efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492133023619 **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 ROTARY INTERNATIONAL ☐ Address change ROTARY CLUB OF LAGRANGE 58-6040540 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 133 MAIN ST ☐ Final return/terminated (706) 882-9226 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return LAGRANGE, GA 30240 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: ►N/A **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 8,027 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 112,867 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 20,020 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 140.914 10 10 Grants and similar amounts paid (list in Schedule O) 27,400 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 2,600 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 744 81,142 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 111,886 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 29,028 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 49,508 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 78,536 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Pa	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			l
	Dulitha and the the TDC2 T6 "Ver II and the		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)?			
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		No No
	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$	330		NO
·	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	_		
Ь	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 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 ▶			
Ь	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	40ь		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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of KEN MILES Telephone no	(706) 8	82-922	6
	Located at ► 133 MAIN ST LAGRANGE, GA ZIP + 4 ►	3024		
ь	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)?	421	Yes	No
	If "Yes," enter the name of the foreign country	42b		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	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			
	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
	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	44ь		No
С	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? <i>If "No," provide an explanation in Schedule O</i>	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	\vdash		
	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

Form 9	990-EZ	(2017)							Page 4
								Yes	No
		e organization engage, directly or indirect ates for public office? If "Yes," complete							l
Part			, 				46		No
Paru	- VI	Section 501(c)(3) organization All section 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the ta	bles for l	ines 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Pa	rt VI	<u> </u>		,	
								Yes	No
		e organization engage in lobbying activiti ," complete Schedule C, Part II		01(h) election in		g the tax year?	. 47		
		,				-	48		+
		organization a school as described in sec					. 49a		+
49a	Did the	e organization make any transfers to an	exempt non-charitable	related organiza	tion?		•	+	+
Ь	If "Yes	," was the related organization a section	527 organization? .				. 49b		
		ete this table for the organization's five hach received more than \$100,000 of com					es and ke	y emplo	yees)
		Name and title of each employee	(b) Average	(c) Reportal	ole (d) Health benefits			d amount
			hours per week devoted to position	compensation (Forms W-2/1		ributions to emplo benefit plans, and	yee of oth	ner comp	ensation
				MISC)	de [.]	ferred compensation	on		
NONE									
f	Total	number of other employees paid over \$	100,000			•			
		ete this table for the organization's five h		ndependent contr	actors who	each received mor	e than \$1	00,000	of
	compe	nsation from the organization If there is (a) Name and business address of e	<u> </u>	actor	(b) -	Type of service	(c) Com	noncatio	<u> </u>
		(a) Name and business address of e	acii ilidepelidelit conti	actor	(6)	Type of service	(C) COIII	pensacio	
NONE									
d	Total	number of other independent contracto	rs each receiving over	\$100,000		•			
52		the organization complete Schedule A? N		c)(3) organizatioi	ns must atta	ach a			
	com	pleted Schedule A					· • 🗆 Y	es 🗆	No
		ies of perjury, I declare that I have exan							
	eage ar 1y knov	nd belief, it is true, correct, and complete vledge	Declaration of prepa	irer (other than o	ficer) is bas	sed on all informat	ion of whi	cn prepa	irer
	lı					l			
Sign	Signature of officer 2019-05-13 Date								
Here	li	KEN MILES Treasurer							
		Type or print name and title							
D-:4	•	Print/Type preparer's name J Wayne Abbott	Preparer's signature		Date	Check 🗹 If PO	IN 0012211		
Paid Prer	ı barer	Firm's name ► ABBOTT AND ASSOCI	self-employed Firm's name						
	Only								
="	,	LAGRANGE, GA 3024							
		ENGRANGE, GA 3024	•						
M		decree the section of the	2.6						
riay th	ie IKS	discuss this return with the preparer sho	wn above? See Instruc	uons			☑ Yes	□ No	5 (2017

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 58-6040540

Name: ROTARY INTERNATIONAL

ROTARY CLUB OF LAGRANGE

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

Describe the organization's progra services, as measured by expense number of persons benefited, and	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 TO PROVIDE SUPPORT OF MISCELLAN INCLUDING EDUCATION, FOOD BANKS	EOUS PROGRAM SERVICE ACTIVITIES WITHIN THE LOCAL COMMUNITY S, COMMUNITY SPIRIT BUILDING	28a	
(Grants \$ 6,456)	If this amount includes foreign grants, check here \dots		

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29a

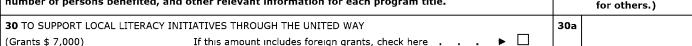
Form 990EZ, Part III - Statement of Program Service Accomplishments



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.)

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



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SCHEDUL	ΕO	Supplemental Information to Form 990 or 99		90-F7	OMB No 1545-0047	
(Form 990 or EZ) Department of the T	· 990-	Complete to provide information for responses to specific questic 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 instruction www.irs.gov/form990.			ions on on.	2017 Open to Public Inspection
Warne of the organization ROTARY INTERNATIONAL ROTARY CLUB OF LAGRANGE Employer ident 80 TARY CLUB OF LAGRANGE				tification number		
990 Schedul	e O, Supp	olemental Informatio	n			
Return Reference		Explanation				
Other Revenue 1	Interest/D	Dividend Income \$297				

990 Schedule O, Supplemental Information Return Explanation

Reference Other DUES REFUND FROM ROTARY INTERNATIONAL \$19723

Revenue 2

Return
Reference

Crants and
Class of Activity 501C3 | Dones's Name THE LINITED WAY | Cash Amount Given \$7000

990 Schedule O, Supplemental Information

Grants and Similar Amounts
Paid In Excess of \$5,000 4

Return Explanation
Reference

990 Schedule O, Supplemental Information

Grants and	Class of Activity 501C3 Donee's Name THE ROTARY FOUNDATION Donee's Address 1560 SHE
Sımılar	RMAN AVE EVANSTON IL 60201 Cash Amount Given \$15100
Amounts	
Paid In	
Excess of	
\$5,000 5	

990 Schedule O, Supplemental Information Return Explanation Reference Other Advertising and Promotion \$100 Expenses 1001

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$1838
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference

Other Conferences, Conventions, and Meetings \$6996

Expenses 1007 i

990 Schedule O, Supplemental Information Return Explanation Reference

Other Luncheon Expense \$49432 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other ROTARY INTERNATIONAL DUES \$10868
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other Annual Banquet \$3866
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other ROTARY DISTRICT DUES \$3850

Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference



990 Schedule O, Supplemental Information Return Explanation Reference Other MISCELLANEOUS \$848

Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 7 MEMBER INITIATIVES \$555

990 Schedule O, Supplemental Information Return Explanation Reference Other ROTARY YOUTH LEADERSHIP ACAD \$520

Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference

Other CHRISTMAS PARADE \$358
Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other LOCAL ROTARACT CLUBS \$317

Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Other RYCP Supplies & Events \$279
Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other CHAMBER OF COMMERCE DUES \$275
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other District Governor \$90
Expenses 15

990 Schedule O, Supplemental Information Return Explanation Reference

Other DIRECTORY \$75 Expenses 16