

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**Short Form**

A For the 2012 calendar year, or tax year beginning 07-01-2012

C Name of organization

DLN: 93492310008373

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Return of Organization Exempt From Income Tax 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

, and ending 06-30-2013

Open to Public Inspection

		change	ROTARY CLUB OF WOOSTER	34-660	8201			
	lame c	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite 505 N MARKET ST	E Telepho	ne nui	mber		
_	nıtıal re ermina		JUJ N PIARKET ST		(330)	262-7111		
_		ed return	City or town, state or country, and ZIP + 4 WOOSTER. OH 44691	F Group E	Exemption			
_	Applicati	•	► 0573					
G A	ccoun	iting Method	▼ Cash	· ✓ If the to attach 90,990-E	Sche			
ΙW	ebsite	e: 🕨 www.woos		•	,	•		
J Ta	x-exen	npt status(check	only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527					
nor	mally	not more than s	nization is not a section 509(a)(3) supporting organization or a section 527 organiza \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e- organization chooses to file a return, be sure to file a complete return					
			7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or \$500,000 or more, file Form 990 instead of Form 990-EZ	ıf total as: ►\$ 1				
P	art I		, Expenses, and Changes in Net Assets or Fund Balances (see the Ire organization used Schedule O to respond to any question in this Part I					
	1	Contributions	, gifts, grants, and similar amounts received		1	55,875		
	2	Program serv	ice revenue including government fees and contracts		2	58,480		
	3	Membership o	dues and assessments		3			
	4	Investment in	ncome		4	8		
	5a	Gross amount	t from sale of assets other than inventory					
<u>a</u>	ь	Less cost or						
Revenue	c	Gain or (loss)	5c					
ě	6	Gaming and fu						
	а	Gross income						
	ь		from fundraising events (not including \$of contributions ng events reported on line 1) (attach Schedule G if the		-			
		sum of such g	ross income and contributions exceeds \$15,000)					
	c	Less directe	expenses from gaming and fundraising events 6c					
	d	Net income oi	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c	:)	6d			
	7a	Gross sales o	f inventory, less returns and allowances					
	ь	Less cost of	goods sold					
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	O ther revenue	e (describe in Schedule O)		8	10,000		
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	124,363		
	10	Grants and sı	mılar amounts paıd (lıst ın Schedule O)		10	20,536		
	11	Benefits paid	to or for members		11			
	12	Salaries, othe	er compensation, and employee benefits		12	3,825		
Š	13	Professional f	fees and other payments to independent contractors		13	13,000		
Expenses	14	Occupancy, r	ent, utilities, and maintenance		14	10,432		
<u></u>	15	Printing, publi	ıcatıons, postage, and shıppıng		15			
	16	O ther expens		16	76,622			
	17	Total expense	es. Add lines 10 through 16	►	17	124,415		
<u>–</u>	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		18	-52		
o S	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with					
NetAssets		end-of-year fi	gure reported on prior year's return)		19	-17,535		
ž	20	O ther change	s in net assets or fund balances (explain in Schedule O)		20	40,474		
	21	Net assets or	fund balances at end of year Combine lines 18 through 20	🕨	21	22,887		
_								

