efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492116006229 Short Form OMB No 1545-1150 Form 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 B Check if applicable C Name of organization D Employer identification number BLOOMINGTON ROTARY CLUB \square Address change 35-6044340 ☐ 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 2026 ☐ Final return/terminated (812) 344-7605 City or town, state or province, country, and ZIP or foreign postal code □ Amended return BLOOMINGTON, IN 47402 F Group Exemption ☐ Application pending 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 bloomingtonrotary 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 27,339 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 78,870 4 4 5a Gross amount from sale of assets other than inventory 0 b 5b 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 \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the 14,989 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 14.989 7a Gross sales of inventory, less returns and allowances . . 0 b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) **7**c C 8 140 8 Other revenue (describe in Schedule O) 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 121.338 10 10 47,769 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12,988 12 Salaries, other compensation, and employee benefits . 12 13 1,002 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 704 16 Other expenses (describe in Schedule O) 16 55,063 17 Total expenses. Add lines 10 through 16 17 117,526 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,812 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 32,442 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 36,254 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

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23 3 3 3 3 3 3 3 3 3	22 Cash savungs a	nd investments		(A)			
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27 Note assets or fund balances (Inne 27 of Column (6) must agree with line 21)					· · · · · · · · · · · · · · · · · · ·		30,234
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Check if the organization used Schedule Oto respond to any question in this Part III		· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	T	
If this amount includes foreign grants, check here	Check What is the organiza	if the organization used Schedule ation's primary exempt purpose?	e O to respond to any o	question in this Part III	<u> </u>	 (3)	juired for section 501(c) and 501(c)(4)
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If this amount includes foreign grants, check here 31a 32 32 32 32 32 32 32 3	<u> </u>			·		+ +	
27 Total program service expenses (add lines 28a through 31a) 32 32,8		·					
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 devoted to position (Forms W-2/1099) MISC) (find to paid, enter 0-) (c) Representation (Forms W-2/1099) MISC) (find to paid, enter 0-) (d) Health benefits, ontributions to employee of their compensation (Forms W-2/1099) MISC) (find to paid, enter 0-) (enter 0-) (enter 0-) (forms W-2/1099) MISC) (find to paid, enter 0-)	` ' '			•	<u>. ▶ ⊔</u>	_	22.00
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Public Relations Chair	Kım Gray		2	C		0	0
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Pa	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>	<u> </u>	
_			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			
а	Initiation fees and capital contributions included on line 9			
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	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 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization \bullet 0			
	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 ▶ IN The organization's books are in care of ▶ Julia Merkt Telephone no ▶ 1	812) 8	22-3099	
42a		4740		
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	Yes	No No
	If "Yes," enter the name of the foreign country			
С	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?	42 c		No
	If "Yes," enter the name of the foreign country			
	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	г	T	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead	44a	Yes	No No
b	of Form 990-EZ 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
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section $512(b)(13)^7$	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

									Page
								Yes	No
	organization engage, directly or indirectes for public office? If "Yes," complete					0	4.5		
	Section 501(c)(3) organization	·					46		No
<i>,</i>	All section $501(c)(3)$ organizations	must answer quest	ons 47-49b and 5	2, and d	complete th	ne table:	s for lu	nes 50	and 5
C	Check if the organization used Schedule	O to respond to any q	uestion in this Part \	I			• • •	Yes	□ No
						_			
	organization engage in lobbying activiti complete Schedule C, Part II		J1(h) election in effe			r,	47		
18 Is the o	ganization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete So	hedule E			48		
19a 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		
0 Complet	e this table for the organization's five h	nighest compensated e	mployees (other thai	officers	, directors, t	rustees a	and key	employ	ees)
	h received more than \$100,000 of com ame and title of each employee		janization If there is (c) Reportable		nter "None ") Health ber	of to	(a) Ea	timated	20011
(a) No	ame and title of each employee	(b) Average hours per week	compensation	contr	ibutions to e	mployee	(e) Estim ee of other c		
		devoted to position	(Forms W-2/1099 MISC)		enefit plans, erred compe				
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f Total r	number of other employees paid over \$	100,000				-			
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d Total r	e this table for the organization's five had been sation from the organization. If there is (a) Name and business address of elements of the contractor of other independent contractor of the c	rs each receiving over	\$100,000	(b) T	ype of service	e (c)) Compo		
d Total r Did tr compi	e this table for the organization's five is sation from the organization. If there is (a) Name and business address of elements of the contractor of the organization complete Schedule A? Neted Schedule A	rs each receiving over	\$100,000	(b) To	ype of service	e (c)	Composition Yes	ensation es	
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Additional Data

Software ID: 17005980

Software Version: v1.00

EIN: 35-6044340

Name: BLOOMINGTON ROTARY CLUB

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.)		
28 OTHER PROGRAMS - OTHER RELATED FOUNDATION AND TEACHER'S WAREH	PROGRAM EXPENSES INCLUDING GRANTS TO BLOOMINGTON ROTARY HOUSE	28a	15,710		
(Grants \$ 15,710)	If this amount includes foreign grants, check here \ldots . \blacktriangleright				

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

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

number of persons benefite	d, and other relevant information for each program title.	for others.)		
29 YOUTH PROGRAMS- LEADERSH TOWARDS HIGH SCHOOL AND	HIP TRAINING AND SCHOLARSHIPS FOR YOUTH (RYLA) CLUB SCHOLARSHIPS GO IVY TECH STUDENTS	29a	10,770	
(Grants \$ 10,770)	If this amount includes foreign grants, check here \blacktriangleright			

Describe the organization's program service accomplishments for each of its three largest program

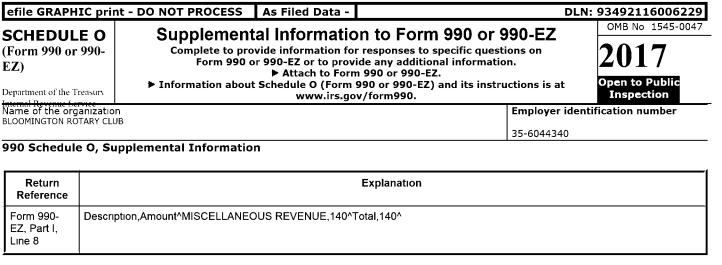
(c)(3) and 501(c)(4)

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

(Grants \$ 6,400)

number of persons benefited, and other relevant information for each program title.	org	organizations; optional for others.)		
30 ROTARY INTERNATIONAL- GRANT CONTRIBUTIONS TOWARDS CHARITABLE PROJECTS OF ROTARY INTERNATIONAL	30a	6,400		

If this amount includes foreign grants, check here



Return Explanation Reference

990 Schedule O, Supplemental Information

Form 990-Description. Amount *Conference and Conventions. 39058 | Club Dues and Fees. 12192 | Program Speci

EZ, Part I, fic Expenses.2322|Office and Miscellaneous.1491^Total.55063^ Line 16

Explanation Return Reference

990 Schedule O, Supplemental Information

Form 990-Description.EOY Amount^ACCOUNTS RECEIVABLE.3221^Total.3221^

EZ, Part II, Line 24