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Form 990-EZ

## 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)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ 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.

_		e 2013 calendar year, or tax year beginning JULY 1 , 2013, and ending	TID	NE 30	. 201			
					intification number			
B.	٦ .		١	Linployor id				
-	Addre	es change		02 6021007				
$\vdash$	_ Name	ROTARY CLUB OF NEWPORT  Number and street (or P O box, if mail is not delivered to street address)  Room/suite		93-60318 Telephone no				
_	Instrat	return	l'	. relephone in	1111001			
_	Term	PO BOX 235	_		<del></del>			
L	Amer	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption				
	Appli	cation pending NEWPORT, OR 97365		Number >				
			neck 🕨	► X If the	organization is not			
1.3	Websi	te: ▶ WWW.NEWPORTROTARYCLUB.ORG re	quired	to attach Sch	edule B			
J ·	fax-exen	npt status (check only one) - 501(c)(3) X 501(c) (4 ) ◀ (insert no ) 4947(a)(1) or 527 (F	orm 99	0, 990-EZ, or	980-PF)			
K	Form o	f organization X Corporation Trust Association Other						
L	Add lin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	,				
(Pa	rt II, co	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$	53,974			
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see th			Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I			, <b>x</b>			
	1	Contributions, gifts, grants, and similar amounts received	1		3,187			
	2	Program service revenue including government fees and contracts	•	_	34,621			
	3	Membership dues and assessments	. 3		5,792			
	4	Investment income	4		17			
	5 a	Gross amount from sale of assets other than inventory 5a	· 📑					
	ь	Less: cost or other basis and sales expenses 5b	┥					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	.   5c					
	6		.   30	<del></del>				
		Gaming and fundraising events						
9	a	The second secon						
Revenue				ł				
ě	þ	Gross income from fundraising events (not including \$ of contributions						
œ	ĺ	from fundraising events reported on line 1) (attach Schedule G if the						
		sum of such gross income and contributions exceeds \$15,000) 6b 9,88	_					
	C	Less: direct expenses from gaming and fundraising events 6c 64						
	ď	Net income or (loss) from gaming and fundraising events (add tines 6a and 6b and subtract	1					
		line 6c),	. 6d	<u> </u>	9,240			
	7 a	Gross sales of inventory, less returns and allowances ,	_					
	Ь	Less. cost of goods sold	_					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	:				
	8	Less. cost of goods sold	. 8		473			
	9	iotal revenue. Add lines 1, 2, 3, 4, 5c, 8d, 7c, and 8	9		53,330			
	10	Grants and similar amounts paid (list in Schedule O)	/, -10		8,213			
	11	Benefits paid to or for members	11					
8	12	Salaries, other compensation, and employee benefits	12 ين					
Expenses	13	Professional fees and other payments to independent contractors	13					
	14	Occupancy, rent, utilities, and maintenance	114					
	15	Printing, publications, postage, and shipping	15	3	163			
	16	Other expenses (describe in Schedule O)	16		42,461			
	17	Total expenses. Add lines 10 through 16	17		50,837			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		2,493			
	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)	. 19		69,595			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>		72,088			
For	Paner	work Reduction Act Notice, see the separate instructions			990-E7 (2012)			

