

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

**2012**

**Open to Public  
Inspection**

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

the 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.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning **JULY 1,** , 2012, and ending **JUNE 30** , 20 **13**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ROTARY INTERNATIONAL ASHLAND**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P O BOX 630**

City or town, state or country, and ZIP + 4  
**ASHLAND, OH 44805**

**D** Employer identification number  
**34-1375016**

**E** Telephone number  
**419-651-8050**

**F** Group Exemption Number ▶ **0573**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ <http://www.clubrunner.ca/Portal/Home.aspx?cid=7790>

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  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**

**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 . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>11,666</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>33,341</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>10</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ <b>11,666</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<b>26,350</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>22,256</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>4,094</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>49,111</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>17,102</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>159</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>27,907</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>45,168</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>3,943</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>30,701</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
<b>21</b> <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>34,644</b>	



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

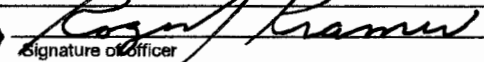
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date 07/26/13
	ROGER J KRAMER, TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 <u>SEE ATTACHED</u> (event type)	(b) Event #2 <u>SCHEDULE</u> (event type)	(c) Other events <u>(total number)</u>	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	9,843	13,632	2,875	26,350
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	9,843	13,632	2,875	26,350
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	11,748	8,931	1,577	22,256
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 22,256 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				4,094	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**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.

Name of the organization

**ROTARY INTERNATIONAL ASHLAND**

Employer identification number

**34-1375016**

**SEE ATTACHED SCHEDULE**

Area with horizontal dashed lines for supplemental information.



**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	5,741	(None in excess of \$5,000.)
Collected for Other Donees	<u>5,925</u>	(None in excess of \$5,000.)

11,666

**Part 1, Line 6**

	<b>Gross Revenue</b>	<b>Expenses</b>	<b>Gross Profit</b>
Community Fireworks Donations	9,843	11,748	(1,905)
Holiday Nut Sales	13,632	8,931	4,701
Fair Funnel Cake Concession	<u>2,875</u>	<u>1,577</u>	<u>1,298</u>
	<u>26,350</u>	<u>22,256</u>	<u>4,094</u>

**Part 1, Line 10, Grants and similar amounts paid**

Ashland Rotary Foundation	7,152
Bookcase Reading Project	3,645
Shelter Box USA	2,000
M.E.S.A.	941
Ashland County Community Foundation	50
Rotary International Foundation	300
4-Way Test Contest	314
Hurricane Relief New York	<u>2,700</u>

17,102

**Part 1, Line 15, Printing, Publications, Postage and Shipping**

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	<u>95</u>

27,907

**Part V, Line 35, Receipts from business activities not reported on Form 990-T**

The events reported on line 6 are part of the club's community service activities.

The income from these activities are not reported on Form 990-T because they are not regularly carried on.

**Proof**

45,168

**Rotary International Ashland**

**E.I.N. 34-1375016**

**Form 990EZ - FYE 6/30/13**

**Part IV, List of Officers & Directors**

<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>Avg Hrs per week devoted to position</b>	<b>Compensation</b>	<b>Contributions to employee benefit plans &amp; deferred compensation</b>	<b>Expense account and other allowances</b>
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