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Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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/form990ez.

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ROTARY CLUB OF ASHEVILLE BREAKFAST

Number and street (or P O box, if mail is not delivered to street address)Room/suite

PO BOX 18117

City or town, state or province, country, and ZIP or foreign postal code

ASHEVILLE, NC 28814

D Employer identification number

56-1548084

E Telephone number

(828) 258-0363

F Group Exemption Number

0573

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: N/A

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. \$ 58,594

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		1	1,286				
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3	39,318				
	4	Investment income		4	56				
	5a	Gross amount from sale of assets other than inventory	5a	5c					
	b	Less cost or other basis and sales expenses	5b						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events		6d					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 4,324						
	b	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 13,610						
Expenses	c	Less direct expenses from gaming and fundraising events	6c 8,870						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			9,064				
	7a	Gross sales of inventory, less returns and allowances	7a	7c					
	b	Less cost of goods sold	7b						
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule O)		8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	49,724				
	10	Grants and similar amounts paid (list in Schedule O)		10	11,510				
	11	Benefits paid to or for members		11					
	12	Salaries, other compensation, and employee benefits		12					
Net Assets	13	Professional fees and other payments to independent contractors		13					
	14	Occupancy, rent, utilities, and maintenance		14					
	15	Printing, publications, postage, and shipping		15					
	16	Other expenses (describe in Schedule O)		16	37,314				
	17	Total expenses. Add lines 10 through 16		17	48,824				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	900				
	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)		19	13,603				
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	170				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	14,673				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2017)

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	8,880	22	15,374
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,220	24	7,214
25 Total assets	17,100	25	22,588
26 Total liabilities (describe in Schedule O).	3,497	26	7,915
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,603	27	14,673

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III ☒
 What is the organization's primary exempt purpose?
 SERVING OTHERS ON A COMMUNITY, NATIONAL & INTERNATIONAL SCALE
 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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 See Additional Data Table	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☒	32	48,824

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
CINDY IRELAND	000 00	0		
PRESIDENT				
BILL BYRNE	000 00	0		
PAST PRESIDE				
CHARLES KILLIAN	000 00	0		
TREASURER				
RANDY LEHMAN	000 00	0		
PRESIDENT EL				
BRUCE TOMPKINS	000 00	0		
SGT AT ARMS				
CARL CHESICK	000 00	0		
SECRETARY				
RICH ANDERSON	000 00	0		
DIRECTOR				
PHIL PRATT	000 00	0		
VICE PRESIDE				
MICHAEL GARNER	000 00	0		
DIRECTOR				

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 ▶ _____			
42a The organization's books are in care of ▶ <u>CHARLES E KILLIAN</u> Telephone no ▶ <u>(828) 258-0363</u> Located at ▶ <u>100 COXE AVENUE ASHEVILLE, NC</u> ZIP + 4 ▶ <u>28801</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)?	42b		No
If "Yes," enter the name of the foreign country ▶ _____			
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 ?	42c		No
If "Yes," enter the name of the foreign country ▶ _____			
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			
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	
49b	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		2018-11-15 Date		
	CHARLES KILLIAN TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHARLES E KILLIAN CPA	Preparer's signature	Date 2018-11-15	Check ☐ if self-employed	PTIN P00060455
	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: 56-1548084
Name: ROTARY CLUB OF ASHEVILLE BREAKFAST

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 ROTARY IS A MEMBER ORGANIZATION OF BUSINESS MEN AND WOMEN THAT STRIVES TO INCREASE AWARENESS OF LOCAL, NATIONAL AND INTERNATIONAL ISSUES AND NOT FOR PROFIT ORGANIZATIONS STRIVING TO FIND SOLUTIONS TO THE MYRIAD OF PROBLEMS SEEKING TO IMPROVE THE HUMAN CONDITION LOCALLY AND GLOBALLY WEEKLY CLUB MEETINGS PROVIDE A FORUM FOR SPEAKERS TO HELP EXPAND MEMBERS' KNOWLEDGE OF PROBLEMS AND ORGANIZATIONS SEEKING SOLUTIONS TO THOSE PROBLEMS BOTH HERE AND ABROAD THIS CLUB HAS BEEN ACTIVE IN SUPPORTING THE ROTARY EFFORT TO ELIMINATE POLIO GLOBALLY, AND HAS WORKED THIS YEAR, AS IN YEARS PAST TO PROVIDE BOTH VOLUNTEER HELP AND FINANCING TO ASSIST LOCAL NOT-FOR-PROFITS DEAL WITH ISSUES REGARDING CHILD ABUSE, ASSISTANCE WITH FEEDING THE POOR, FINANCING SCHOLARSHIPS TO PROMISING STUDENTS AT LOCAL COLLEGES, PROVIDING WHEELCHAIRS TO DISABLED CITIZENS IN THIRD WORLD COUNTRIES, AND PROVIDING FINANCIAL SUPPORT TO ROTARY FOUNDATIONS STRIVING TO PROVIDE FINANCING MEDIA FOR SELF IMPROVEMENT PROJECTS AROUND THE GLOBE ALL THE WHILE, REMINDING MEMBERS AT EVERY MEETING THAT BUSINESS PEOPLE SHOULD CONDUCT THEMSELVES IN ACCORDANCE WITH THE ETHICAL STANDARDS OF THE ROTARY 4 WAY TEST (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	37,314