			(A) Beginning of year	T	(B) End of year
22 Cash, savings, and investments			15,57	5 22	11,054
23 Land and buildings				23	,
24 Other assets (describe in Schedule O			12,55	7 24	18,178
25 Total assets			28,13	2 25	29,232
26 Total liabilities (describe in Schedule (0)		45,66		6,345
27 Net assets or fund balances (line 27 of	column (B) must agree w	th line 21)	-17,53	5 27	22,887
Part III Statement of Program S Check if the organization used What is the organization's primary exempt	Schedule O to respond to			(c)	Expenses equired for section 501 (3) and 501(c)(4)
THE CLUB PROVIDES THE MANPOWER F PROVIDES GRANTS, SCHOLARSHIPS AN COMMUNITY PROJECTS ADDITIONAL F FOR A NEW CITY PARK	OR THE WOOSTER ROTA ID CONTRIBUTES TO VA	RIOUS EDUCAT	TONALAND	49	panizations and section 47(a)(1) trusts, tional for others)
Describe the organization's program servic measured by expenses. In a clear and cond benefited, and other relevant information fo	ise manner, describe the s			5	
28 THE CLUB PROVIDES THE MANPOWE PROVIDES GRANTS, SCHOLARSHIPS AN COMMUNITY PROJECTS AND ALSO PROWEEKLY MEETINGS (Grants \$) If this	ID CONTRIBUTES TO VA	RIOUS EDUCAT	TIONAL AND RIOUS TOPICS AT THE	28a	
29 THE CLUB PROVIDES THE MANPOWE				+===	
PROVIDES GRANTS, SCHOLARSHIPS AN COMMUNITY PROJECTS		RIOUS EDUCAT	IONAL AND		
30	s amount includes loreign	grants, check her	e F	29a	124,236
30					
	s amount includes foreign	grants, check her	re ▶ ┌	30a	
31 Other program services (describe in Scl (Grants \$) If this	nedule O) s amount includes foreign :	grants check her	e ▶ ┌		
32 Total program service expenses (add line		· · · · ·	<u> </u>	31a 32	124,236
Part IV List of Officers, Directors, Trus					· · · · · · · · · · · · · · · · · · ·
Check if the organization used	Schedule O to respond to	any question in t	hıs Part IV		<u> </u>
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportab compensation (Forms W-2/10 MISC) (if not enter -0-)	on contributions 199- employee benefit paid, and deferre	to plans, d	(e) Estimated amount of other compensation
See Additional Data Table					

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

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>				
			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				
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		No				
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b						
С	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							
ь	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				
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b							
39	Section 501(c)(7) organizations Enter							
а	Initiation fees and capital contributions included on line 9							
ь	Gross receipts, included on line 9, for public use of club facilities 39b							
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under							
	section 4911 , section 4912 , section 4955 . , section 4955							
b	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							
c	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	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 ▶ GREGORY LONG CPA Telephone no	(330) 262-7						
	Located at ► 505 NORTH MARKET ST WOOSTER, OH ZIP + 4	4	4691					
h	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	Yes	No No				
	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	${f c}$ 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							
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			►ſ				
			Yes	No				
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		No				
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	-ra		1110				
	Instead of Form 990-EZ	44b		No				
	Did the organization receive any payments for indoor tanning services during the year?	44c		No				
	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	b 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)							

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ (2	2012)						Page 4
						Yes	No
	ganization engage, directly s s for public office? If "Yes,"			• • •	- I		1
	· ·	· · · · · · · · · · · · · · · · · · ·			· 46		Νo
	ection 501(c)(3) orga l section 501(c)(3) orgai	-	guestions 47-49b ai	nd 52, and complete the	e tables	s for lir	nes 50
ar	nd 51		•	•			_
Cr	neck if the organization used	Schedule O to respond t	o any question in this F	rart VI		 Yes	l No
						165	140
	ganızatıon engage ın lobbyır complete Schedule C, Part I		tion 501(h) election in		. 47		
48 Is the org	anızatıon a school as descrı	bed in section 170(b)(1)((A)(II)? If "Yes," compl	ete Schedule E .	. 48		
19a Did the or	ganızatıon make any transfe	ers to an exempt non-char	ritable related organiza	tion?	. 49a		
b If"Yes," v	was the related organization	a section 527 organization	on?		. 49b		
	this table for the organization				ustees a	nd kev	
	s) who each received more t						
` '	title of each employee paid than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	of othe		amount ensatior
				compensation			
of compen	this table for the organization is ation from the organization and address of each independent	n If there is none, enter "I	None "	(b) Type of service		an \$10 ompen	
d Total nu	mber of other independent c	ontractors each receiving	gover\$100,000	<u> </u> ▶			
	organization complete Sche mpt charitable trusts must a				. ▶	┌ Ye	s 「No
	of perjury, I declare that I have elief, it is true, correct, and co						
	****			2012 10 21			
ign 🖊 🖥	ignature of officer			2013-10-31 Date			
I	GREG LONG TREASURER Type or print name and title						
<u> </u>	Print/Type preparer's name	Preparer's signature	l l	I CHECK I II I			
aid	Firm's name ► LONG COOK	CARL WELLS	201	3-11-06 self-employed Firm's EIN			
Preparer							
Jse Only	Firm's address F 505 N MARKE			Phone no (330) 262-	7111		
	WOOSTER, OI						No.

