# CHANGE OF ACCOUNTING PERIOD Short Form

## **Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ire cov/Form990E7 for instructions and the latest information

Open to Public

For the 2017 call-endary year, or tax year beginning   JAN 1   2018   and ending   JUN 30   2018	Interr	al Reve	enue Service			<b>→</b> G0 t	.u www	.irs.gov/i	-01111990			,,,,, ailu	uie iat	est milo	aut				mapeciii	
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Tax-exempt status (check only one)   X   501(c)(3)   501(c)     (Insert no.)   4947(a)(1) or   527   (Form 990, 990-EZ, or 990-PF).					OTAF	YOGD	ENUT									not r	required	to attac	h Schedul	е В
K Form of organization: X 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 III, column (B) below) are \$500,000 or more, hile Form 990 instead of Form 990.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule 0 to respond to any question in this Part I  1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundrasing events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income and contributions exceeds \$15,000) c Less: Great cexpenses from gaming and fundrasing events (add lines 6a and 6b and subtract line 6c) 7 Gross scales of inventory, less returns and allowances b Less: Cost of opodos sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Professional fees and other payments to independent contractors 16 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 17 Gross sales of inventory, less returns and allowances 19 Salaries, other compensation, and employee benefits 11 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 18 Other expenses (describe in Schedule 0) 19 Total expenses. Add lines 10 through 16 10 Grants and s												(For	m 990, 9	990-EZ,	or 990-PF	).				
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15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Expense or (definit) for the year (Subtract line 17 from line 9)  19 Expense or (definit) for the year (Subtract line 17 from line 9)	eus	13	. *					ependent (	contractor	S	151		-15s, s 2 to 1 to 1 to 1 to 1	-	8	- 1				
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17 Total expenses. Add lines 10 through 16   19 Expense or (definit) for the year (Subtract line 17 from line 9)  18 20 7 7 7	ш	15	_								<u> </u>	OGL	ΙΕΙΝ,	01	_ [	ļ				265
19 Evenes or (definit) for the year (Subtract line 17 from line 9)		16	Other expe	enses (d	iescribe	ın Schedu	ile O)					SEE S	CHE	DOLE	-0-	Ļ			1,	065.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A))		17	Total exp	enses. A	Add lines	10 throu	gh 16										17			
19 Net assets or fund balances at beginning of year (from line 27, column (A))	S	18	Excess or	(deficit)	for the	year (Subt	tract line	17 from li	ne 9)							ļ	18		20,	727.
	set	_									))					ļ				
(must agree with end-of-year figure reported on prior year's return)	As															Ĺ	19		<u>161,</u>	
20 Other changes in net assets or fund balances (explain in Schedule 0)	Vet	20	Other char	nges in i	net asse	ts or fund	balances	s (explain i	n Schedu	le 0)						ļ	-			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	_	21	Net assets	s or fund	l balancı	es at end o	of year. C	ombine lii	nes 18 thr	ough 20						▶	21			

LHA For Paperwork Reduction Act Notice, see the separate instructions.



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Form 980-EZ (2017) ROTARY CLUB OF OGDEN FOUNDATION

87-0500035

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
<u>-</u>	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Tes	No
33	activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			<del>                                     </del>
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	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		Х
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	N/	A
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	<sup>-</sup> 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	0.0		Х
97.	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.	36	<u> </u>	<u> </u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37b		$\frac{x}{x}$
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	375		
-	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			T I
39	Section 501(c)(7) organizations. Enter:		•	_
a	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		. "	
ı	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·			
D	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		<del></del>	
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	, ,,,,		1
	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			۱ ۱
	by the organization $lacktriangle$			
е	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		X
41	List the states with which a copy of this return is filed ► UT  The organization's books are in care of ► OGDEN ROTARY CLUB  Telephone no. ► (801)3	92-	531	<del>1</del>
42 a	Located at $\triangleright$ 2580 JEFFERSON AVE., OGDEN, UT			<del></del>
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		Yes	No
	account)?	42b		Х
	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).	<u> </u>		لييا
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u> </u>	Х
40	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) persyamat chartable trusts filing Form 990-F7 in liqu of Form 1941 - Check here		_	
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	N/A		Ш
	and onto the amount of the exempt interest received of accrete uning the tax year	, _1		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			لــيـا
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44d		┟╼╼┙
A5 e	in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		<del></del>	
J	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ	(2017)

