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Open to Public Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 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*

Application pending

J Tax-Exempt status(check only one)— ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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. **\$ 98,154**

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	14,892	22	3,855
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	14,892	25	3,855
26	Total liabilities (describe in Schedule O)	5,127	26	127
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	9,765	27	3,728

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER FIRST THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, SECOND HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING BY EACH ROTARIAN OF HIS OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY, THIRD THE APPLICATION OF THE IDEAL OF SERVICE BY EVERY ROTARIAN TO HIS PERSONAL, BUSINESS, AND COMMUNITY LIFE, FOURTH THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOOD WILL, AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL MEN UNITED IN THE IDEAL OF SERVICE

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 and section 4947(a)(1) trusts, optional for others)

28	LUNCHEONS (Grants \$)	If this amount includes foreign grants, check here	28a	52,224
29	SOCIAL PROGRAMS (Grants \$)	If this amount includes foreign grants, check here	29a	8,806
30	OTHER MISC (Grants \$ 15,320)	If this amount includes foreign grants, check here	30a	30,369
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 91,399

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the 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 detailed description of each activity in Schedule O	33	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	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	No
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	
c	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	No
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	No
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	No
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	No
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		
d	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	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of JEAN OBENOUR Telephone no (740) 387-3788 1714 MARION WALDO ROAD Located at MARION, OH ZIP + 4 43302		
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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
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	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 Form 990-EZ (see instructions)	45b	

		Yes	No
46	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		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

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

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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.

Sign Here	***** Signature of officer	2013-05-13 Date		
	X X Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	E FREDERICK MANTER	Date 2013-05-13	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	HOLBROOK & MANTER INC 181 E CENTER ST MARION, OH 433023813		Preparer's taxpayer identification number (See instructions)
			EIN	Phone no (740) 387-8620

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

Yes No

SCHEDULE O

(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization MARION ROTARY CLUB	Employer identification number 31-4243517
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Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	ROTARY INTERNATIONAL DUES 7,648
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	MARION ROTARY FOUNDATION 15,320 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE & CLUB SUPPLIES 1,384 TELEPHONE 591 POSTAGE 614 PRINTING & PUBLICATIONS 154 GIFTS & FLOWERS 1,068 LIABILITY INSURANCE 339 SOCIAL PROGRAMS 8,806 LUNCHEONS 52,224 DISTRICT & INTERNATIONAL 6,179 ACCOUNTING 2,065 WEBSITE 500 REFUND PRIOR YEAR O/H 4,000 TOTAL 77,924
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	EQUIPMENT 9,871 9,871 LESS ACCUMULATED DEPRECIATION 9,871 9,871 TOTAL 0 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	MARION ROTARY FOUNDATION CONTRIBUT -50 0 ROTARY INTERNATIONAL CONTRIBUTIONS 5,050 0 PAYROLL LIABILITIES 127 127
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER FIRST THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, SECOND HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING BY EACH ROTARIAN OF HIS OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY, THIRD THE APPLICATION OF THE IDEAL OF SERVICE BY EVERY ROTARIAN TO HIS PERSONAL, BUSINESS, AND COMMUNITY LIFE, FOURTH THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOOD WILL, AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL MEN UNITED IN THE IDEAL OF SERVICE

TY 2011 Compensation Explanation**Name:** MARION ROTARY CLUB**EIN:** 31-4243517

Person Name	Explanation
JAMES BARNEY	
JOHN TITUS	
WILLIAM A PROBST	
HOWARD SMITH	
DIANE WATSON	
PATTI GARNER	
CATHERINE FERGUSON	
PHILL REID	
BROOKS BROWN	
JOHN KEGGAN	
KATHY MASTERS	
JAMES BAZZOLI	
DAN DREHER	
TED GRAHAM	
CARL HUGHES	
LEN JANCHAR	


Additional Data

Software ID:
Software Version:
EIN: 31-4243517
Name: MARION ROTARY CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES BARNEY PO BOX 1091 MARION, OH 43302	PRESIDENT 2 00	0		
JOHN TITUS PO BOX 1091 MARION, OH 43302	TREASURER 1 00	0		
WILLIAM A PROBST PO BOX 1091 MARION, OH 43302	SECRETARY 2 00	2,880		
HOWARD SMITH PO BOX 1091 MARION, OH 43302	PRES ELECT 1 00	0		
DIANE WATSON PO BOX 1091 MARION, OH 43302	ASSIST TREAS 1 00	0		
PATTI GARNER PO BOX 1091 MARION, OH 43302	ASSIST SECRE 1 00	0		
CATHERINE FERGUSON PO BOX 1091 MARION, OH 43302	SECRETARY EM 1 00	0		
PHILL REID PO BOX 1091 MARION, OH 43302	SARGEANT AT 1 00	0		
BROOKS BROWN PO BOX 1091 MARION, OH 43302	PAST PRESIDE 1 00	0		
JOHN KEGGAN PO BOX 1091 MARION, OH 43302	BOARD MEMBER 0 50	0		
KATHY MASTERS PO BOX 1091 MARION, OH 43302	BOARD MEMBER 0 50	0		
JAMES BAZZOLI PO BOX 1091 MARION, OH 43302	BOARD MEMBER 0 50	0		
DAN DREHER PO BOX 1091 MARION, OH 43302	BOARD MEMBER 0 50	0		
TED GRAHAM PO BOX 1091 MARION, OH 43302	BOARD MEMBER 0 50	0		
CARL HUGHES PO BOX 1091 MARION, OH 43302	BOARD MEMBER 0 50	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LEN JANCHAR  PO BOX 1091 MARION, OH 43302	BOARD MEMBER 0 50	0		