# **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)

OMB No. 1545-1150

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the	2013 calenda	ar year, or tax year beginning	JULY 1	, 2013, a	and ending	J	UNE 30	, 20	14
<b>B</b> Check if applicable:		pplicable:	C Name of organization				D Emp	loyer ide	ntification numb	er
	Address o	change	ROTARY INTERNATIONAL ASHLAND	)				34	-1375016	
	Name cha	ange	Number and street (or P.O. box, if mail is not	delivered to street address)		Room/suite	E Telephone number			
Н	Initial retu		P O BOX 630					419	-651-8050	
H	Terminate		up Exem							
H	Amended return  Application pending  ASHLAND, OH 44805  Nur								057	13
		ting Method:		ifv) ▶		-	Check	▶ ✓ if	the organization	
	Website	-	/www.clubrunner.ca/Portai/Home.as~x			'			ch Schedule B	113 1100
			eck only one) — 501(c)(3) 501(c) (		17(a)(1) or				EZ, or 990-PF)	
			☐ Corporation ☐ Trust		Other		(	,		
			7b, to line 9 to determine gross receipts.		_	nore, or if to	tal assets	<u> </u>		
			w) are \$500,000 or more, file Form 990 in					▶ ¢		74,294
	art I		e, Expenses, and Changes in N					ctions	for Part I)	74,234
	arti		the organization used Schedule C			•			,	. 🗆
_	1		ons, gifts, grants, and similar amount					11		10,953
	2		ervice revenue including governmen					2		10,955
	3	•	ip dues and assessments					3		22 472
	4	Investment						4		32,172
	l _							4		9
	5a		ount from sale of assets other than in		5a 5b			-		
	b		or other basis and sales expenses.			20 Fo\		- F-		
	6 6		ss) from sale of assets other than inv Id fundraising events	rentory (Subtract line 5	D ITOITI III	ne sa) .		5c		0
	a	_	ome from gaming (attach Sched	ule G if greater than	า					
ē					│ 6a │					
Revenue	b		me from fundraising events (not incl			contribution	nns	-		
ě			aising events reported on line 1) (at			Continbutio	J113			
Œ			ch gross income and contributions e		_		21 160			
	С		et expenses from gaming and fundra	·	6c		31,160 19.938			
	d		e or (loss) from gaming and fundra			6b and s		-		
	"	line 6c)		•				6d		11 222
	7a	,	s of inventory, less returns and allow		7a			00		11,222
	b				7b			-		
	C		it or (loss) from sales of inventory (S					7c		0
	8	-	nue (describe in Schedule O)					8		0
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c,					9		E4 2EC
	10		d similar amounts paid (list in Schedu					10		54,356 15,503
	11		aid to or for members	•				11		10,003
Ø			ther compensation, and employee b					12		
Expenses	13		al fees and other payments to indep					13		
en	14		y, rent, utilities, and maintenance .					14		
X	15							15		
	16		ublications, postage, and shipping . enses (describe in Schedule O)					16		53
		•	· · · · · · · · · · · · · · · · · · ·					-		27,908
_	17		enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17					17		43,464
šts	18 19		deficit) for the year (Subtract line 17 sor fund balances at beginning of v	,				18		10,892
SSE	וש		r figure reported on prior year's retu		,	, -		10		
Net Assets		=		·				19		34,644
Š	20		nges in net assets or fund balances (					20		
	21		or fund balances at end of year. Co				<u> ▶</u>	21	- 000 ==	45,536
Fo	r Paper	work Reduct	ion Act Notice, see the separate instru	ictions.	Cat.	No. 10642I			Form <b>990-E</b> 2	<b>-</b> (2013)