orm 990-EZ (21	O17) ROTARY CLUB OF OGD	EN FOUNDATION			87-0500±	<u>035                                    </u>	Page 4
6 Did the org	ganization engage, directly or indirectly, in political ca	ampaign activities on behalf of	or in opposition	n to candidates for pu	iblic office?	Ye	s No
If "Yes," co	mplete Schedule C, Part I					46	X
Part VI S	Section 501(c)(3) organizations only	,			<u></u>		
	All section 501(c)(3) organizations must answer	questions 47-49b and 52	and complete	e the tables for line	s 50 and 51		
C	Check if the organization used Schedule O to r	espond to any question in	this Part VI				
	· -		-			Ye	s No
7 Did the or	ganization engage in lobbying activities or have a sec	tion 501(h) election in effect of	luring the tax ye	ar? If "Yes," complete	Sch. C, Part II	47	X
	inization a school as described in section 170(b)(1)(					48	X
	ganization make any transfers to an exempt non-cha					49a	X
	as the related organization a section 527 organization					49b	
	this table for the organization's five highest compone		fficers directors	s, trustees, and key e	nolovees) who e	ach receive	d more
	,000 of compensation from the organization. If there		,	,,, .			
211011 (\$100	(a) Name and title of each employee		age hours	(C) Reportable	(d) Health benefits	s. (e) Est	mated
	(a) Name and the or each employee	, , ,	devoted to	compensation (Forms	contributions to employee benefit	amount	
	NONE	1 '	sition	W-2/1099-MISC)	plans, and deferre	· 1	
	NONE	<del></del>		-	Compensation	+	
					!		
				<u> </u>	ļ	<del></del>	
					Ļ		
				L			
					ļ		
	ber of other employees paid over \$100,000 this table for the organization's five highest compens	sated independent contractors	who each recei	ved more than \$100,	000 of compens	ation from 1	the
	on. If there is none, enter "None." NONE	·					
(a) Na	ame and business address of each independent cont	ractor	(b)	Type of service	(c)	Compensat	ion
			]			_	
			1				
·	· · · · · · · · · · · · · · · · · · ·						
		-	1				
			·				
			1				
d Tatal aven	har of other radon and out control to a nech range was	01/07 \$100 000					
	ber of other independent contractors each receiving		<b>.</b>				
	ganization complete Schedule A? Note: All section 5	u i(c)(3) organizations must a	ilach a		. □	X Yes	N
	Schedule A						
	of perjuly, I declare that I have examined this return					age and bei	iei, ii is
rue, correct, an	d complete Declaration of preparer (other than offic	er) is based on all information	of which prepa	rer has any knowledg	ie. 1.1.2	<del></del>	
.   •	Signaflure of officer					<del>1</del>	
Sign		_			2010	1	
Here	GEORGE (HALL, PRESIDENT	·				<del></del>	
	Type or print name and title						
<del></del>	Print/Type preparer's name Preparer	arer's signature	Date	Check	if PTIN		
Daid		~ (N~0)	5/1/	self- emplo	yed		
Paid	DEREK L. BELL, CPA		<i>\$ 1 </i>	77	P01	07463	6
Preparer	Firm's name FIDE BAILLY LLP	)		Firm's EIN			
Use Only	Firm's address ► 5929 FASHION P		300	Phone no	004 60		
	OGDEN, UT 8440	3-4684		<u> </u>	<u> </u>		
And the IDO 1:					<u> </u>	Yes	
viay the IRS dis	cuss this return with the preparer shown above? See	a mstructions					<u>'</u>

