Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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Number and street (or P.O. box, if mail is not delivered to street address) Room/autic E Telephone number Policy Polic	8	Check if ap				-		
Policy and Policy of Town, state or province, country, and ZIP or foreign postal code Part Application periodic return Pol Box 311 Part Application periodic return Part Application periodic return Part Application Part Applica	_				1			
Final submitmentals Dick or fown, state or province, country, and ZiP or foreign postal code Number Dick or fown, state or province, country, and ZiP or foreign postal code Park Dick or fown, state or province, country, and ZiP or foreign postal code Dick of San Accounting Method: Cash Ac			•	, , , , , , , , , , , , , , , , , , , ,	E Telephone number			
Application personner App			-			93	7-239-8762	
Application panding Xenne, OH 45385				City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer	mption	
Website: ► www.xenarclary.org	=			Xenia, OH 45385	Nur	nber 🕨	0573	
Website: ► www.xenarclary.org	G ,	Account	ting Method:	✓ Cash Accrual Other (specify) ►	Check	▶ 🗸 11	the organization is not	
K Form of organization	1.1	Vebsite	:► <u>www</u> :					
L Add lines 5h, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, (file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	J Tax-exempt status (check only one) — ☐ 501(c)(3))-EZ, or 990-PF)	
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	K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☑ Other Civic League	,			
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 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments								
Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 2 3 3 47,464 1 2 3 47,464 1 1 3 4 1 1 1 1 1 1 1 1 1	(Pa	rt II, col	umn (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	4,063	
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Pa	t II Balance Sheets (see the instructions							-
	Check if the organization used Schedule	O to respond to a	ny question in this				<u> </u>	<u> </u>
			ļ	(A) Beginning			(B) End	d of year
22	Cash, savings, and investments				13,543	22		23,387
23	Land and buildings					23		
24	Other assets (describe in Schedule O)					24		
25	Total assets			1		25	1	
26	Total liabilities (describe in Schedule O)					26	$oldsymbol{\perp}$	
27	Net assets or fund balances (line 27 of column			<u></u>	13,543	27	レ	23,387
Par	t III Statement of Program Service Accom	plishments (see th	ne instructions for	Part III)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III .	🔲	/ D	•	enses
Wha	t is the organization's primary exempt purpose?	See Schedule O						r section d 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each o	f its three largest i	orogram sen	vices.			s, optional for
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the	e services provide	d, the numb	er of	oth	ers)	
28	Function Grants						1	
	Christmas Donations to area youth, Xenia Firev	vorks, Xenia Rotary Fo	undation support				1	
							ĺ	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	>	• 🗇	282	2	13,306
29	Education Cranta	<u> </u>	•					
	Constanta Vania Community Cohoola							
	(Grants \$) If this amount	includes foreign gra	ents, check here	b	· 🗀	298	,	2,150
30	Institutional Grants						+	
-	Grants to Xenia area Seniors, Youth, and Comn	nunity						
	(Grants \$) If this amount	includes foreign gra	ents check here	b	- [30a		22,867
31	Other program services (describe in Schedule O)					-		
٥.		includes foreign gra			· n	31a		
32	Total program service expenses (add lines 28a					32		38,323
Par					ee the in			
	Check if the organization used Schedule							
	Oncor ii the organization adda concadio		(c) Reportable	(d) Health		Ť		:
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	C) benefit pla	ins, and	1		ted amount of mpensation
Karl	Colon	2				-		
Pi	esident		<u> </u>	0		0		0
Matt	Bennett	2						
Pr	esident Elect			0		0		C
Judy	Baker	2						
Se	ecretary	·	_	o		0		0
Antho	ony Sculimbrene	2						
Р	ast President			o		0		0
Vicki	Edem	4						
Tr	easurer	7	\$2,60	o		0		C
Evan	Scott			i		7		
N	arketing	2		o		0		C
Joe F	Cennedy	2						
В	oard Member	2	}	o		0		0
Perk	Reichley	2						
В	oard Member	2		o		0		C
David	Thompson				_	\top		_
В	pard Member	2		o		0		C
Steve	Brodsky					\top		
	pard Member	2		0		o		O
						\top		
	·····	1						
						1		
		1						

