

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
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.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

- 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) / Room/suite: 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 Other (specify) _____

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

I Website: WWW.ROTARYASHEVILLE.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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 150,428

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts 77,545
3	Membership dues and assessments
4	Investment income 263
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	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)
6c	Less direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O) 72,620
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 150,428
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 2,425
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping 2,052
16	Other expenses (describe in Schedule O) 135,439
17	Total expenses. Add lines 10 through 16 139,916
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 10,512
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) 115,634
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20 126,146

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 2018-05-10 Date WILLIAMS RAWLINGS 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 2018-05-15 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 III - Statement of Program Service Accomplishments

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.)	
<p>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 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 SPONSOR OF FOLKMOT, AN INTENATIONAL ORGANIZATION WHICH PROVIDES A CULTURAL EXPERIENCE IN WESTERN NORTH CAROLINA FOR THE GENERAL PUBLIC CLUB MEMBERS SERVED AS GUARDIANS FOR WORLD WAR II, KOREAN AND VIETNAM VETERANS ON THE HONOR FLIGHT WHICH TAKES THESE VETERANS TO SEE THEIR MEMORIALS IN WASHINGTON, DC</p> <p>(Grants \$ 2,425)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	103,883

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

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<p>29 EXCHANGE STUDENT PROGRAM & GROUP STUDY EXCHANGE</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(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
WILLIAM HAGGARD PRESIDENT	5 00	0		
DONNA ENSLEY PAST PRESIDE	5 00	0		
WILLIAMS RAWLINGS PRESIDENT EL	5 00	0		
RICHARD DEVEREAUX PRESIDENT NO	5 00	0		
DAVID KOZAK TREASURER	5 00	0		
MARGARET GORMLEY-CHAPMAN SECRETARY	20 00	13,800		
DAVID KOZAK SERGEANT-AT-	5 00	0		
PATRICK SNYDER SERGEANT-AT-	5 00	0		
SOPHIA UNGERT DIRECTOR	5 00	0		
KRISTY WILSON DIRECTOR	5 00	0		
AVTAR DHALIWAL DIRECTOR	5 00	0		
MARCIA WHITNEY DIRECTOR	5 00	0		
HUNT MALLET DIRECTOR	5 00	0		
JOHN DONAHOE DIRECTOR	5 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

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.

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Department of the Treasury
Internal Revenue Service

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 67,820 OTHER INCOME 4,800 TOTAL 72,620

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 868 BANK CHARGES 1,659 COMMITTEE EXPENSES 861 ROTARY DUES 22,964 MEAL EXPENSES 71,308 INSURANCE 468 OFFICE RENT 9,000 SECRETARY CHARGES 13,800 TELEPHONE 3,155 EQUIPMENT REPAIR & RENTAL 4,060 MISCELLANEOUS 1,325 SMALL EQUIPMENT 971 SPONSORSHIP 5,000 TOTAL 135,439

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 7,483 8,677 PREPAID EXPENSES AND DEFERRED CHARGES 400 650 OFFICE EQUIPMENT 9,709 9,709 LESS ACCUMULATED DEPRECIATION 9,709 9,709 TOTAL 7,883 9,327

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 976 815

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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 SPONSOR OF FOLKMOOT, AN INTERNATIONAL ORGANIZATION WHICH PROVIDES A CULTURAL EXPERIENCE IN WESTERN NORTH CAROLINA FOR THE GENERAL PUBLIC CLUB MEMBERS SERVED AS GUARDIANS FOR WORLD WAR II, KOREAN AND VIETNAM VETERANS ON THE HONOR FLIGHT WHICH TAKES THESE VETERANS TO SEE THEIR MEMORIALS IN WASHINGTON, DC