Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form **Return of Organization Exempt From Income Tax**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Sent to IRS by certified mail 5po 7/26/13. Receipt attached. **RJK**

he Internal Revenue Code private foundation)

ons that operate one or more hospital facilities 2(b)(13) must file Form 990 (see instructions). 0.000 and total assets less than \$500,000 at the end of the year may use this form.

OMB No. 1545-1150 2012

Open to Public Inspection

JUNE 30 A For the 2012 calendar year, or tax year beginning 20 JULY 1. , 2012, and ending D Employer identification number C Name of organization B Check if applicable: Address change 34-1375016 ROTARY INTERNATIONAL ASHLAND Room/suite Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Name change Initial return 419-651-8050 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending ASHLAND, OH 44805 0573 H Check ▶ ✓ if the organization is not Other (specify) ▶ Website: ► http://www.clubrunner.ca/Portal/Home.aspx?cid=7790 required to attach Schedule B (Form 990, 990-EZ, or 990-PF). If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 71,367 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 . . . 11,666 2 Program service revenue including government fees and contracts 2 3 3 33,341 4 10 5a Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) G 0 Garning and fundraising events 6 Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ 11,666 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 26,350 Less: direct expenses from gaming and fundraising events . . . 22,256 Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract 6d 4.094 7a Gross sales of inventory, less returns and allowances 7a ь 7b C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7c 0 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 49,111 10 17,102 11 11 12 12 13 Professional fees and other payments to independent contractors 13 14 14 15 15 159 16 16 27,907 17 17 45,168 18 3,943 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 30,701 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 34,644

| Onn | 390-LZ (2012) | | | | | rage = |
|------|---|---------------------------------------|--|-----------------------|------|---|
| Pa | rt II Balance Sheets (see the instructions | for Part II) | | | | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this | | • • | |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | <u>.</u> | 30,701 | | 34,644 |
| 23 | Land and buildings | | | | 23 | |
| 24 | Other assets (describe in Schedule O) | | | | 24 | |
| 25 | Total assets | | | 30,701 | | 34,644 |
| 26 | Total liabilities (describe in Schedule O) | | | | 26 | |
| 27 | Net assets or fund balances (line 27 of column | | | 30,701 | 27 | 34,644 |
| | till Statement of Program Service Accommode Check if the organization used Schedule tis the organization's primary exempt purpose? | | The second secon | | 501(| Expenses uired for section c)(3) and 501(c)(4) |
| as n | | nanner, describe the | | | 4947 | nizations and section (a)(1) trusts; optional thers.) |
| 28 | SEE SCHEDULE TO PART I, LINE 10 | | | | | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts. check here . | > 🗇 | 28a | 17,102 |
| 29 | 4, " " | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here . | ▶ 🗆 | 29a | |
| 30 | *************************************** | | | | | |
| | | | | | | |
| | | | | | | |
| | | includes foreign gra | nts, check here . | <u> ▶ ⊔</u> | 30a | <u> </u> |
| 31 | . • | | | ***** | 21- | |
| 32 | | | | | | 47.402 |
| | | | | | | 17,102 |
| | | | | | | · —— |
| | | | (c) Reportable | (d) Health benefits, | Τ | |
| | (a) Name and title | hours per week devoted to position | | benefit plans, and | 0 | Estimated amount of ther compensation |
| SEE | SCHEDULE ATTACHED | _ | | | | |
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| | easured by expenses. In a clear and concise manner, describe the services provided, the number of ns benefited, and other relevant information for each program title. Concept | | | | | |
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| Part | · · · · · · · · · · · · · · · · · · · | | | |
|------------|--|------------|--|----------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | | V |
| | Did the single state of the sta | | 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 | | 1 |
| 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 | | 1 |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | 20111100 (0001100 10porton ovi into a, ou, and ou, and ou, and ou, and ou, and ou, and out of the o | 35a 35b | | 1 |
| c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 | | 1 |
| 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 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | ALAST S | |
| b 38a | Did the organization file Form 1120-POL for this year? | 37b 38a | | √ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A | | | |
| b | Section 501(c)(3) and 501(c)(4) 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 | | √ |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| đ | Section 501(c)(3) and 501(c)(4) 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 | | 1 |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | 3 | 119-28 | 1-6110 | 3 |
| | Located at ► P O BOX 630, ASHLAND, OH ZIP + 4 ► | 448 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No ✓ |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | |
| | and Financial Accounts. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | |
| 43 | 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 | | . 1 | ▶ 🗆 |
| | | | Yes | No |
| 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 | | √ |
| 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 | l de la composition della comp | √ |
| d | Did the organization receive any payments for indoor tanning services during the year? | 44c | | 1 |
| 450 | explanation in Schedule O | 44d 45a | | 1 |
| 45a 45b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | #G# | | |