Form 990-EZ (2013) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year 34,644 22 22 Cash, savings, and investments 45,536 23 23 Land and buildings . . . . . . 24 Other assets (describe in Schedule O) 24 25 Total assets . . . . . . . 34,644 25 45,536 26 Total liabilities (describe in Schedule O) 26 34,644 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 45,536 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section **COMMUNITY SERVICE** What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. SEE SCHEDULE TO PART I, LINE 10 ) If this amount includes foreign grants, check here 28a (Grants \$ 15,503 29 ) If this amount includes foreign grants, check here 29a 30 ) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) . . . . . . 32 15,503 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation SEE SCHEDULE ATTACHED

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V ✓ instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 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 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 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 If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . N/A 39 Section 501(c)(7) organizations. Enter: 39a N/A Gross receipts, included on line 9, for public use of club facilities . . . . . . . . N/A 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 ► 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 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, N/A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ▶ WILLIAM ROEPKE 419-281-6110 Telephone no. ▶ Located at ► P O BOX 630, ASHLAND, OH 44805 ZIP + 4 ▶ **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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. At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . 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 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Form 990-i	EZ (20	113)								Page -
									Yes	s No
		ne organization engage, directly or in								
		ndidates for public office? If "Yes," co		, Part I				. 46	;	✓
Part VI		Section 501(c)(3) organizations								
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	nd 52, ar	id con	nplete th	e tables	for li	nes
		50 and 51.								
		Check if the organization used Sch	edule O to respond	to any question i	n this Pa	rt VI			<u> </u>	<u>, L</u>
									Yes	s No
		ne organization engage in lobbying				fect d	uring the	tax		
-		If "Yes," complete Schedule C, Part						. 47	<u>'</u>	
		organization a school as described in		•				. 48	3	
		ne organization make any transfers to							_	
		s," was the related organization a se								1
		plete this table for the organization's								
е	mpic	oyees) who each received more than	\$100,000 of comper	isation from the or				e, enter	None.	•
	(- <b>)</b>	Name and Alders of a selection of	(b) Average	(c) Reportable		Health butions to	enetits, o employee	(e) Estima	ated am	ount of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	S(1) I		nd deferred	other co		
				,	´   °	compens	ation			
<b>51</b> C	omp	number of other employees paid ove plete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe	ent contra	ictors	who each	n receive	d mor	e thar
	(a)	Name and business address of each independent	ent contractor	<b>(b)</b> Type of	service		(c)	) Compens	ation	
				-						
				-						
				1						
d T	otal	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	•				
<b>52</b> D	id th	ne organization complete Schedule A	? Note. All section 5	01(c)(3) organization	ons and 4	947(a)	(1)			
n	one	cempt charitable trusts must attach a	completed Schedul	e A				► □ Ye	es 🗌	No
		of perjury, I declare that I have examined this re						nowledge a	nd belie	f, it is
true, correc	ct, and	d complete. Declaration of preparer (other than	officer) is based on all info	ermation of which prepa	rer has any l	knowled	ge.			
		Cogn/ Kramer					08/0	4/201	.4	
Sign		Signature of officer				Date				
Here		ROGER J KRAMER, TREASURER								
	Ш,	Type or print name and title	Ta				1			
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepar	er					_	self-emplo	yed		
Use O		Firm's name ►					s EIN ▶			
N / -> / ±1-	IDO	Firm's address ►	-h			Phon	e no.	<b>.</b>		
ıvıay the	IHS	discuss this return with the preparer	SHOWIT ADOVE? See I	nstructions				▼ Ye	ا sد	No

### 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ROTA	RY INTERNATIONAL ASHLAND						1375016
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" to F	Form 990, Part IV, I	line 17.
1	Indicate whether the organization	•			owing activities C	heck all that annly	
· a	✓ Mail solicitations	irraisca iarias			ion of non-govern		
_	✓ Internet and email solicitatio	no	f [		ion of governmen	•	
b		115	=		-	=	
C	Phone solicitations		g ⊻	' Speciai i	fundraising events	S	
d	✓ In-person solicitations						
2a	Did the organization have a writ						`
_	or key employees listed in Form	· · · · · · · · · · · · · · · · · · ·	=		-	=	
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreen	nents under which tr	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3	List all states in which the orga registration or licensing.				solicit contribution	ns or has been notifi	ed it is exempt from

