As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492294000339 Short Form OMB No 1545-1150 50rm 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to Do not enter social security numbers on this form as it may be made public. Treasury Public Internal Revenue Service ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization Rotary Club of Kerrville ☐ Address change 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 **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) 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 \checkmark 1 795 2 2 Program service revenue including government fees and contracts 1,655 3 Membership dues and assessments 158,464 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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) 6b Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a 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) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 160,914 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 13,200 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 137,510 17 17 Total expenses. Add lines 10 through 16 150,710 18 18 10,204

Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 76,900 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -191 86,913 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		ulection in this	Part II			
	Check if the organization used Schedule	o to respond to any q	question in this		oginning of year	· ·	(B) End of year
22 Cash sa	avings, and investments		ı	(A) b	eginning of year 82,796	22	59,853
	d buildings				02,790	23	39,033
	ssets (describe in Schedule O)				3,200		36,617
25 Total as	,				85,996		96,470
	abilities (describe in Schedule O)				9,096		9,557
	ets or fund balances (line 27 of column		i		76,900		86,913
Part II	Statement of Program Service	` '	·	one for Da	<u> </u>	T	Expenses
rait m	Check if the organization used Schedule	•			🗆		lequired for section 501(c
	organization's primary exempt purpose?	, ,					and 501(c)(4)
Describe the measured b	humanitarianism, ethics, goodwill peace e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service					ganizations, optional for hers)
	nal Data Table						
(Cranta #)	If this amoun	st includes foreign gran	ta abaali bara		⊾ □		
(Grants \$)	itional Data Table	it includes foreign gran	its, check here		. • 🗆	28a	+
29 See Add	itional Data Table					296	
(Grants \$)	If this amoun	nt includes foreign gran	nts, check here		. ▶ □		
30 See Add	itional Data Table					30a	1
(Grants \$)	If this amoun	it includes foreign gran	nts, check here		. ▶ 🗆		
	ogram services (describe in Schedule O)		<u> </u>			+	
(Grants \$)	•	it includes foreign gran	nts check here			31a	
. , ,	rogram service expenses (add lines 28a		•		<u>. , _ </u>	-	
Part IV	List of Officers, Directors, Trustees,				<u> </u>		
I GIC IV	Check if the organization used Schedule						🗆
			1		1		L
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no	ition /1099- i t paid,	(d) Health bend contributions to er benefit plans, deferred compen	nploy and	ee of other compensation
Kristy Vande	enberg	002 00	enter -0	0			
Immediate I	Past President						
Robin Miear	s	002 00		0			
Dunnidous							
President Charlie McIl	vala.	002 00		0			
Charlie MCII	vairi	002 00		U			
President-El	ect						
Tammy Pro	ut	002 00		0			
Secretary							
Gena Daniel	ls .	010 00		0			
				J			
Treasurer							
Paul Anders	on	002 00		0			
Director							
Tım Crenwe	lge	002 00		0			
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Director		003.00					
Jeff Harris		002 00		0			
Director							
Ingrid Paint	er	002 00		0			
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Director Janelle Pera	I+	002 00		0			
Janelle Pera	IL .	002 00		U			
Director							
Jeff Wendlin		002 00		0			
Director							
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							F 000 F7 (2010