Page 2
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to the Dalamas Chasta (200 the ingitiiriting int Pall II)						
Part II Balance Sheets (see the instructions for Part II)		tion in t	hia Bad II			<b>x</b>
Check if the organization used Schedule O to re	spond to any	question in t	nis Part II	<del></del>	(D) E	
		(A) Beg	inning of year	<del>  </del>	(B) E	nd of year
22 Cash, savings, and investments			70,1			74,542
23 Land and buildings				23		
24 Other assets (describe in Schedule O)			17,9	_		23,293
25 Total assets			88,0			97,835
26 Total liabilities (describe in Schedule O)			18,4			25,747
27 Net assets or fund balances (line 27 of column (B) must agree w			69,5	95 27		72,088
Part III Statement of Program Service Accomplishme	ents (see the in	structions fo	r Part III)		Ex	penses
Check if the organization used Schedule O to resp	ond to any que	stion in this	Part III	∐ (Re	equired fo	
What is the organization's primary exempt purpose? PROMOTE GE	NERAL COMM	UNITY WE	LFARE	<b>5</b> 0	1(c)(3) an	d 501(c)(4)
Describe the organization's program service accomplishments f	or each of its th	ree largest p	rogram service:			s and section
as measured by expenses. In a clear and concise manner, despersons benefited, and other relevant information for each prog	scribe the servi	ces provided	, the number of	. F   70	47(a)(1) tr others.)	rusts; optional
28 CONTRIBUTIONS TO LOCAL NOT-FOR-PROFIT C		NS & MAT	CHING	1		
GRANT WITH ROTARY DISTRICT						
				$\neg  _{\bullet \bullet}$	ŀ	4,866
(Grants \$ ) If this amount include	es toreign grants,	cneck nere	••••	28a	<del> </del>	4,000
29 COLLEGE SCHOLARSHIPS PROVIDED						
				_ا		
(Grants \$ ) If this amount include	es foreign grants,	check here	<u> ▶  </u>	29a	ļ	4,000
30 YOUTH EXCHANGE PROGRAM						
				_		
(Grants \$ ) If this amount include	es foreign grants,	check here	▶	30a		4,106
31 Other program services (describe in Schedule O)			<i></i>	$\overline{\cdot}$		-
(Grants \$ ) If this amount include				ີ  31a		
32 Total program service expenses (add lines 28a through 31a)				> 32		12,972
Part IV List of Officers, Directors, Trustees, and Key Emple					the instru	ctions for Part IV)
Check if the organization used Schedule O to respo						
		ion in this Par				
(a) Name and title	(b) Average hours per wild devoted to po	ion in this Par ge eek estion (For	t IV (C) Reportable	(d) Heal contribution benefit		<u> </u>
	(b) Averag	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, as to employee plans, and	(e) Estimated amount of
(a) Name and title  MARK MIRANDA	(b) Average hours per will devoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, as to employee plans, and	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT	(b) Average hours per widevoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, as to employee plans, and compensation	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN	(b) Average hours per will devoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, as to employee plans, and compensation	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT	(b) Average hours per widevoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, as to employee plans, and compensation	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH	(b) Average hours per widevoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT	(b) Average hours per widevoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, as to employee plans, and compensation	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA	(b) Average hours per widevoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA  SECRETARY	(b) Averse hours per w devoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA  SECRETARY  SIGNE GRIMSTAD	(b) Average hours per widevoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation  O
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA  SECRETARY  SIGNE GRIMSTAD  TREASURER	(b) Average hours per will devoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation  O
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA  SECRETARY  SIGNE GRIMSTAD  TREASURER  BERNICE BARNETT	(b) Averse hours per w devoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation  O  O  O
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA  SECRETARY  SIGNE GRIMSTAD  TREASURER  BERNICE BARNETT  PAST PRESIDENT	(b) Average hours per widevoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation  O
(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA  SECRETARY  SIGNE GRIMSTAD  TREASURER  BERNICE BARNETT  PAST PRESIDENT  RICK LETHERER	(b) Average hours per will devoted to po	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation	(e) Estimated amount of other compensation  O  O  O
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(a) Name and title  MARK MIRANDA  PRESIDENT  JULIE HANRAHAN  PRESIDENT-ELECT  TED SMITH  VICE PRESIDENT  SUNNETTA CAPOVILLA  SECRETARY  SIGNE GRIMSTAD  TREASURER  BERNICE BARNETT  PAST PRESIDENT  RICK LETHERER  DIRECTOR  ANJI MITCHELL	(b) Average hours per widevoted to possible 2 2 2 2 2 1	ion in this Par ge eek estion (For	t IV	(d) Heal contribution benefit	th benefits, is to employee plans, and compensation  O  O  O  O	(e) Estimated amount of other compensation  O  O  O  O
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Yes   No   Ves   V	Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Schedule O to respond to any question in the contract statement of the contract statement requirements in the contract statement of the contract statement requirements.		art V	
detailed description of each activity in Schedule O				Yes	No
detailed description of each activity in Schedule O	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
Were any significant changes made to the organizating or powering documents? If Yes', stach a conformed copy of the amended documents if they refled a change to the organizations name. Of therewise explain to the distinction of the amended documents if they refled a change to the organization shall be considered to the state of the change of the program of the consideration of the change of the program of the consideration of the change of the program of the consideration of the change of the consideration of the change of th			33	[	х
Sa 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?)  b if "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule 0.  55b  c 'Was the organization as ecotion 501(c(s)), 501(c(s)), organizations subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .  56c  57d  58d  58d  58d  58d  58d  58d  58d	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
activities (such as those reported on lines 2, Sa, and 7a, among others)?  b 11 **ex** to line 35a, has the organization tilled a Form 990-17 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  X Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assels during the year? If **Yes**, complete specification, termination, or significant disposition of net assels during the year? If **Yes**, complete specification parts of Schedule N. 35c  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 0 bid the organization file Form 1120-PCI. for this year?  38b Did the organization file Form 1120-PCI. for this year?  38b Did the organization file Form 1120-PCI. for this year?  38c Did the organization file Form 1120-PCI. for this year?  38b Did the organization file Form 1120-PCI. for this year?  38b Did the organization file Form 1120-PCI. for this year?  38c Did the organization file Form 1120-PCI. for this year?  38b Did the organization file Form 1120-PCI. for this year?  38c Did the organization file Form 120-PCI. for this year?  38b Did the organization file Form 120-PCI. for this year?  38b Did the organization file Form 38b Section 3910 (2) (3) and 5910 (2) (4) organization file file file file file file file file	<b>.</b>	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		X
