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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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.

A For the 2012 calendar year, or tax year beginning 7-1, 2012, and ending 6-30, 2013

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

C Name of organization
PORTSMOUTH OHIO ROARTY CLUB

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 317

City or town, state or country, and ZIP + 4
PORTSMOUTH, OHIO 45662

D Employer identification number
31-6038791

E Telephone number
740-574-4745

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: _____

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 **\$ 67275**

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 ☒

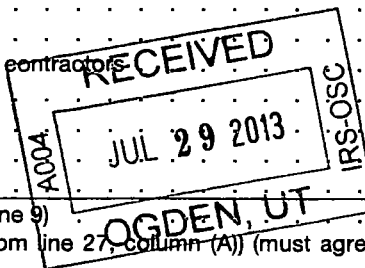
Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	33404	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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)	6b	33781		
6c	Less: direct expenses from gaming and fundraising events	6c	18414		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15367		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	48771		
10	Grants and similar amounts paid (list in Schedule O)	10	23719		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	2293		
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	27849		
17	Total expenses. Add lines 10 through 16	17	53861		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2012)

SCANNED AUG 16 2013



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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
22	Cash, savings, and investments	52925	22 47876
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	52925	25 47879
26	Total liabilities (describe in Schedule O) <i>PRE-PAYD DUES</i>	(-512)	26 (-554)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	52413	27 47332

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? **COMMUNITY 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.

28

SEE ATTACHED LIST OF GRANTS AND CONTRIBUTIONS

(Grants \$) If this amount includes foreign grants, check here ► ☐

29

(Grants \$) If this amount includes foreign grants, check here ► ☐

30

(Grants \$) If this amount includes foreign grants, check here ► ☐

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► ☐

32 Total program service expenses (add lines 28a through 31a) ▶

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 ☒

[illegible]

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 ☐

	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	✓
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	✓
35a 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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► TIMOTHY HORNER Telephone no. ► 740-574-4745 Located at ► 536 BULWER ST WHEELERSBURG, OH ZIP + 4 ► 45694		
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	✓
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	✓
If "Yes," enter the name of the foreign country: ►		
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	0
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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	✓

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 **46** ☐ Yes ☒ 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 ☐

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 **47** ☐ Yes ☐ No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No

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 ▶

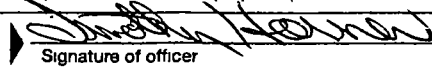
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

Sign Here  **Signature of officer** **7/23/13** **Date**
TIMOTHY HORNER SEC/TREAS **Type or print name and title**

Paid Preparer Use Only **Print/Type preparer's name** **Preparer's signature** **Date** **Check ☐ 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

990 EZ SCHEDULE O PART I 2012

PORTSMOUTH OHIO ROTARY CLUB

31-6038791

LINE 16: MEALS, ROTARY DISTRICT AND INTERNATIONAL DUES, INSTALLATION
AND CHRISTMAS (SOCIAL) EXPENSES, WEB PAGE FEES, PRINTING AND POSTAGE,
CLUB OPERATIONS, AWARDS AND PRESENTATIONS MATERIALS, BOARD
MEETING EXPENSES

PART II

LINE 26: PREPAID DUES

990-EZ SCHEDULE O 2012 PART III

PORTSMOUTH OHIO ROTARY CLUB 31-6038791

STEPHEN HUNTER HOPE FUND AID TO NEEDY STUDENTS 2000.00

SO CENT. EDUCATION SERVICE CENTER HELP TO PROVIDE FUNDING TO
VARIOUS PROJECTS IN SCIOTO COUNTY: MOCK TRIAL, SUMMER SCHOLARSHIPS
MUSIC AND ARTS FESTIVAL, APPROX 200 STUDENTS INPACTED. 3500.00

DONATION TO SCIOTO FOUNDATION TO FUND SCHOLARSHIPS 10700.00

PORTSMOUTH SYMPHONY ORCHESTRA 1000.00

COUNSELING CENTER FUNDING VARIOUS PROGRAMS 500.00

DICTIONARY PROJECT DISTRIBUTE DICTIONARIES TO AREA 5TH GRADERS IN
SCIOTO CO SCHOOLS 1968.00

DONATION TO BOY SCOUTS OF AMERICA 500.00

AMERICAN RED CROSS 600.00

PORTSMOUTH PUBLIC LIBRARY SUMMER READING PROGRAM 1000.00

ROTARY YOUTH LEADERSHIP PROGRAM 600.00

PORTSMOUTH AREA ARTS COUNCIL DONATION TO SEND KIDS TO VARIOUS
THEATER PRODUCTIONS 500.00

ROTARY SCHOLARSHIPS FUNDING 851.00

TOTALS 23719.00

990-EZ SCHEDULE O

2012

PART IV

PORTSMOUTH OHIO ROTARY CLUB

31-6038791

OFFICERS AND DIRECTORS 2012-13

ERIC BRAUN PRES.
940 2ND ST
PORTSMOUTH, OH 45662

DAVE STONE VICE PRES.
1010 COLES BLVD
PORTSMOUTH, OH 45662

TIM HORNER SEC/TREAS
59 VIRGINIA DR
WHEELERSBURG, OH 45694

REBECCA BENNETT
2425 SUMMITT
PORTSMOUTH, OH 45662

LINDA JONES
2139 SANDSTONE
PORTSMOUTH, OH 45662

TESS MIDKIFF
314 COUNTRY CLUB DR
MCDERMOTT, OH

FRED GOHMANN
2309 TIMLIN
PORTSMOUTH, OH 45662

JOHN PROSE
3320 OLD POST RD
PORTSMOUTH, OH 45662

JAMES CURTIS
2206 TIMLIN
PORTSMOUTH, OH 45662

JAY WILLIS
3107 MICHIGAN AVE
PORTSMOUTH, OH 45662

MARK FERREIRA
1001 9TH ST
PORTSMOUTH, OH 45662