributions. 3 Gross income (line 1 minus 21,386 17,410 9,813 48,609 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7.700 7,700 7 Food and beverages 8,593 1,936 10,529 8 Entertainment Other direct expenses **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 18,229 11 Net income summary Subtract line 10 from line 3, column (d) 30,380 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 (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

sche	dule G (Form 990 or 990-EZ) 2016					F	age					
L1	Does the organization conduct gaming	activities with nonmembers	s?		☐ Yes	□No						
L 2	Is the organization a grantor, beneficial formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No						
L3	Indicate the percentage of gaming act	ivity conducted in										
а	The organization's facility			13a								
b	An outside facility			13b								
.4	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords								
	Name											
	Address •											
.5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□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 ▶ \$											
С	If "Yes," enter name and address of the third party											
	Name ▶											
	Address ►											
.6	Gaming manager information											
	Name ►											
	Gaming manager compensation ▶ \$											
	Description of services provided ▶											
	☐ Director/officer	☐ Employee	\square Independent contractor									
7	Mandatory distributions											
а	Is the organization required under star retain the state gaming license?	te law to make charitable di	stributions from the gaming proceeds to		П.,	П.,						
b	retain the state gaming license? Yes No Enter the amount of distributions required under state law distributed to other exempt organizations or spent											
U	in the organization's own exempt activ											
Par	t IV Supplemental Information	on. Provide the explanat 15c, 16, and 17b, as app	tions required by Part I, line 2b, column dicable. Also complete this part to provid									
	Return Reference		Explanation				_					
			<u>'</u>	ule G (F	orm 990 or	990-F7)	20					

efile GRAPH	IC print	- DO NOT PROCESS	As Filed Data -		DLN	l: 93492102003088	
SCHEDUL	ΕO	Sunnlement	Supplemental Information to Form 990 or 990-EZ				
(Form 990 or EZ) Department of the T	990-	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.			ions on on.	2016 Open to Public Inspection	
Internal Revenue for Name of the org ROTARY INTERNAT		HAGE			Employer iden 43-6050162	tification number	
990 Schedul	e O, Sup _l	plemental Information	n				
Return Reference				Explanation			
Other Revenue 1	MISCELL	ANEOUS \$611					

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$7300
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$652 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference

Other MEETING EXPENSES \$24693 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other 100 YEAR CELEBRATION \$8264 Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other **ROTARY INTNL DUES \$5899**

Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference

Other **DISTRICT 6110 DUES \$4661** Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Other PAUL HARRIS \$4500 Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference

Reference CONTRIBUTIONS TO OTHER ORGANIZ \$3673

Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other SCHOLARSHIPS TO STUDENTS \$3000
Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference Other RYLA \$2200 Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other SCHOOL DICTIONARY PROJ \$2156
Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference Other EREY \$1950

Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other END POLIO PROJECT \$619 Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference 4 WAY TEST \$550

Other Expenses 12