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.)	
29 CLUB USES NET PROCEEDS OF FUND RAISERS TO SUPPORT GRANTS FOR SCHOLARSHIPS AT LOCAL COLLEGES (RECIPIENTS SELECTED FROM NOMINEES FROM EACH COLLEGE, UNRELATED TO ANY CLUB MEMBER) AND LOCAL CHARITABLE ORGANIZATIONS AS APPROVED BY THE CLUB'S BOARD OF DIRECTORS NO ORGANIZATION RECEIVED GRANT FUND IN EXCESS OF 5,000 (Grants \$ 5,170) If this amount includes foreign grants, check here . . . ☐	29a	11,510

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ROTARY CLUB OF ASHEVILLE BREAKFAST

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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

56-1548084

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	ROTARY INTERNATIONAL 4,045 1560 SHERMAN AVE EVANSTON IL 60201-3698 ROTARY DISTRICT 7670 2,295 31 COLLEGE PLACE ASHEVILLE NC 28802

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	NAME RCAB FOUNDATION, INC ADDRESS P O BOX 18117 ASHEVILLE, NC 28814 CASH CONTRIBUTION 5,170

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES SUPPLIES & EQPT 2,107 WEEKLY MEETING MEAL EXPENSES 31,737 ROTARY DISTRICT SEMINARS - 965 BANK CHARGES 696 P O BOX RENT 256 COMMUNITY PROGRAM EXPENSES 148 DIST GOV EXP REIM BURSEMENT 1,272 FELLOWSHIP MTG EXPENSES 133 TOTAL 37,314

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 20	PRIOR PERIOD ADJ - DUES 170

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 8,220 7,214 TOTAL 8,220 7,214

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,497 7,915 ESCROW-FUNDS FOR JOINT CLUB PROJECT 0 0 ESCROW - CART FUND 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	ROTARY IS A MEMBER ORGANIZATION OF BUSINESS MEN AND WOMEN THAT STRIVES TO INCREASE AWARENESS OF LOCAL, NATIONAL AND INTERNATIONAL ISSUES AND NOT FOR PROFIT ORGANIZATIONS STRIVING TO FIND SOLUTIONS TO THE MYRIAD OF PROBLEMS SEEKING TO IMPROVE THE HUMAN CONDITION LOCALLY AND GLOBALLY WEEKLY CLUB MEETINGS PROVIDE A FORUM FOR SPEAKERS TO HELP EXPAND MEMBERS' KNOWLEDGE OF PROBLEMS AND ORGANIZATIONS SEEKING SOLUTIONS TO THOSE PROBLEMS BOTH HERE AND ABROAD THIS CLUB HAS BEEN ACTIVE IN SUPPORTING THE ROTARY EFFORT TO ELIMINATE POLIO GLOBALLY, AND HAS WORKED THIS YEAR, AS IN YEARS PAST TO PROVIDE BOTH VOLUNTEER HELP AND FINANCING TO ASSIST LOCAL NOT-FOR-PROFITS DEAL WITH ISSUES REGARDING CHILD ABUSE, ASSISTANCE WITH FEEDING THE POOR, FINANCING SCHOLARSHIPS TO PROMISING STUDENTS AT LOCAL COLLEGES, PROVIDING WHEELCHAIRS TO DISABLED CITIZENS IN THIRD WORLD COUNTRIES, AND PROVIDING FINANCIAL SUPPORT TO ROTARY FOUNDATIONS STRIVING TO PROVIDE FINANCING MEDIA FOR SELF IMPROVEMENT PROJECTS AROUND THE GLOBE ALL THE WHILE, REMINDING MEMBERS AT EVERY MEETING THAT BUSINESS PEOPLE SHOULD CONDUCT THEMSELVES IN ACCORDANCE WITH THE ETHICAL STANDARDS OF THE ROTARY 4 WAY TEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 31	CLUB USES NET PROCEEDS OF FUND RAISERS TO SUPPORT GRANTS FOR SCHOLARSHIPS AT LOCAL COLLEGE S (RECIPIENTS SELECTED FROM NOMINEES FROM EACH COLLEGE, UNRELATED TO ANY CLUB MEMBER) AND LOCAL CHARITABLE ORGANIZATIONS AS APPROVED BY THE CLUB'S BOARD OF DIRECTORS NO ORGANIZATI ON RECEIVED GRANT FUND IN EXCESS OF 5,000