b If Yes, 10 line 35s, has the organization filed a Form 990-T for the year? If Thos, provides an explanation in Schedule O  to Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy lax requirements during the year? If Yes, "complete Schedule C, Part III	35 a		353		v
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					<del>- ^</del>
Teporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			<del></del>		
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	C				x
during the year? If "Yes," complete applicable parts of Schedule N.  7a a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0  b Did the organization file Form 1120-POL for this year?  2b 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?  2b If "Yes," complete Schedule L. Part II and enter the total amount involved.  2c Section 501(c)(3) organizations. Enter:  a Initiation fees and capital contributions included on line 9  3c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 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-E27 If "Yes," complete Schedule I., Part I  2c 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  3c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization analysis of the organization in the very section 4912 b 0  all organizations At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T  1c Did the organization of the transaction in Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and the section of the s	36		1000	<b>-</b>	
576 Enter amount of political expenditures, direct or indirect, as described in the Instructions ▶ 37a	00		36		x
Did the organization file Form 1120-POL for this year?  38 a 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?  38 b   1"Yes," complete Schedule L, Part II and enter the total amount involved.  38   Section 501(c)(3) organizations. Enter  39   Initiation fees and capital contributions included on line 9.  39   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶   Section 4912 ▶   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   X  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   Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.   □ 0  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.   0  41 List the states with which a copy of this return is filled ▶ NONE  42 The organization's books are in care of ▶ SIGNE (RIMSTAD) Telephone no ▶ 541–265-5411.   Located at ▶ PO BOX 1930, NEWPORT OR   2 PP + 4 ▶ 97.355.   2 PP + 4 PP	37 a				
as a bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pnor year and still outstanding at the end of the tax year covered by this retum?  b			37b		x
b If "Yes," complete Schedule I. Part II and enter the total amount involved.  38 Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9.  39 Gross receipts, included on line 9, for public use of club facilities and capital contributions. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4955 ▶  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 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-E2? If "Yes," complete Schedule I. Part I.  40b X  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.  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization aparty to a prohibited tax shetter transaction? If "Yes," complete Form 8886-T.  41 List the states with which a copy of this return is filed ▶ NONE  42 The organization's books are in care of ▶ SIGNE GRIMSTAD.  43 The organization's books are in care of ▶ SIGNE GRIMSTAD.  44 The organization books are in care of ▶ SIGNE GRIMSTAD.  45 Did the organization in a foreign country; ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  44 The series of the foreign country; ▶  54 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  54 Did the organization neares one or	38 a	- Company of the comp	· · · · ·	-	
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 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 A. Part 1  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 organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T  List the states with which a copy of this return is filed ▶ NONE  12 List the states with which a copy of this return is filed ▶ NONE  12 List the states with which a copy of this return is filed ▶ NONE  13 Pr 4 List the organization books are in care of ▶ SIGNE GRIMSTAD  Located at ▶ PO BOX 1,930, NEWPORT OR  24 Any time during the calendar year, did the organization have an interest in or a signature or other authority over  14 Any time during the calendar year, did the organization maintain any office outside the U.S.?  25 At any time during the calendar year, did the organization maintain any did one accurated during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  26 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  26 Did the organization neceive any payments for in		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	b	If "Yes," complete Schedule L, Part II and enter the total amount involved	,		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ▶ section 4911 ▶ section 501(c)(3) and 501(c)(4) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part 1	39		1		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 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 any of its prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1  40b	а	•	4	ł	1
section 4911			4		1
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 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 1	40 a				}-
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 1					
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	D		1		1
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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  41 List the states with which a copy of this return is filed NONE  The organization's books are in care of SIGNE GRIMSTAD Telephone no 541-265-5411  Located at PO BOX 1930, NEMPORT OR IP+4 97365  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.  c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c X 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.  and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O  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  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation r	_		400	<u> </u>	<del>                                     </del>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	·	, , , , , , , , , , , , , , , , , , , ,	١.	{	l
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Located at ▶ PO BOX 1930, NEWPORT OR  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.?	41				
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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.?			42D		^
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and enter the amount of tax-exempt interest received or accrued during the tax year.    Yes   No	43			▶	$-\Box$
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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		and enter the amount of tax-exempt interest received or accrued during the tax year			
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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	44 a				
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c Did the organization receive any payments for indoor tanning services during the year?	þ		1		
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explanation in Schedule O			44c	<del> </del>	<del>  ×</del>
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	a			•	1
45 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	45 a	Did the organization have a controlled entity within the meaning of section 512/b1/1312		<del>                                     </del>	¥
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-				<u> </u>
		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1.0		7
			1		х