Software ID: Software Version:

EIN: 34-6608201

Name: ROTARY CLUB OF WOOSTER

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

(a) Name and title	(b) A verage 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 amoun of other compensation
LYNN MOOMAW [®] PRESIDENT	000 00	0		
DON NOBLE PRESIDENT-EL	000 00	0		
TIM SWIFT SEC/IMMED PA	000 00	0		
GREG LONG 🕏 TREASURER	000 00	0		
W LEE CULP S SEC EMERITU	000 00	0		
CHAD BOREMAN [®] DIRECTOR	000 00	0		
LAURA NEILL® DIRECTOR	000 00	0		
ROBBIE ROSS DIRECTOR	000 00	0		
JEFF GRIFFIN [®] DIRECTOR	000 00	0		
JOHN HALL DIRECTOR	000 00	0		
MICHAEL TEFTS © DIRECTOR	000 00	0		
STEVE GLICK DIRECTOR	000 00	0		
LEE PEART DIRECTOR	000 00	0		
KEVIN PHIPPS 2 DIRECTOR	000 00	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492310008373

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.

2012

Open to Public Inspection

Name of the organization ROTARY CLUB OF WOOSTER

Employer identification number

34-6608201

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	ROTARY FOUNDATION REIMBURSEME 10,000 TOTAL 10,000
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	ROTARY DISTRICT ASSESSMENT MEMBERSHIP ASSESS 6,300 139 N MARKET ST EAST PALESTINE OH 44413 ROTARY INTERNATIONAL ASSESSMENT MEMBERSHIP ASSESS 14,236 1560 SHERMAN AVE EVANSTON IL 60201
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCES AND CONVENITONS 3,195 RYLA INTERACT CONFERENCE 650 MEALS & FOOD 52,660 PROGRAM COMMITTEE 1,717 EXCHANGE STUDENTS 3,602 INSURANCE 975 PRESIDENT'S MEALS 357 POSTAGE, SUPPLIES & EXP 2,920 ADVERTISING- CLUB 636 HONORARIUM 7,500 BENEVOLENCES, MEMORIALS 200 TECH COMMITTEE 1,081 MISCELLANEOUS 932 NON-INVESTMENT DEPRECIATION 197 TOTAL 76,622
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENTS 40,473 ROUNDING 1
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 12,378 17,927 3,000 3,269 LESS ACCUMULATED DEPRECIATION 2,821 3,018 TOTAL 12,557 18,178
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 45,667 6,345
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE CLUB PROVIDES THE MANPOWER FOR THE WOOSTER ROTARY FOUNDATION WHICH IN TURN PROVIDES GRANTS, SCHOLARSHIPS AND CONTRIBUTES TO VARIOUS EDUCATIONAL AND COMMUNITY PROJECTS ADDITIONAL PROJECTS INCLUDE THE PROVIDING OF A NEW PAVILLION FOR A NEW CITY PARK
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	THE CLUB PROVIDES THE MANPOWER FOR THE WOOSTER ROTARY FOUNDATION WHICH IN TURN PROVIDES GRANTS, SCHOLARSHIPS AND CONTRIBUTES TO VARIOUS EDUCATIONAL AND COMMUNITY PROJECTS AND ALSO PROVIDES A FORUM FOR SPEAKERS ON VARIOUS TOPICS AT THE WEEKLY MEETINGS
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	THE CLUB PROVIDES THE MANPOWER FOR THE WOOSTER ROTARY FOUNDATION WHICH IN TURN PROVIDES GRANTS, SCHOLARSHIPS AND CONTRIBUTES TO VARIOUS EDUCATIONAL AND COMMUNITY PROJECTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492310008373 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** INDIRECT DEPRECIATION Name(s) shown on return ROTARY CLUB OF WOOSTER 34-6608201 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 197 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 197 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Cat No 12906N

