

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

# 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)

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047  
**2023**  
**Open to Public Inspection**

**A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final 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 province, country, and ZIP or foreign postal code  
ASHLAND, OH 44805

**D** Employer identification number  
34-1375016

**E** Telephone number  
(419) 281-2811

**F** Group Exemption Number ▶ 0573

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

**I** Website: ▶ [HTTP://PORTAL.CLUBRUNNER.CA/7790](http://portal.clubrunner.ca/7790)

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

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

**K** Form of organization:  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 II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 51,608

**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 . . . . .

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	30,330
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	16,389
	<b>4</b> Investment income . . . . .	<b>4</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>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 \$ _____ 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>	4,889
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	3,924	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	965	
<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>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	47,684	

Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	4,817
	<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>	226
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	38,385
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	43,428	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	4,256	
Net Assets	<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>	17,518
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	21,774

**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
<b>22</b> Cash, savings, and investments . . . . .	17,958	<b>22</b>	22,214
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	17,958	<b>25</b>	22,214
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	440	<b>26</b>	440
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	17,518	<b>27</b>	21,774

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
 SERVICE ABOVE SELF. ROTARIANS ARE CONCERNED WITH PROMOTING HIGH ETHICAL STANDARDS IN THEIR PROFESSIONAL LIVES. ONE OF THE WORLD'S MOST WIDELY PRINTED AND QUOTED STATEMENTS OF BUSINESS ETHICS IS THE FOUR-WAY TEST, WHICH WAS CREATED IN 1932 BY ROTARIAN HERBERT J. TAYLOR WHEN HE WAS ASKED TO TAKE CHARGE OF A COMPANY THAT WAS FACING BANKRUPTCY. THIS 24-WORD TEST FOR EMPLOYEES TO FOLLOW IN THEIR BUSINESS AND PROFESSIONAL LIVES BECAME THE GUIDE FOR SALES, PRODUCTION, ADVERTISING, AND ALL RELATIONS WITH DEALERS AND CUSTOMERS, AND THE SURVIVAL OF THE COMPANY IS CREDITED TO THIS SIMPLE PHILOSOPHY. ADOPTED BY ROTARY IN 1943, THE FOUR-WAY TEST HAS BEEN TRANSLATED INTO MORE THAN A HUNDRED LANGUAGES AND PUBLISHED IN THOUSANDS OF WAYS. IT ASKS THE FOLLOWING FOUR QUESTIONS OF THE THINGS WE THINK, SAY OR DO: IS IT THE TRUTH? IS IT FAIR TO ALL CONCERNED? WILL IT BUILD GOODWILL AND BETTER FRIENDSHIPS? WILL IT BE BENEFICIAL TO ALL CONCERNED?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29** See Additional Data Table **29a**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**30** See Additional Data Table **30a**

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**31** Other program services (describe in Schedule O) . . . . .  
 (Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) **32** 25,879

**Part IV 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.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KRISTIN ASPIN	000.00	0		
PAST PRESIDE				
STEVEN IRWIN	000.00	0		
TREASURER				
TOM ROEPKE	000.00	0		
SECRETARY				
BILL ROEPKE	000.00	0		
EXECUTIVE SE				
BRI NOEL	000.00	0		
PRESIDENT				
JERRY STRAUSBAUGH	000.00	0		
DIRECTOR				
TED DANIELS	000.00	0		
DIRECTOR				
DAVID MILLER	000.00	0		
PRESIDENT EL				

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 . . . . .

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<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. . . . .	<b>46</b>	No

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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	(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 business address of each independent contractor	(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 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.

***** Signature of officer	2025-05-13 Date
STEVEN IRWIN TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name STEVEN W IRWIN CPA	Preparer's signature	Date 2025-05-13	Check <input type="checkbox"/> if self-employed	PTIN P00337085
	Firm's name ▶ IRWIN FINANCIAL ASSOCIATES INC			Firm's EIN ▶ 20-2126956	
	Firm's address ▶ 2025 CLAREMONT AVE ASHLAND, OH 44805			Phone no. (419) 281-2811	

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-1375016

**Name:** ROTARY INTERNATIONAL ASHLAND

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> SUPPORT LOCAL COMMUNITY PROJECT - COMMUNITY FIREWORKS (Grants \$ 1,550) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	22,612

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

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<p><b>29 SCHOLARSHIPS</b> (Grants \$ 1,500)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	<p>1,500</p>

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>30 OTHER COMMUNITY SUPPORT</b> (Grants \$ 1,767)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	<p style="text-align: right;">1,767</p>

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization  
ROTARY INTERNATIONAL ASHLAND

Employer identification number

34-1375016

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 2,199 BANK FEES 826 FIREWORKS RAFFLE TICKETS 138 WEBSITE 788 MEETING MEALS 3,725 CHRISTMAS PARTY 786 MISC. MEALS 25 DUES 8,293 BADGES & AWARDS 87 OTHER EXPENSE 59 4 FIREWORKS SPONSORSHIP 20,924 TOTAL 38,385

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 20	ROUNDING 0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	WATER IS LIFE PROJECT 440 440

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART III	<p>SERVICE ABOVE SELF. ROTARIANS ARE CONCERNED WITH PROMOTING HIGH ETHICAL STANDARDS IN THEIR PROFESSIONAL LIVES. ONE OF THE WORLD'S MOST WIDELY PRINTED AND QUOTED STATEMENTS OF BUSINESS ETHICS IS THE FOUR-WAY TEST, WHICH WAS CREATED IN 1932 BY ROTARIAN HERBERT J. TAYLOR WHEN HE WAS ASKED TO TAKE CHARGE OF A COMPANY THAT WAS FACING BANKRUPTCY. THIS 24-WORD TEST FOR EMPLOYEES TO FOLLOW IN THEIR BUSINESS AND PROFESSIONAL LIVES BECAME THE GUIDE FOR SALES, PRODUCTION, ADVERTISING, AND ALL RELATIONS WITH DEALERS AND CUSTOMERS, AND THE SURVIVAL OF THE COMPANY IS CREDITED TO THIS SIMPLE PHILOSOPHY. ADOPTED BY ROTARY IN 1943, THE FOUR-WAY TEST HAS BEEN TRANSLATED INTO MORE THAN A HUNDRED LANGUAGES AND PUBLISHED IN THOUSANDS OF WAYS. IT ASKS THE FOLLOWING FOUR QUESTIONS OF THE THINGS WE THINK, SAY OR DO: IS IT THE TRUTH? IS IT FAIR TO ALL CONCERNED? WILL IT BUILD GOODWILL AND BETTER FRIENDSHIPS? WILL IT BE BENEFICIAL TO ALL CONCERNED?</p>