| Earm 00 | 00 E7 (2012) | | | | | | Þ | age 4 |
|--------------|---|--|---|--|--|------------------------|---------|-------|
| 46 | Did the organization engage, directly or i to candidates for public office? If "Yes," | | | | | | Yes | |
| Part | | s only ns must answer que | stions 47–49b and | 52, and co | | | or line | es |
| 47 | Did the organization engage in lobbying | | * * | n in effect | during the | 1 | Yes | No |
| 48 49a | year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers | in section 170(b)(1)(A)(i | - | | | 47 48 49a | | |
| b 50 | If "Yes," was the related organization as Complete this table for the organization's employees) who each received more that | ection 527 organizations five highest compensations | on? | er than office | cers, direct | . 49b ors, truste | | d key |
| | (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health contributions benefit plans, compe | benefits, to employee and deferred | (e) Estimate other com | d amou | |
| | | • | | | | | | |
| | | | | | | | | |
| | | - | | | | | · · · | |
| | | - | | | | | | |
| f 51 | Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization | n's five highest compe | ensated independent | contractors | who each | received | more | than |
| (a) | Name and address of each independent contractor pa | | (b) Type of servi | ice | (c) | Compensation | on | |
| | | | | | | | | |
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| d 52 | Total number of other independent contribution to the organization complete Schedule nonexempt charitable trusts must attach | A? Note: All section 5 | 01(c)(3) organizations | , | | ➤ 🗌 Yes | | lo |
| | penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other that | return, including accompany | ying schedules and stateme | nts, and to the | best of my kn | | | |
| Sign Here | Signature of Officer | mu | | Date | 07/26/ | 13 | | |
| ICIE | ROGER J KRAMER, TREASURER Type or print name and title | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |

Preparer's signature

Print/Type preparer's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid Preparer

Use Only

▶ ✓ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no.

Date

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No. 1545-0047

34-1375016

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization **ROTARY INTERNATIONAL ASHLAND-**

| Part | Form 990-EZ filers are in | | | | vered res to r | omi 990, Fait IV, i | ille I7. |
|------|---|--------------------|--------------|--|-----------------------------------|--|---|
| 1 | Indicate whether the organization | | hrough any | of the follo | | | |
| a | Mail solicitations | | | | on of non-govern | - | |
| b | ✓ Internet and email solicitation | ons | f | | on of government | - | |
| С | ✓ Phone solicitations | | g ⊬ | Special 1 | fundraising events | 3 | |
| d | ✓ In-person solicitations | | | | | | |
| 2a | Did the organization have a wri | | | | | | |
| _ | or key employees listed in Form | | | | | | |
| b | If "Yes," list the ten highest paid compensated at least \$5,000 b | | | draisers) pi | ursuant to agreem | ients under which th | ie Tundraiser is to be |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have r control of outlons? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | † | Yes | No | | | |
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| otal | | | | > | | | |
| 3 | List all states in which the organ registration or licensing. | anization is regis | tered or lic | ensed to s | olicit contribution | s or has been notifie | ed it is exempt from |
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| Pa | ert II | Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha | ng event contributions | on answered "Yes" to and gross income on | Form 990, Part IV, line Form 990-EZ, lines 1 a | 18, or reported more and 6b. List events with |
|-----------------|----------|--|--|--|---|--|
| | | gross receipts greater tha | (a) Event #1 SEE ATTACHED (event type) | (b) Event #2 SCHEDULE (event type) | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 9,843 | 13,632 | 2,875 | 26,350 |
| | 2 3 | Less: Contributions Gross income (line 1 minus line 2) | 9,843 | 13,632 | 2,875 | 26,350 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | and the second second | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | 11,748 | 8,931 | 1,577 | 22,256 |
| | 10 11 | Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the | ine line 3, column (d), a | nd line 10 | | (22,256) 4,094 |
| Fa | rt III | than \$15,000 on Form 9 | | ed res to roini 99 | u, rattiv, line 19, or | reported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| <u>æ</u> | 1 | Gross revenue | | | | |
| Ses | 2 | Cash prizes | | | | |
| ct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | ☐ Yes % | □ Yes % | □ Vas % | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | Yes % | and the second s |
| | 7 | Direct expense summary. Ad | d lines 2 through 5 in co | olumn (d) | ▶ | () |
| | 8 | Net gaming income summary | y. Combine line 1, colun | nn d, and line 7 | | |
| 9 | a Is | nter the state(s) in which the or the organization licensed to or "No," explain: | | in each of these states | | 🗆 Yes 🗆 No |
| 10 | | ere any of the organization's g | aming licenses revoked | | | ? . 🗌 Yes 🗌 No |