Form 990-EZ (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization

ROTARY CLUB OF OGDEN FOUNDATION

Employer identification number 87-0500035

Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 📖 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (I) Name of supported (iii) Type of organization n your gove (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions)) ROTARY CLUB OF 10,790. 87-6123544 10 X **OGDEN** 10,790 0.

	edule A (Form 990 or 990-EZ) 2017 Reart II Support Schedule for	OTARY CLU Organizations	B OF OGDE	N FOUNDAT	'ION (b)(1)(A)(iv) an	87-050 <mark>d 170(b)(1)(A)(</mark> \	0035 Page 2
•	(Complete only if you checked fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			•
50/	ction A. Public Support	, iiotou 201011, pioc	.oo oompioto / art				<del>/</del>
		/ ) 0040	#12.004.4	(-) 0015	T (4) 2016	(-) 2017	/D Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities				/		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		ļ			<u> </u>	
	amount shown on line 11,						
	column (f)					]	
_6	Public support. Subtract line 5 from line 4			, "			
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 201,4	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		/				
	securities loans, rents, royalties,		/				
	and income from similar sources		./		<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				1		
	or loss from the sale of capital	/					
	assets (Explain in Part VI)			<u> </u>		ļ	
11	Total support. Add lines 7 through 10			<u> </u>		<u> </u>	
12	Gross receipts from related activities,	√etc (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
_	organization, check this box and stor	here					▶└
_	ction C. Computation of Publ					Tast	
	Public support percentage for 2017 (			column (f))		14	<u>%</u>
	Public support percentage from 2016					15	<u>%</u>
16a	33 1/3% support test - 2017. If the	-			14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies		-				
t	33 1/3% support test - 2016. If the				d line 15 is 33 1/39	% or more, check to	nis box
	and stop here. The organization qual				- 10 10 10		
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art vi now the orgai	nzation _
	meets the "facts-and-circumstances"					47a and has 45 -	100/ 07
t	10% -facts-and-circumstances tes						
	more, and if the organization meets to						*
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 100, 1/a, 01 1/		and see instruction edule A (Form 990	
	· ·				GCII		, -, -, -, -, -, -, -, -, -, -, -, -, -,

Sch	edule A (Form 990 or 990-EZ) 2017 R	OTARY CLU	B OF OGDE	N FOUNDAT	ION	87-050	00035 Page,3
Ра		•		•	• • •		
•	(Complete only if you checked			organization failed	to qualify under F	art II If the organ	ization fails to
~	qualify under the tests listed b	elow, please comp	olete Part II )				
_	tion A. Public Support				T	1	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					/	1
	membership fees received. (Do not				i		
	include any "unusual grants ")				ļ		
2	Gross receipts from admissions,				1		
	merchandise sold or services per- formed, or facilities furnished in				ļ		
	any activity that is related to the				/		
	organization's tax-exempt purpose -				/		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			,			
	or expended on its behalf						
5	The value of services or facilities			/			
	furnished by a governmental unit to						1
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		,				
b	Amounts included on lines 2 and 3 received				E		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b				1		
	Public support. (Subtract line 7c from line 6.)			<u> </u>		<u>L</u>	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	/ <b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	/					
	and income from similar sources						L
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	/					
	acquired after June 30, 1975		_			<u></u>	
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	1					
	regularly carried on						<u> </u>
12	Other income Do not include gain			1			
	or loss from the sale of capital assets (Explain in Part VI				<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2017 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage			<del></del>	
17	Investment income percentage for 20	<b>017</b> (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2017. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	zation	▶□
t	33 1/3% support tests - 2016. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, cho	eck this box andst	op here. The orga	inization qualifies	as a publicly supp	orted organizatior	<b>▶</b> ∐
20	Private foundation. If the organization						<u> </u>
-				-	Sah	adula A (Earm 9	on or 990-F7) 2017