QO Page 3

Part	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			П
	Instructions for Fair V.) Officer if the organization used confedure of to respond to any question in this	3 1 411	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	100	✓
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		V
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		1
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		✓
С	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		√
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		✓
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		_ -
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		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa		•
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	1		
Ь	Gross receipts, included on line 9, for public use of club facilities]		ŧ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		•	
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		✓
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 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			
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	-	<u></u>
41	List the states with which a copy of this return is filed ▶ Ohio			
42a	Total and the second district	37-23		2
b	Located at ► PO Box 311 Xenia, OH At any time during the calendar year, did the organization have an interest in or a signature or other authority over	453	Yes	Na
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	√
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	-
			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		√
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			-
	Did the organization receive any payments for indoor tanning services during the year?	44c		\
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O.			
45 :	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
IJ	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		√

Page	4

				_			Yes	No
46 ۰	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities o	n behalf of o	r in opposit	ion		
	to candidates for public office? If "Yes," of		Part I			· 46	<u> </u>	<u> </u>
Part '								
	All section 501(c)(3) organization	is must answer que	stions 47–49b and	1 52, and co	implete the	e tables i	or IIn	es
	50 and 51.			41-1- D-4-1/1				
	Check if the organization used Sc	nedule O to respond	to any question in	this Part VI		<u>· · · · · · · · · · · · · · · · · · · </u>	120	
47	Dut the committee annual in table man	anticuture or house a	nation EO1/h\ alast	on in offect	during the	tov —	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or nave a s	· · · · · ·					
40	•					47	┼	
48	Is the organization a school as described in				• •	<u> </u>	<u> </u>	
49a	Did the organization make any transfers t If "Yes," was the related organization a se							├
b 50	Complete this table for the organization's							ld kev
30	employees) who each received more than							
	<u> </u>	(b) Average	(c) Reportable	(d) Health		<u> </u>		
	(a) Name and title of each employee	hours per week	compensation	hanafit nlane	to employee and deferred	(e) Estimate other cor		
		devoted to position	(Forms W-2/1099-MISC		nsation	Other Cor	пропов	tion.
				1				
		•						
	Total number of other employees paid ov							
51	Complete this table for the organization \$100,000 of compensation from the organization			it contractors	s wno eacr	received	more	; man
-	 							
	(a) Name and business address of each independ	dent contractor	(b) Type of se	irvice	(C)	Compensat	ion	
	<u> </u>							
				-				
	Total number of other independent as at	notoro poob receivire	over \$100,000					
d 52	Total number of other independent contra Did the organization complete Schedu			anizations =	auet attach			
JZ	completed Schedule A	die Ar Note. All Se	ction sortci(s) org		iusi ailaci	່.⊳ື⊟ Yes	. 🗆	No
Linder n	enalties of perjury, I declare that I be examined this	return including accompan	ving schedules and stater	nents and to the	hest of my kr			
true, cor	rect, and complete Declaration of prepare other than	n officer) is based on all info	rmation of which prepare	r has any knowle	edge / /	,		
	la dex				9/10/	19		
Sign	Signature of officer	0		Da	e -//			
Here	Karl Calou.	Viesident			9/19/	ſ		
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Prepa	arer				self-emplo			
Use (l = .			Fire	n's EIN ▶			
	Firm's address ▶			Ph	one no			
May th	e IRS discuss this return with the prepare	r snown above? See i	ristructions			► Yes	3	No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization 31-6079302 Xenia Rotary Club Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b g