| chedu | le G (Form 990 or 990-EZ) 2012 | | | Page 3 |
|---------|---|------------|-------|----------|
| 11 | Does the organization operate gaming activities with nonmembers? | □ ' | Yes [| No |
| 12 | 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 operated in: | | | |
| а | The organization's facility | | | <u>%</u> |
| 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? | п, | Voc [| 7 No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the | | res L | |
| D | amount of gaming revenue retained by the third party ► \$ | | | |
| C | 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 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | П, | 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 | Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions). | | | 5 |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number Name of the organization **ROTARY INTERNATIONAL ASHLAND** 34-1375016 SEE ATTACHED SCHEDULE

Rotary International Ashland E.I.N. 34-1375016 Form 990EZ - FYE 6/30/13

| Part 1, Line 1, Schedule of Contributors Collected for Rotary Foundation Collected for Other Donees | 5,741 (None in excess of \$5,000.) 5,925 (None in excess of \$5,000.) 11,666 | | | | | |
|--|---|------------------|--------------|--|--|--|
| Part 1, Line 6 | Gross Revenue | Expenses | Gross Profit | | | |
| Community Fireworks Donations | 9,843 | 11,748 | (1,905) | | | |
| Holiday Nut Sales | 13,632 | 8,931 | 4,701 | | | |
| Fair Funnel Cake Concession | 2,875 | 1,577 | 1,298 | | | |
| | | | | | | |
| | 26,350 | 22,256 | 4,094 | | | |
| | | | | | | |
| Part 1, Line 10, Grants and similar amounts paid | 7.150 | | | | | |
| Ashland Rotary Foundation | 7,152 | | | | | |
| Bookcase Reading Project | 3,645 | | | | | |
| Shelter Box USA | 2,000 941 | | | | | |
| M.E.S.A. Ashland County Community Foundation | 50 | | | | | |
| Rotary International Foundation | 300 | | | | | |
| 4-Way Test Contest | 314 | | | | | |
| Hurricane Relief New York | 2,700 | | | | | |
| Transcare residence 1 or | 17,102 | | | | | |
| | | | | | | |
| Part 1, Line 15, Printing, Publications, Postage and | 159 | | | | | |
| Part 1, Line 16, Other Expenses | | | | | | |
| Meals | 18,890 | | | | | |
| Dues Rotary International | 4,218 | | | | | |
| District Dues | 2,700 | | | | | |
| Website | 479 | | | | | |
| Badges & Engraving | 927 | | | | | |
| Insurance | 275 | | | | | |
| Memberships | 235 | | | | | |
| Rent | 88 | | | | | |
| Licenses | 95 | | | | | |
| | 27,907 | | | | | |
| Part V, Line 35, Receipts from business activities in The events reported on line 6 are part of the The income from these activities are not renot regularly carried on. | e club's community | y service activi | | | | |

45,168

Proof

Rotary International Ashland

E.I.N. 34-1375016

Form 990EZ - FYE 6/30/13

Part IV, List of Officers & Directors

| | | | Avg Hrs per | | Contributions to | Expense |
|--------------------|---------------|------------------|-------------|--------------|------------------|-------------|
| | | | week | | employee benefit | account and |
| | Ì | | devoted to | | plans & deferred | other |
| Name | Address | Title | position | Compensation | compensation | allowances |
| ARMSTRONG, Lisa | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| GASCHE, Seth | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| FINNERTY, Madeline | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| KRAMER, Roger J. | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| STRAUSBAUGH, Jerry | Ashland, Ohio | Director | · 1 | 0 | 0 | 0 |
| RAGLE, Dennis | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| ROEPKE, Tom | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| ROEPKE, William | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| MILLER, Dennis | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| WRIGHT, Julia | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| MILLER, Dennis | Ashland, Ohio | President | 3 | 0 | 0 | 0 |
| STRAUSBAUGH, Jerry | Ashland, Ohio | President-Elect | 3 | 0 | 0 | 0 |
| WRIGHT, Julia | Ashland, Ohio | Past-President | 3 | 0 | 0 | 0 |
| ROEPKE, William | Ashland, Ohio | Secretary | 5 | 0 | 0 | 0 |
| KRAMER, Roger J. | Ashland, Ohio | Treasurer | 5 | 0 | 0 | 0 |
| ARMSTRONG, Lisa | Ashland, Ohio | Sergeant-At-Arms | 1 | . 0 | 0 | 0 |