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Form 990-EZ

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)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: ROTARY INTERNATIONAL OF ASHEVILLE
Number and street (or P O box, if mail is not delivered to street address): PO BOX 1954
City or town, state or province, country, and ZIP or foreign postal code: ASHEVILLE, NC 288021954

D Employer identification number: 56-0383428
E Telephone number: (828) 254-3035
F Group Exemption Number

G Accounting Method: Cash [ ] Accrual [x] Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(4) [ ] (insert no) [ ] 4947(a)(1) [ ] 527 [ ]

K Form of organization: Corporation [x] 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. Total: \$128,961

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 [x]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 93,498, 35, 35,428, 128,961, 2,500, 2,351, 128,235, 133,086, -4,125, 100,438, 96,313.



**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

		Yes	No
<b>33</b>	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		No
<b>34</b>	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)		No
<b>35a</b>	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)?		No
<b>b</b>	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O		
<b>35c</b>	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
<b>36</b>	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		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	No
<b>38a</b>	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?	<b>38a</b>	No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
<b>b</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	<b>40b</b>	No
<b>c</b>	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 sections 4912, 4955, and 4958		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b>	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	<b>40e</b>	No

**41** List the states with which a copy of this return is filed  NC

**42a** The organization's books are in care of MARGARET GORMLEY-CHAPMAN Telephone no (828) 254-3035  
 Located at PO BOX 1954 TEST ASHEVILLE, NC ZIP + 4 28802

		Yes	No
<b>42b</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)? If "Yes," enter the name of the foreign country		No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>			
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country		No

**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
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
<b>b</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		No
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?		No
<b>d</b>	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>45b</b>	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)		No

	Yes	No
46		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 . . . . .

**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		
48		
49a		
49b		

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 . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

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  
 2016-05-12  
 Date  
 DONNA ENSLEY PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: ERIC W MICHAEL CPA  
 Preparer's signature  
 Date: 2016-05-13  
 Check  if self-employed  
 PTIN: P00920062  
 Firm's name: GOULD KILLIAN CPA GROUP PA  
 Firm's EIN: 56-1042836  
 Firm's address: 100 COXE AVE  
 ASHEVILLE, NC 288012354  
 Phone no: (828) 258-0363

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Additional Data****Software ID:****Software Version:****EIN:** 56-0383428**Name:** ROTARY INTERNATIONAL OF ASHEVILLE**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
MARVIN THOMAS PRESIDENT	5 00	0		
JOHN PALMER PAST PRESIDE	5 00	0		
DONNA ENSLEY PRESIDENT EL	5 00	0		
BILL HAGGARD PRESIDENT NO	5 00	0		
ZAC LAMB TREASURER	5 00	0		
MARGARET GORMLEY-CHAPMAN SECRETARY	20 00	13,800		
KEVIN MONTGOMERY SERGEANT-AT-	5 00	0		
DUANE ALEXANDER DIRECTOR	5 00	0		
BILL RAWLINGS DIRECTOR	5 00	0		
SCOTT RAINES DIRECTOR	5 00	0		
GREG BROWN DIRECTOR	5 00	0		
JANET WHITWORTH DIRECTOR	5 00	0		
MARCIA WHITNEY DIRECTOR	5 00	0		
FAYE BURNER DIRECTOR	5 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public  
Inspection**

Name of the organization  
ROTARY INTERNATIONAL OF ASHEVILLE

Employer identification number

56-0383428

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ROTARY DUES 29,705 OTHER INCOME 4,823 ENTRANCE FEES 900 TOTAL 35,428
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 1,137 BANK CHARGES 2,227 COMMITTEE EXPENSES 1,238 ROTARY DUES 20, 800 MEAL EXPENSES 65,243 INSURANCE 310 OFFICE RENT 9,000 SECRETARY CHARGES 13,800 TELEPHON E 2,654 EQUIPMENT REPAIR & RENTAL 5,859 MISCELLANEOUS 1,238 PROJECT EXPENSES 1,372 PROJECT EXPENSE 3,192 NON-INVESTMENT DEPRECIATION 165 TOTAL 128,235
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 16,005 9,673 OFFICE EQUIPMENT 9,709 9,709 LESS ACCUMULATED DEPRECIATION 9,544 9,709 TOTAL 16,170 9,673
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,144 1,950
FORM 990-EZ, PART III	PROVIDES A VENUE FOR BUSINESS AND PROFESSIONAL LEADERS TO COME TOGETHER TO PROVIDE HUMANIT ARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN THE WORKPLACE AND HELP TO BUILD GOODWIL L AND PEACE IN THE WORLD
FORM 990-EZ, PART III, LINE 28	PROVIDES A VENUE FOR BUSINESS AND PROFESSIONAL LEADERS TO COME TOGETHER TO PROVIDE HUMANIT ARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN THE WORKPLACE AND HELP TO BUILD GOODWIL L AND PEACE IN THE WORLD MEMBERS PARTICIPATED IN PACKAGING OVER 200,000 MEALS FOR THE ROT ARIANS AGAINST HUNGER PROJECT MEMBERS AND ROTARACT MEMBERS WORKED ON THE DRY STREAM PROJE CT TO CHANNEL WATER RUNOFF AT THE UNCA TENNENT PARK, REINFORCED THE BOG GARDEN AND PLANTED ANNUALS AND PERENNIALS SPONSORED A BLOOD DRIVE FOR THE AMERICAN RED CROSS AND HELPED WIT H THE SALVATION ARMY BELL RINGING PROJECT 20 MEDICAL AND DENTAL PROFESSIONSL WORKED IN HO NDURAS TO PROVIDE SERVICES TO RESIDENTS OF THREE CITIES BUILT A PLAY GROUND AT THE WNC NAT URE CENTER TO COMMEMORATE THE CLUB'S 100TH ANNIVERSARY OF SERVICE TO THE COMMUNITY