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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
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		
c 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 ▶ 37a			
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			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
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	40b		No
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 sections 4912, 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 ▶ <u>NC</u>			
42a The organization's books are in care of ▶ <u>MARGARET GORMLEY-CHAPMAN</u> Telephone no ▶ <u>(828) 254-3035</u> Located at ▶ <u>PO BOX 1954 TEST ASHEVILLE, NC</u> ZIP + 4 ▶ <u>28802</u>			
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 ▶ _____	42b	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c 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 ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
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 explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b 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
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.

Sign Here	***** Signature of officer	2017-05-11 Date
	BILL HAGGARD PRESIDENT ELECT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ERIC W MICHAEL CPA	Preparer's signature	Date 2017-05-12	Check <input type="checkbox"/> 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 III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28</p> <p>PROVIDES A VENUE FOR BUSINESS AND PROFESSIONAL LEADERS TO COME TOGETHER TO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN THE WORKPLACE AND HELP TO BUILD GOODWILL AND PEACE IN THE WORLD MEMBERS PARTICIPATED IN PACKAGING ALMOST 300,000 MEALS FOR THE ROTARIANS AGAINST HUNGER PROJECT SPONSORED A BLOOD DRIVE FOR THE AMERICAN RED CROSS AND HELPED WITH THE SALVATION ARMY BELL RINGING PROJECT 20 MEDICAL AND DENTAL PROFESSIONSL WORKED IN HONDURAS TO PROVIDE SERVICES TO RESIDENTS OF THREE CITIES THE MEDICAL BRIGADE TRAVELS TO REMOTE VILLAGES IN HONDURAS OFFERING DENTAL AND VISION SUPPORT TO THE NATIVES THE NATIVES THAT RECEIVE THIS SUPPORT ARE VERY POOR, LIVING OFF OF 1 00 TO 2 00 PER DAY THEY HAVE NO ELECTRICITY, NO RUNNING WATER, NO EDUCATION, AND THEY LIVE IN VERY REMOTE AREAS SERVED THANKSGIVING BREAKFAST TO 150 VETERANS AT THE RESTORATION QUARTERS IN COOPERATION WITH ASHEVILLE BUNCOMBE COUNTY CHRISTIAN MINISTRIES THROUGH THE CLUB'S GENEROSITY, WE WERE ABLE TO PROVIDE FOOD FOR APPROXIMATELY 2,000 BAGS OF FOOD FOR KIDS AND THEIR FAMILIES OVER THE WEEKENDS THROUGH THE MANNA PACKS FOR KIDS PROGRAM CONTINUED OUR RELATIONSHIPS WITH THE INTERACT CLUB AT ASHEVILLE HIGH AND THE ROTARACT CLUB AT UNC-ASHEVILLE, WHICH CONTINUES EFFORTS TO BUILD UPON THE FOUNDATIONS ESTABLISHED WITH THESE KIDS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	93,868

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

<p>Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>	
<p>29 EXCHANGE STUDENT PROGRAM & GROUP STUDY EXCHANGE (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>443</p>

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
DONNA ENSLEY PRESIDENT	5 00	0		
MARVIN THOMAS PAST PRESIDE	5 00	0		
BILL HAGGARD PRESIDENT EL	5 00	0		
BILL RAWLINGS PRESIDENT NO	5 00	0		
ZAC LAMB TREASURER	5 00	0		
MARGARET GORMLEY-CHAPMAN SECRETARY	20 00	13,800		
DAVID KOZAK SERGEANT-AT-	5 00	0		
JOSHUA ABRAMS SERGEANT-AT-	5 00	0		
RICK DEVEREAUX DIRECTOR	5 00	0		
BETTY DOLL DIRECTOR	5 00	0		
GREG BROWN DIRECTOR	5 00	0		
DUANE ALEXANDER DIRECTOR	5 00	0		
MARCIA WHITNEY DIRECTOR	5 00	0		
HUNT MALLETT 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.

2015

**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 66,532 OTHER INCOME 4,925 ENTRANCE FEES 1,700 TOTAL 73,157
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 483 BANK CHARGES 1,915 COMMITTEE EXPENSES 1,724 ROTARY DUES 16,836 MEAL EXPENSES 67,800 INSURANCE 335 OFFICE RENT 9,000 SECRETARY CHARGES 13,800 TELEPHONE 2,518 EQUIPMENT REPAIR & RENTAL 4,813 MISCELLANEOUS 1,282 PROJECT EXPENSES 443 BAD DEBT EXPENSE 6,226 TOTAL 127,175

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 9,673 7,483 PREPAID EXPENSES AND DEFERRED CHARGES 0 400 OFFICE EQUIPMENT 9,709 9,709 LESS ACCUMULATED DEPRECIATION 9,709 9,709 TOTAL 9,673 7,883
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,950 976

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	PROVIDES A VENUE FOR BUSINESS AND PROFESSIONAL LEADERS TO COME TOGETHER TO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN THE WORKPLACE AND HELP TO BUILD GOODWILL 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 HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN THE WORKPLACE AND HELP TO BUILD GOODWILL AND PEACE IN THE WORLD MEMBERS PARTICIPATED IN PACKAGING ALMOST 300,000 MEALS FOR THE ROTARIANS AGAINST HUNGER PROJECT SPONSORED A BLOOD DRIVE FOR THE AMERICAN RED CROSS AND HELPED WITH THE SALVATION ARMY BELL RINGING PROJECT 20 MEDICAL AND DENTAL PROFESSIONALS WORKED IN HONDURAS TO PROVIDE SERVICES TO RESIDENTS OF THREE CITIES THE MEDICAL BRIGADE TRAVELS TO REMOTE VILLAGES IN HONDURAS OFFERING DENTAL AND VISION SUPPORT TO THE NATIVES THE NATIVES THAT RECEIVE THIS SUPPORT ARE VERY POOR, LIVING OFF OF 1 00 TO 2 00 PER DAY THEY HAVE NO ELECTRICITY, NO RUNNING WATER, NO EDUCATION, AND THEY LIVE IN VERY REMOTE AREAS SERVED THANKSGIVING BREAKFAST TO 150 VETERANS AT THE RESTORATION QUARTERS IN COOPERATION WITH ASHEVILLE BUNCOMBE COUNTY CHRISTIAN MINISTRIES THROUGH THE CLUB'S GENEROSITY, WE WERE ABLE TO PROVIDE FOOD FOR APPROXIMATELY 2,000 BAGS OF FOOD FOR KIDS AND THEIR FAMILIES OVER THE WEEKENDS THROUGH THE MANNA PACKS FOR KIDS PROGRAM CONTINUED OUR RELATIONSHIPS WITH THE INTERACT CLUB AT ASHEVILLE HIGH AND THE ROTARACT CLUB AT UNC-ASHEVILLE, WHICH CONTINUES EFFORTS TO BUILD UPON THE FOUNDATIONS ESTABLISHED WITH THESE KIDS