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>ıforma</u>	tion (C	<u>aution</u>	<u>: See</u>	the ir	<u>ıstru</u> c	ctions f	<u>or limi</u>	ts fo	or pa	sseng	<u>er au</u>	<u>tomot</u>	<u>iles.</u>
24a Do you have evider	nce to support	the business/inv	estment ι	ise claimed	d? ┌ Yes	Гпо		2	.4b If "Ye	es," is th	e ev ı	dence	written?	Γ_{Ye}	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	Basis for (busines us			(f) Recove period	ry Met	g) hod/ ention	C	(h Depreci deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo			rty placed	ın service d	during the	tax year	and us	sed mo	re than							
50% in a qualified busi	•	•								25						
26 Property used more	e than 50% T	in a qualified l	business	use	1				1					$\overline{}$		
		%												+		
		%														
27 Property used 50%	orless in a		iness us	е	1				lc /I	- 1						
		%							S/L - S/L -					1		
		%							S/L -					<u> </u>		
28 Add amounts in co	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on lir	ne 21,	page :	1	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and o	n line 7,	page 1								29			
				—Infor												
Complete this section f you provided vehicles to														e vehic	les	
30 Total business/inv				(a	a)		b)		(c)		(d)		(4		(f)
year (do not inclu			ing the	Vehi	cle 1	Vehi	cle 2	V	ehicle 3	3 V	ehic	le 4	Vehi	cle 5	Vehi	icle 6
74 Takal a sasasaha a s								+								
31 Total commuting i								+		_						
32 Total other persor	•							_								
33 Total miles driven through 32	during the y	ear Add lines	s 30													
34 Was the vehicle a	vailable for r	personal use	•	Yes	No	Yes	No	Ye	s No	y e	s	No	Yes	No	Yes	No
during off-duty ho			_		110	1	 	+		 	_			<u> </u>		
35 Was the vehicle upowner or related p	sed primarily	y by a more th	an 5%													
36 Is another vehicle		r personal us	e? .													
Section	on C—Oue	stions for	Employ	vers W	ho Pro	vide \	vehic	cles	for Us	e by 1	hei	ir Er	nplov	ees	l	
Answer these questions or related	ns to determ	nine if you mee	et an exc												not mo	re tha
37 Do you maintain a employees?	written poli	cy statement	that prof	nibits all i	personal • • •	use of	vehic	les, ır	ncluding 	commi	ıtıng •	j, by y	our .	Y	es	No
				_		_								<u> </u>		
38 Do you maintain a employees? See t												our •				
39 Do you treat all us	e of vehicle	s by employee	es as per	rsonal us	e?											
40 Do you provide movehicles, and reta				oyees, ol	otaın ınfo	rmatio	n from	ı your	employ	ees abo	out t	he us	e of			
41 Do you meet the r	equirements	concerning a	ualified a	automobi	le demor	stratio	n use	? (Se	e instruc	ctions)	_					
Note: If your answ	-							-		-						
	rtization	,, 55, 10, 61 1	1 10 10.	, 40 110	compre			101 (11								
Allio	- CIZUCION	(b)								(e)	Т					
(a) Description of c	osts	Date amortizatior begins	ı	A mort a mo	ızable		С	(d) ode ction	p	nortizati eriod o ercentag	r			(f) rtızatıc hıs yea		
42 A mortization of co	sts that beg	jins during yo	ur 2012	tax year	(see inst	tructio	ns)									
	Ī			•	-		-									
											\neg					
43 Amortization of co	sts that bec	jan before you	r 2012 t	ax year						. 43	3					
44 Total Add amount	_	•		· ·					_		. 					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492310008373

TY 2012 Compensation Explanation

Name: ROTARY CLUB OF WOOSTER

EIN: 34-6608201

Person Name	Explanation
LYNN MOOMAW	
DON NOBLE	
TIM SWIFT	
GREG LONG	
W LEE CULP	
CHAD BOREMAN	
LAURA NEILL	
ROBBIE ROSS	
JEFF GRIFFIN	
JOHN HALL	
MICHAEL TEFTS	
STEVE GLICK	
LEE PEART	
KEVIN PHIPPS	