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>	<u></u>	1
			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		110
С	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			
b	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			
39	Section 501(c)(7) organizations Enter	1		ĺ
а	Initiation fees and capital contributions included on line 9			ĺ
b	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			ĺ
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
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			
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	e organization's books are in care of ▶ <u>Gena Daniels</u> Telephone no	(830)	307-900 ⁻	0
1110				<u> </u>
	Located at ▶ PO Box 295335 Kerrville , TX ZIP + 4 ▶	<u>78029</u>	<u> </u>	
			Yes	No
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			İ
_	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?	42c		No
C	, , , , , , , , , , , , , , , , , , , ,	420		140
43.6	If "Yes," enter the name of the foreign country Gection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
43 3				
	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	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	-	
1E-	explanation in Schedule O	44a 45a		No
				INO
43D	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
	the organization engage, directly or indiredidates for public office? If "Yes," complet			of or ın	opposition to			
Part VI	Section 501(c)(3) organizatio	<u> </u>		•		46		No
Part VI	All section 501(c)(3) organization	-	ions 47- 49b and 52	2, and	complete the table	es for I	nes 50	and
	51. Check if the organization used Schedu	ile O to respond to any o	question in this Part VI				[
							Yes	No
	the organization engage in lobbying activ 'es," complete Schedule C, Part II	ities or have a section 5	01(h) election in effect	during	the tax year?	47		
18 Is th	ne organization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		
19a Did t	d the organization make any transfers to an exempt non-charitable related organization?							
b If "Y	es," was the related organization a section	' was the related organization a section 527 organization?						
	plete this table for the organization's five					and key	employ	ees)
	each received more than \$100,000 of co	(b) Average	(c) Reportable	(d) Health benefits,		tımated	
-		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	butions to employee enefit plans, and erred compensation	of othe	er compe	ensatio
ONE								
						1		
	tal number of other employees paid over				>	#10	10.000	
51 Com	tal number of other employees paid over oplete this table for the organization's five pensation from the organization If there	highest compensated in		 s who e	▶	nan \$10	0,000 o	 =
51 Com	plete this table for the organization's five	highest compensated in is none, enter "None"					0,000 ol	_
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"						
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"						
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51 Com comp	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"						
51 Com	plete this table for the organization's five pensation from the organization If there	highest compensated in is none, enter "None"						
51 Com comp	plete this table for the organization's five pensation from the organization If there	e highest compensated in is none, enter "None " each independent contr	actor					
d Tot	plete this table for the organization's five pensation from the organization If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent contr	\$100,000	(b) Ty	ype of service (c			_
d Tot	pplete this table for the organization's five pensation from the organization. If there (a) Name and business address of	e highest compensated in is none, enter "None " each independent contr cors each receiving over	\$100,000	(b) Ty	ype of service (c) Comp		
d Tot 52 Di co Inder pena	tal number of other independent contract of the organization and the organization and the organization and the organization are the tall number of other independent contract of the organization complete Schedule Appropriate Schedule Appropriate of perjury, I declare that I have extend belief, it is true, correct, and complete and belief, it is true, correct, and complete organization complete Schedule Appropriate organization complete organizat	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	(b) Ty	ype of service (c) Comp	ensation	
d Tot 52 Di co	tal number of other independent contract of the organization and the organization and the organization are tall number of other independent contract of the organization complete Schedule A? The organization complete schedule A and belief, it is true, correct, and complete organization complete schedule and belief, it is true, correct, and complete schedule sche	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a	\$100,000	(b) Ty	th a and statements, and ed on all information) Comp	ensation	
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d Tot 52 Di co	tal number of other independent contract in the organization of the organization. If there (a) Name and business address of the organization complete schedule A? In the organization complete Schedule A? In the organization complete of the organization complete organization comple	e highest compensated in is none, enter "None " each independent contr cors each receiving over NOTE. All section 501(a amined this return, include Declaration of prepa	\$100,000	(b) Ty	ch a and statements, and ed on all information 2019-10-21 Date Check if self-employed Firm's EIN	Yed to the of whice	ensation	

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Form 990-EZ (2018)

Additional Data

Software ID: 18007340 Software Version: 19.1.1.0

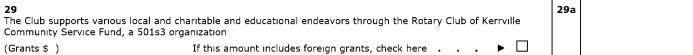
EIN: 74-6064367

Name: Rotary Club of Kerrville

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

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

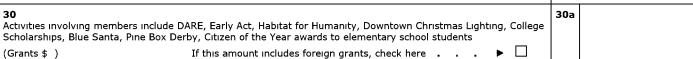
Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the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

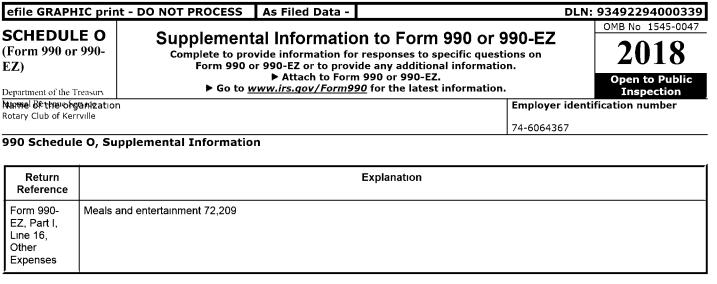


Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

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

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 2.129

EZ, Part I,
Line 16,
Other
Expenses

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

Other Expenses

Return Reference Explanation

Form 990- Office Rotary Supplies 12,685

EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Storage 837 EZ, Part I, Line 16,

Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Website Fees 955 EZ, Part I,

Line 16, Other Expenses

Return Reference Explanation

Form 990- Committee Expenses 11,395

EZ, Part I,
Line 16,
Other
Expenses

Return Reference Explanation

Form 990F7. Port I

EZ, Part I,
Line 16,
Other
Expenses

990 Schedule O, Supplemental Information

Return Explanation
Reference

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

990 Schedule O, Supplemental Information Return Explanation Reference Prior Period Adjustment -191

Form 990-EZ, Part I, Line 20, Net

Assets

Return Explanation

Other Assets

Form 990-EZ, Part II, Line 24.

Return Explanation Reference

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

Line 24. Other Assets

Return Explanation Reference

Liabilities

Form 990-Accounts Payable Beginning of year 8,018, End of year 5,279

EZ, Part II, Line 26,

Return Explanation Reference

Liabilities

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

EZ, Part II, Line 26,

Return Explanation
Reference

Liabilities

Form 990EZ, Part II,
Line 26.

Payable to Rotary Foundation Beginning of year 125, End of year 3,725

Return Explanation
Reference

Liabilities

Form 990EZ, Part II,
Line 26.

Rotary International Liability Beginning of year 458, End of year 458

Rotary International Liability Beginning of year 458, End of year 458

Return Explanation
Reference

Liabilities

Form 990-EZ, Part II, Line 26.

Return Explanation
Reference

Liabilities

Form 990-EZ, Part II, Line 26,