Form 990-1	EZ (2013)						Yes	No.
46 D	ed the organization engage, directly or indirectly,	in political can	nair	an activities on behal	f of or in apposition		105	
	o candidates for public office? If "Yes," complete S					46		x
Part VI			<del></del>					
	All section 501(c)(3) organizations must	answer ques	tion	s 47-49b and 52, ar	nd complete the tal	bles fo	r line	es:
	50 and 51.	·			•			
	Check if the organization used Schedule	O to respond	to a	iny question in this l	Part VI		<u> </u>	$\Box$
47 D	and the organization engage in lobbying activities of	r have a sectio	n 50	)1(h) election in effec	t during the tax		Yes	No
γ, ο	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		
48 Is	s the organization a school as described in section	n 170(b)(1)(A)(ii	)? If	"Yes," complete Sche-	dule E	48		
49a D	old the organization make any transfers to an execution	mpt non-charita	ble r	elated organization?.		49a		<u> </u>
	"Yes," was the related organization a section 527					49b	<u>L</u>	<u> </u>
	complete this table for the organization's five high							id key
е	mployees) who each received more than \$100,00		ation			ter "No	ne."	
	(a) Name and title of each employee	(b) Average hours per wee devoted to posit	k ion	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	other co		
51 C	complete this table for the organization's five his 100,000 of compensation from the organization.  (a) Name and business address of each independent contraction.	If there is none	sated , ent	d independent contra er "None." (b) Type of service		npensati		than
				<del></del>				
		<del></del>		<del></del> _			_	
<b>-</b>								
			_		-			
d T	otal number of other independent contractors ea	ch receiving ov	er\$	100,000▶			-	
<b>52</b> D	Did the organization complete Schedule A? Note. A conexempt charitable trusts must attach a comple	All section 501(	c)(3)	organizations and 4	947(a)(1)	. □Ye	я [X	
Under pen	alties of perjury, I declare that I have examined this return, incli	iding accompanyin	g sch	edules and statements, and	to the best of my knowle			rt rs
true, correc	ct, and complete Declaration of preparer (other than officer) is be	ised on all informat	ion of	which preparer has any kn	owiedge.			
Sign	Signature of officer	2			11- Y	-14	<u>'</u>	
Here			_	·				
	Type or print name and title		5					
Paid		enuture	$\mathcal{I}$	Date ///	, Tellow [1]	TIN		
Prepare	parer							3
Use On		ES	_/	<u>'                                    </u>	Flim's EIN ▶ 93-10	4167	2	
	Firm's address PO BOX 1930 NEWPORT, OR 97365			<u> </u>	Phone no	CF. F	411	
May the	IRS discuss this return with the preparer shown a	boye? See inst	nicti	OUS.	541-2	X Ye		No
	Joseph Silver Comment					om 99		

## SCHEDULE O (Form 990 or 990-EZ)

ROTARY CLUB OF NEWPORT

## 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.

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013 Open to Public

OMB No 1545-0047

Open to Public Inspection

93-6031807

PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS PAID \$ 4,000 COLLEGE SCHOLARSHIPS ROTARY DISTRICT MATCHING GRANT 2,243 CONTRIBUTIONS TO LOCAL NON-PROFITS 1,970 \$ 8,213 TOTAL PART I, LINE 16 - OTHER EXPENSES DISTRICT & INTERNATIONAL DUES \$ 6,427 842 CONFERENCES/WORKSHOPS BOARD EXPENSE 1,058 1,476 CLUB SUPPLIES WEEKLY MEETINGS 23,299 2,489 ANNUAL BANQUET 195 DUES & FEES YOUTH EXCHANGE 4,759 INTERACT EXPENSE 163 1,100 RYLA EXPENSE PROJECTS \$42,461 TOTAL