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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)

OMB No 1545-1150

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- ▶ 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.

A For the 2013 calendar year, or tax year beginning **JULY 1**, 2013, and ending **JUNE 30**, 201**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**ROTARY CLUB OF NEWPORT**

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 235

City or town, state or province, country, and ZIP or foreign postal code

NEWPORT, OR 97365**D** Employer identification number**93-6031807****E** Telephone number**F** Group Exemption

Number ▶

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: ▶ **WWW.NEWPORTROTARYCLUB.ORG****J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) 4947(a)(1) or 527**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. ▶ \$**53,974****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	3,187	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	34,621	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	5,792	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	17	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	9,884		
6c	Less: direct expenses from gaming and fundraising events	6c	644		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,240		
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	473		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 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			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	163		
16	Other expenses (describe in Schedule O)	16	42,461		
17	Total expenses. Add lines 10 through 16	17	50,837		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

P13

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	70,147	22	74,542
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	17,934	24	23,293
25 Total assets	88,081	25	97,835
26 Total liabilities (describe in Schedule O)	18,486	26	25,747
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,595	27	72,088

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? PROMOTE GENERAL COMMUNITY WELFARE

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 CONTRIBUTIONS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS & MATCHING GRANT WITH ROTARY DISTRICT(Grants \$) If this amount includes foreign grants, check here ☐ **28a** 4,866**29 COLLEGE SCHOLARSHIPS PROVIDED**(Grants \$) If this amount includes foreign grants, check here ☐ **29a** 4,000**30 YOUTH EXCHANGE PROGRAM**(Grants \$) If this amount includes foreign grants, check here ☐ **30a** 4,106**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** 12,972**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
MARK MIRANDA PRESIDENT	2	0	0	0
JULIE HANRAHAN PRESIDENT-ELECT	2	0	0	0
TED SMITH VICE PRESIDENT	2	0	0	0
SUNNETTA CAPOVILLA SECRETARY	2	0	0	0
SIGNE GRIMSTAD TREASURER	2	0	0	0
BERNICE BARNETT PAST PRESIDENT	2	0	0	0
RICK LETHERER DIRECTOR	1	0	0	0
ANJI MITCHELL DIRECTOR	1	0	0	0
HOWARD ADAMS DIRECTOR	1	0	0	0
KATHY HEATER DIRECTOR	1	0	0	0

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		X
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)		X
35 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)?		X
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		
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		X
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		X
37 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?		X
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?		X
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		
40 a 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		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 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0		
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		X
41 List the states with which a copy of this return is filed ▶ NONE		
42 a The organization's books are in care of ▶ <u>SIGNE GRIMSTAD</u> Telephone no ▶ <u>541-265-5411</u> Located at ▶ <u>PO BOX 1930, NEWPORT OR</u> ZIP + 4 ▶ <u>97365</u>		
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.	Yes	No
42b		X
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: ▶		X
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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 Form 990-EZ (see instructions)		X
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

	Yes	No
46		X

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as 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?

b 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Form 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 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 <i>Julie A. Hamaker</i>	Date <i>11-4-14</i>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SIGNE GRIMSTAD	Preparer's signature <i>[Signature]</i>	Date <i>11/4/15</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01454253
	Firm's name ▶ GRIMSTAD & ASSOCIATES	Firm's EIN ▶ 93-1041672		Phone no 541-265-5411	
	Firm's address ▶ PO BOX 1930	NEWPORT, OR 97365			
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

93-6031807

PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS PAID

COLLEGE SCHOLARSHIPS \$ 4,000

ROTARY DISTRICT MATCHING GRANT 2,243

CONTRIBUTIONS TO LOCAL NON-PROFITS 1,970

TOTAL \$ 8,213

PART I, LINE 16 - OTHER EXPENSES

DISTRICT & INTERNATIONAL DUES \$ 6,427

CONFERENCES/WORKSHOPS 842

BOARD EXPENSE 1,058

CLUB SUPPLIES 1,476

WEEKLY MEETINGS 23,299

ANNUAL BANQUET 2,489

DUES & FEES 195

YOUTH EXCHANGE 4,759

INTERACT EXPENSE 163

RYLA EXPENSE 1,100

PROJECTS 653

TOTAL \$42,461

Name of the organization

Employer identification number

ROTARY CLUB OF NEWPORT

93-6031807

PART II, LINE 24 - OTHER ASSETS

	2013	2014
ACCOUNTS RECEIVABLE	\$17,934	\$23,293

PART II, LINE 26 - OTHER LIABILITIES

ACCOUNTS PAYABLE	\$ 8,287	\$ 7,657
AGENCY FUNDS	2,009	2,664
DEFERRED REVENUE	8,190	15,426
TOTAL	\$18,486	\$25,747