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	Α.	ΑII	Sup	porting	Or	ganizations
---------	----	-----	-----	---------	----	-------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Hast No   Supporting Organizations (continuous)   Yes   No	Sche	dule A (Form 990 or 990-EZ) 2017 ROTARY CLUB OF OGDEN FOUNDATION	37-05	<u>00</u> 03	5 Pa	age 5
Yes   No   Person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   below, the governing body of a supported organization?   11ta   X   A 35% controlled entity of a person described in (a) above?   1 to   X   A 35% controlled entity of a person described in (a) above?   1 to   X   X   A 35% controlled entity of a person described in (a) (a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	_					
a A person who derectly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 39% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide defaul in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or evec at a least a majority of the organizations directors or trustees at all times dump the tax year. If If No. 'describe in Part VI have the supported organizations' defections or visuates dump the tax year. If No. 'describe not the bower to appoint addor remove directors or trustees at all times dump the tax year. If No. 'describe not the benefit of any supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, and what conditions or restrictions, if any, applied to such powers during the tax year and the provincing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees duming the tax year also a magnity of the directors or trustees of each of the organization's directors or trustees of each of the organizat					Yes	No
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c. A 35% controlled entry of a person described in §) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1. Old the directors, trustees, or membership of one or more supported organizations have the power to requisity appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization (exercise) or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization (exercise) or trustees were allocated among the supported organizations and what conditions or restrictions, if any, appiled to such powers during the tax year organization and what conditions or restrictions, if any, appiled to such powers during the tax year organization and what conditions or restrictions, if any, appiled to such powers during the tax year organization (exercise) the proposes of the supported organization organization (exercise) that organization organization (exercise) the supported organization organization (exercise) the supported organization or trustees of exercise the supporting Organizations.  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization or amaignment of the supported organization's and exercise organization's any exercise organization's as years, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the form 990 that was most screenly field as of the date of notification, and (iii) co		below, the governing body of a supported organization?		11a		
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard  3b				20	+-	<del> </del>
trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard  3b					1	.
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard  3b	а				1-	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		trustees of each of the supported organizations? Provide details in Part VI.		<u>Ja</u>	+	$\vdash$
	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-	.
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Schedule A (Form 990 or 990-EZ) 201	7 ROTARY	CLUB	OF	OGDEN	FOUNDATION

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
• 1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov 20, 1970 (explain in	Part VI ) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or		<del></del>	
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		•	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			****
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	· · · · · · · · · · · · · · · · · · ·	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u>                                     </u>
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

8 Breakdown of line 7
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 201	7 ROTARY	CLUB OF	OGDEN	FOUNDAT	ION	87-0500035	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions)	r <b>mation.</b> Pro I, 2, 3b, 3c, 4b, Ilnes 2 and 3. I	vide the explana 4c, 5a, 6, 9a, 9 Part IV, Section	ations require b, 9c, 11a, 1 E, lines 1c, 2	ed by Part II, lind 1b, and 11c, Pa 2a, 2b, 3a, and 3	e 10, Part II, line 17a e irt IV, Section B, lines 3b, Part V, line 1, Part	or 17b; Part III, line 12; 1 and 2, Part IV, Secti V, Section B, line 1e, I	on C,
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### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

ROTARY CLUB OF OGDEN FOUNDATION

Employer identification number 87-0500035

ROTART CHOR OF OGDEN FOUNDATION 07 030	70033
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST AND DIVIDEND INCOME	101.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER	1,781.
	<del></del>
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	
ACTIVITY CLASSIFICATION: SERVICE ABOVE SELF SCHOLARSHIPS	
GRANTEE NAME: VARIOUS UNIVERSITIES AND COLLEGES	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	<del></del>
AMOUNT GIVEN:	10,590.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MISCELLANEOUS	865.
PLAYGROUND PROJECT	200.
TOTAL TO FORM 990-EZ, LINE 16	1,065.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION	'S PRIMARY
EXEMPT PURPOSE IS TO MAKE DONATIONS TO QUALIFIED CHARITIES AND	
SCHOLARSHIP PROGRAMS.	

Schedùle O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization ROTARY CLUB OF OGDEN FOUNDATION	Employer identification number 87-0500035
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	UNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR -INDTRECTLY, ON-A-PERSONAL BENEFIT CONTRACT:	
	<u> </u>