efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492298003008 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2017 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. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 **B** Check if applicable D Employer identification number C Name of organization \square Address change Rotary Club of Kerrville 74-6064367 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 295335 ☐ Final return/terminated (830) 792-9197 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Kerrville, TX 78029 F Group Exemption ☐ Application pending ▶ 0573 Number Check ▶ ☐ If the organization is **not** □ Cash ☑ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www kerrvillerotary org **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(4) ◀(insert no) □ 4947(a)(1) or □ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 185 2 2 1,400 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 123,672 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 125,257 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 13,200 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 118,543 17 Total expenses. Add lines 10 through 16 17 131,743 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -6,486 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 83,152 20 Other changes in net assets or fund balances (explain in Schedule O) 20 234 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 76,900 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II	Balance Sheets (see the instruction						y
	Check if the organization used Schedu	le O to respond to any o	question in this F	Part II			🗵
				(A) B	eginning of year		(B) End of year
	avings, and investments				84,396		82,796
	d buildings				1.510	23	3 200
	ssets (describe in Schedule O)				4,619	24	3,200
25 Total as	ssets				<u> </u>		85,996
	,		-		5,863 83,152	$\overline{}$	9,096 76,900
Part III	sets or fund balances (line 27 of column Statement of Program Service	<u> </u>		nc for Da		7 /	Expenses
rait III	Check if the organization used Schedu	•			🗆		equired for section 501(c
	organization's primary exempt purpose	>) and 501(c)(4) ganizations, optional for
Describe the measured b	humanitarianism, ethics, goodwill peace e organization's program service accomp y expenses. In a clear and concise mani and other relevant information for each p	olishments for each of its ner, describe the service					hers)
See Addition	nal Data Table						
(Grants \$)	If this amou	ınt ıncludes foreign grar	nts, check here		. ▶ □	28a	
	Itional Data Table	ane merades for eight gran	its, check here	•	. , _	29a	
(Grants \$)	If this amou	ınt ıncludes foreign grar	nts check here		. ▶ □		
	Itional Data Table	and merades for eight gran	its, check here		<u> </u>	30a	
Jee Auu	icional Data Table					308	
(Cuamba #)	T6 Abra aman				⊾ □		
(Grants \$)		ınt ıncludes foreıgn grar	•	• •	. 🕶 🗆	_	
•	rogram services (describe in Schedule O	•				L.	
(Grants \$)	rogram service expenses (add lines 2	ınt ıncludes foreign gran				31a	
Part IV	List of Officers, Directors, Trustee						
Paic IV	Check if the organization used Schedu						
		1					1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reporta compensat (Forms W-2/ MISC) (if not enter -0-	on 1099- paid,	(d) Health bene contributions to en benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
Kristy Vande	enberg	001 00	enter -0	0			
President							
Robin Miear	rs	001 00		0			
President-El	lect / VP						
Charlie McIl	· · · · · · · · · · · · · · · · · · ·	001 00		0			
C							
Secretary Jeff Talarıco		001 00		0			
Jen Talanco	,	001 00		U			
	Past President						
David Jones	5	001 00		0			
Director							
Jimmy Hutte	0	001 00		0			
Director							
Tammy Pro	ut	001 00		0			
•							
Director	Nach.	001.00					
Cynthia McN	veery	001 00		0			
Director							
Jeff Wendlin	ng	001 00		0			
Director							
Gena Carter	r	001 00		0			
Trans							
Treasurer Caroline Wil	Ison	005 00		0			
Caronne WII	3011	003 00		U			
Club Admins	stration						
		•					5 000 F7 (2017

Pa	art 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.		
L	· · · · · · · · · · · · · · · · · · ·	35a		No No		
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	350		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			No		
	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					
	Did the organization file Form 1120-POL for this year?	37b		No		
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	<u> </u>				
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9	<u> </u>				
b	Gross receipts, included on line 9, for public use of club facilities	-				
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	40ь		No		
c	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 sections4912, 4955, and 4958 ▶					
d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
е	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 ▶ Gena Carter Telephone no ▶			<u> </u>		
	Located at ▶ PO Box 295335 Kerrville, TX ZIP + 4 ▶	7802	29			
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)?		Yes	No		
	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)					
С	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		No		
	If "Yes," enter the name of the foreign country					
43 9	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		
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	44d				
45=	explanation in Schedule O	44u 45a		No		
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning				.10		
	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				