Special fundraising events ☐ Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (or retained by) fundraiser listed in col (i) custody or control of contributions? (or retained by) organization (ii) Activity from activity Yes Nο 1 2 3 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			 			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Chnstmas	Pancake Day	Fireworks	(add col (a) through col. (c))
_			(event type)	(event type)	(total number)	
٦ ا يو						40.000
Revenue	1	Gross receipts	11,179	5,733	2,388	19,300
ď	_	Less: Contributions				
	2 3					
	3	Gross income (line 1 minus line 2)	11,179	5,733	2,388	19,300
\dashv						
	4	Cash prizes				
		·				
	5	Noncash prizes				
S						
Direct Expenses	6	Rent/facility costs				
e l	_					
ũ	7	Food and beverages				<u></u>
5		Entartainment				
ۃ	8	Entertainment				
	9	Other direct expenses .	83	3,980	0	4,063
	_					
	10	Direct expense summary. Ad	ld lines 4 through 9 in co	olumn (d)		4,063
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		15,237
Pa	rt III	Gaming. Complete if th		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
	_	\$15,000 on Form 990-E2	Z, line 6a.			<u>-</u>
e R			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a)
Revenue						
æ	1	Gross revenue .				
		Gross revenue .				
ဖွ	_					
ses	2	Cash prizes				
use	2	Cash prizes				
xpense	3	Cash prizes				
t Expense		·				
rect Expense		·				
Direct Expenses	3	Noncash prizes				
Direct Expense	3	Noncash prizes Rent/facility costs Other direct expenses				
Direct Expense	3 4 5	Noncash prizes Rent/facility costs Other direct expenses .			☐ Yes%	
Direct Expense	3	Noncash prizes Rent/facility costs Other direct expenses	☐ Yes % ☐ No	☐ Yes%	☐ Yes% ☐ No	
Direct Expense	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	☐ No	□ No	□ No	
Direct Expense	3 4 5	Noncash prizes Rent/facility costs Other direct expenses .	☐ No	□ No	□ No	
Direct Expense	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	No	olumn (d)	□ No	
Direct Expense	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses	No	olumn (d)	□ No	
O Direct Expense	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary		olumn (d)	□ No ▶	
9	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary inter the state(s) in which the or the organization licensed to co	Id lines 2 through 5 in construct line 7 from lines ganization conducts gain activities	olumn (d)	□ No ▶	
9	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary inter the state(s) in which the or the organization licensed to co	Id lines 2 through 5 in construct line 7 from lines ganization conducts gain activities	olumn (d)	□ No ▶	
9	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary	No Id lines 2 through 5 in construct line 7 from lines ganization conducts gapenduct gaming activities	olumn (d)	□ No ▶	
9	3 4 5 6 7 8 En a ls b lf "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary inter the state(s) in which the or the organization licensed to co	No Id lines 2 through 5 in contract line 7 from lines ganization conducts gapenduct gaming activities	olumn (d)	□ No ▶ ▶	
9	3 4 5 6 7 8 En a Is "b If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary ter the state(s) in which the or the organization licensed to co "No," explain: ere any of the organization's g	Id lines 2 through 5 in construct line 7 from lines 2 description conducts gas conduct gaming activities arming licenses revoked	olumn (d)	No	? . □ Yes □ No
9	3 4 5 6 7 8 En a Is "b If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Ad Net gaming income summary inter the state(s) in which the or the organization licensed to co	Id lines 2 through 5 in construct line 7 from lines 2 day Subtract line 8 day Subtract lines 2 day Subtract line 7 from lines 2 day Subtract line 8 day Subtract lines 2	olumn (d)	No	? .

Schedu	tle G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
121	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	🗌 Yes	☐ No
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address►		
16	Gaming manager information:		
	Name ▶	•••••	
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor	•	
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part		iii) and (nal infori	v); and mation.
	•••••		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Xenia Rotary Club

► Attach to Form 990 or 990-EZ.

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

Employer identification number 31-6079302

Part 1, Line 8 Other Revenue (Interest on Savings and Checking Account, miscellaneous income) \$30,590
Part 1, Line 10 Grants, Donations, Scholarships - See attached list for details \$38,406
Part 1, Line 13 Professional Fees/Independent Contractors (includes Acct Asst, Meal Service Provider, and Pianist) \$26,211
Part 1, Line 16 Other Expenses \$16,640
Miscellaneous Meeting Expenses \$5,096
Bank Expenses \$15
Club Runner \$551
Insurance \$202
Rotary Annual District Dues \$6,642
Supplies \$1,416
Travel \$818
Other \$1,900
Part III Primary Exempt Purpose
Xenia Rotary Club is organized as a civic league operated exclusively for the promotion of social welfare in Xenia, Ohio and surrounding
localities Xenia Rotary Club's net earnings are devoted exclusively to charitable, educational, or recreational purposes
A list of Xenia Rotary Club's charitable giving is attached
Part V Information regarding personal benefit contracts. The organization did not, during the year, receive any funds, directly or indirectly
to pay premiums on a personal benefit contract. The organization did not, during the year, pay any premiums, directly or indirectly on a
personal benefit contract