Pa	rt II	Fundraising Events. Com than \$15,000 of fundraising				
		gross receipts greater tha			,	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			SEE ATTACHED	SCHEDULE	(tatal a	(add col. <b>(a)</b> through col. <b>(c)</b> )
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,255	12,656	3,249	31,160
ď	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,255	12,656	3,249	31,160
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	10,448	8,329	1,161	19,938
	10	Direct expense summary. Ad				19,938
	11	Net income summary. Subtra				11,222
Pa	rt III	Gaming. Complete if the	•	ed "Yes" to Form 99	0, Part IV, line 19, or re	eported more
		than \$15,000 on Form 99	90-EZ, line ba.	(b) Pull tabs/instant		(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
	•	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes%   ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		_
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
	<b>a</b> Is	nter the state(s) in which the org the organization licensed to op "No," explain:	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No
10		ere any of the organization's ga	aming licenses revoked	, suspended or termina	ited during the tax year?	. 🗌 Yes 🗌 No

cneau	ie G (Form 990 or 990-EZ) 2013		Page 3
11 12	Does the organization operate gaming activities with nonmembers?	☐ Ye	s 🗌 No s 🗌 No
13	Indicate the percentage of gaming activity operated in:	ie	3 🗀 NO
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?	☐ Ye	s 🗌 No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 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?	☐ Ye	s 🗌 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. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provid additional information (see instructions).		and
			·

#### **SCHEDULE 0** (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

## Rotary International Ashland E.I.N. 34-1375016 Form 990EZ - FVE 6/30/14

F	Form 990EZ - FYE 6/30/14							
Part 1, Line 1, Schedule of Contributors Collected for Rotary Foundation	5,747	(None in excess	s of \$5,000.)					
Collected for Other Donees		(None in excess						
20110000 101 0 1110 2 011000		(1,0110 111 011008.	3 01 42,000.,					
	10,953							
Part 1, Line 6	Gross Revenue	Expenses	Gross Profit					
Community Fireworks Donations	15,255	10,448	4,807					
Holiday Nut Sales	12,656	8,329	4,327					
Fair Funnel Cake Concession	3,249	1,161	2,088					
	31,160	19,938	11,222					
Fireworks project profit was primarily becar Community Foundation. Fireworks payment by \$3,000.			•					
Part 1, Line 10, Grants and similar amounts paid								
Ashland Rotary Foundation	5,807							
Bookcase Reading Project	4,309							
Shelter Box USA	2,000							
Associated Charities	1,067							
Rotary International Foundation	1,000							
M.E.S.A.	848							
Ashland Symphony	300							
Interact Club	122							
Dale Roy	50	-						
	15,503	:						
Part 1, Line 15, Printing, Publications, Postage and	Shipping							
	53	•						
Part 1, Line 16, Other Expenses								
Meals	19,142							
<b>Dues Rotary International</b>	4,259							

Meals	19,142
Dues Rotary International	4,259
District Dues	2,723
Badges & Engraving & Advertising	494
Website	479
Memberships	348
Insurance	275
Licenses	96
Rent	92
	27,908

## 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 43,464

# Rotary International Ashland E.I.N. 34-1375016 Form 990EZ - FYE 6/30/14

## Part IV, List of Officers & Directors

,			Avg Hrs per		Contributions to	Expense
			week		employee benefit	account and
			devoted to		plans & deferred	other
Name	Address	Title	position	Compensation	compensation	allowances
IRWIN Steve	Ashland, Ohio	Director	1	0	0	0
GASCHE, Seth	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
CUTRIGHT, James	Ashland, Ohio	Director	1	0	0	0
STRAUSBAUGH, Jerry	Ashland, Ohio	President	3	0	0	0
ROEPKE, Tom	Ashland, Ohio	President-Elect	3	0	0	0
MILLER, Dennis	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