Form	990-E	Z (2017)								Page 4
									Yes	No
46		ne organization engage, directly or indirect dates for public office? If "Yes," complete				opposition to		46		No
Par	t VI	Section 501(c)(3) organization	·					46		No
		All section 501(c)(3) organizations	must answer quest	ions 47-49b and	52, and	complete the	tables	for lir	nes 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Par	t VI	<u></u>		· · ·	Yes	□ No
4-7	D. J. H.			(Od (Is) also about a second	ee	. 44 43	[
47		ne organization engage in lobbying activiti s," complete Schedule C, Part II	es or nave a section 5	UI(n) election in er	rrect during	the tax year?	.	47		
48	Is the	organization a school as described in sec	tion 170(b)(1)(A)(II)?	If "Yes," complete	Schedule E		. [48		
49a	Dıd th	ne organization make any transfers to an	exempt non-charitable	related organization	on?			49a		
b	If "Ye:	s," was the related organization a section	527 organization? .				. [49b		
50		lete this table for the organization's five h					tees ar	nd key	employ	ees)
		each received more than \$100,000 of com Name and title of each employee	pensation from the or (b) Average	ganization If there (c) Reportable		nter "None " I) Health benefi	ts.	(e) Es	timated	amount
	(-)	Traine and also or each employee	hours per week devoted to position	compensation (Forms W-2/109	n contr 99- b	ributions to emp enefit plans, an	loyee id			
NONE				MISC)	def	erred compensa	ition			
NONE	-									
f	Tota	al number of other employees paid over \$	100.000							
		lete this table for the organization's five h		ndependent contra	ctors who e	each received m	ore tha	an \$10	0.000 o	— f
		ensation from the organization. If there is	none, enter "None "	•				•		
		(a) Name and business address of e	ach independent contr	ractor	(b) T	ype of service	(c)	Compe	ensation	<u> </u>
NONE										
										_
										_
d	Tota	al number of other independent contractor	rs each receiving over	\$100,000		•	·			
52	Dıd	the organization complete Schedule A?	NOTE. All Section 501((c)(3) organizations	s must atta	ch a				
	con	npleted Schedule A					•	☐ Ye	s 🔽 I	ło
knowl	edge a	ties of perjury, I declare that I have exan and belief, it is true, correct, and complete wledge								
103 0		N				2010 10 25				
Sign		Signature of officer				2018-10-25 Date				
Here		Kristy Vandenberg President 20172018								
		Type or print name and title Print/Type preparer's name	Preparer's signature		Date		PTIN			
Paid		Gena M Carter		:	2018-10-25	Check L if self-employed				
	oarei Onl	v -	Firm's name ► Braun & Carter LLC Firm's EIN ►							
ပခဗ	UIII	Timis address F 511 Biodamoor						00		
		Fredericksburg, TX 7	8624							
M	ho IDC	discuss this potium with the manner of the	wn abous? Cas metions	ctions				Yes	☑ No	
riay t	ile IK2	discuss this return with the preparer sho	wiii abover See Instruc	LIUIIS			- ⊔	res	M No	

Additional Data

Software ID: 17005317 Software Version: 18.2.0.0

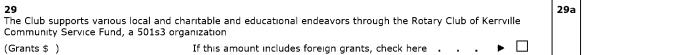
EIN: 74-6064367

Name: Rotary Club of Kerrville

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

Describe the organization services, as measured but number of persons bene	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	181 individuals who are actively engaged in serving their community Examples esponders, Polio Plus, highway cleanup, Habitat for Humanity builds, and many more	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$		

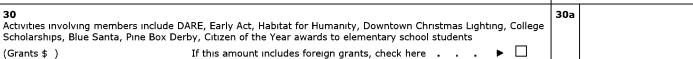
Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29a

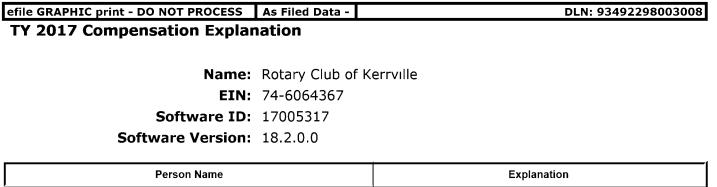


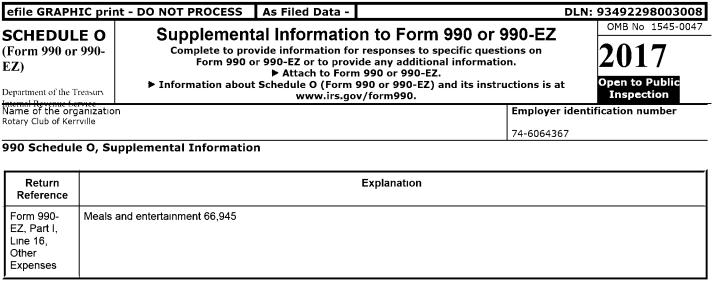
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)

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







Return Explanation
Reference

Form 990EZ, Part I,
Line 16,
Other
Expenses

Conferences, conventions, and meetings 4,348

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Accounting Fees 1,000 EZ, Part I,

Form 990EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Bank Credit Card Fees 2.082

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation Reference Form 990-Office Rotary Supplies 7,230 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Storage 762 EZ, Part I, Line 16,

Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Website Fees 935 EZ, Part I,

EZ, Part I,
Line 16,
Other
Expenses

Return Reference Expenses 14,634

Committee Expenses 14,634

EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Insurance 326 EZ, Part I, Line 16, Other

Expenses

Return Reference Explanation

Form 990- Rotary International Dues 18,584

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation
Reference

Form 990EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Prior Period Adjustments 234 EZ, Part I, Line 20, Net

Assets

Return Explanation

Other Assets

Form 990EZ, Part II,
Line 24.

Accounts Receivable Beginning of year 4,619, End of year 2,070

Return Explanation

Other Assets

Form 990- Equipment Beginning of year 0, End of year 1,130
EZ, Part II,
Line 24.

Return Explanation
Reference

Liabilities

Form 990EZ, Part II,
Line 26.

Accounts Payable Beginning of year 400, End of year 8,018

Return Explanation Reference

Liabilities

Form 990-Exchange Student Liability Fund Beginning of year 5, End of year 405 EZ, Part II,

Line 26,

Return Explanation

Liabilities

Form 990- RI Liability Beginning of year 458, End of year 458
EZ, Part II,
Line 26,

Return Explanation
Reference

Form 990EZ, Part II,
Line 26,
Liabilities

Polo Shirt Liability Beginning of year 3,500, End of year 0

Return Explanation
Reference

Liabilities

Reference	
Form 990-	Rotary Office Equipment Liability Fund Beginning of year 1,500, End of year 0
EZ, Part II,	
Line 26,	

Return Explanation Reference

Liabilities

Form 990-HungerPlus Fund Dist 5840 Beginning of year 0, End of year 90 EZ, Part II,

Line 26,

Return Explanation
Reference

Liabilities

Form 990-EZ, Part II, Line 26.