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A For the 2013 calendar year, or tax year beginning 07-01-2013 , and ending 06-30-2014			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROTARY INTERNATIONAL - MEDFORD ROTARY		D Employer identification number 13-4284828
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 811	Room/suite	E Telephone number (541) 779-1025
	City or town, state or province, country, and ZIP or foreign postal code MEDFORD, OR 97501		F Group Exemption Number 0573

G Accounting Method ☒ Cash ☐ Accrual Other (specify)

I Website:

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(4) ☐ 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 ▶ \$ 65,375

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	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	48,956
	4	Investment income	4	59
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	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	0
	c	Less direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	16,360	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65,375	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	
	16	Other expenses (describe in Schedule O)	16	63,611
	17	Total expenses. Add lines 10 through 16	17	63,611
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,764
	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	30,693
	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	21	32,457

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	30,693	22	32,457
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	463	24	
25 Total assets	31,156	25	32,457
26 Total liabilities (describe in Schedule O)	463	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,693	27	32,457

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 SUPPORT

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 YOUTH AND OTHER ROTARY/COMMUNITY PROJECTS (Grants \$) If this amount includes foreign grants, check here	28a	27,979
29 (Grants \$) If this amount includes foreign grants, check here	29a	
30 (Grants \$) If this amount includes foreign grants, check here	30a	
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	27,979

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
See Additional Data Table				

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	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
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 Jackie Schad Telephone no (541) 774-4338 Located at 3630 Aviation Way Medford, OR ZIP + 4 97501		
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 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	
		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
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	No

		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		

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 ☐

		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 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?		
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 title of each employee	(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	▶	
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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.	▶	
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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	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	2015-01-28 Date			
	KYLE CARTER TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BENJAMIN D BAGLEY CPA	Preparer's signature	Date 2015-02-07	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ WILLIAM R BAGLEY PC				Firm's EIN ▶
	Firm's address ▶ 1175 E Main Street Ste 2A Medford, OR 97504				Phone no (541) 779-6059
May the IRS discuss this return with the preparer shown above? See instructions					

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Data

Software ID:
Software Version:
EIN: 13-4284828
Name: ROTARY INTERNATIONAL - MEDFORD ROTARY

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
LARRY NICHOLSON PRESIDENT	0 00	0		
DAVID FIGURATE PRESIDENT ELECT	0 00	0		
MATT PATTEN PAST PRESIDENT	0 00	0		
MIKE JACOBSON VICE PRESIDENT	0 00	0		
RON MCUNE SECRETARY	0 00	0		
JACKIE SCHAD TREASURER	0 00	0		
MARC BAYLISS SERGEANT AT ARMS	0 00	0		

2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization ROTARY INTERNATIONAL - MEDFORD ROTARY	Employer identification number 13-4284828
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990 Schedule O, Supplemental Information

Return Reference	Explanation
PT I, LINE 4	INTEREST INCOME 59
PT I, LINE 8	MISCELLANEOUS INCOME 16,360
PT I, LINE 16	BADGES AND PIN EXPENSES 468
PT I, LINE 16	BANK FEES 444
PT I, LINE 16	CLERICAL ASSISTANCE 6,600
PT I, LINE 16	DISTRICT GIFTS 243
PT I, LINE 16	DUES PAID TO DISTRICT 5,420
PT I, LINE 16	DUES PAID TO RI 9,665
PT I, LINE 16	GUEST LUNCHESES 592
PT I, LINE 16	PRESIDENT ELECT EXPENSES 250
PT I, LINE 16	INSURANCE 252
PT I, LINE 16	INTERNET/WEBPAGE 1,394
PT I, LINE 16	MISCELLANEOUS 60
PT I, LINE 16	OFF SITE MEETING EXPENSE 1,500
PT I, LINE 16	POST OFFICE BOX 78
PT I, LINE 16	POSTAGE AND CLERICAL SUPPLIES 805
PT I, LINE 16	PRESIDENT ELECT TRAINING 903
PT I, LINE 16	RELAY EXPENSE 2,808
PT I, LINE 16	ROTARY YOUTH LEADERSHIP 1,650
PT I, LINE 16	RVCC - GUARANTEE 9,998

990 Schedule O, Supplemental Information

Return Reference	Explanation
PT I, LINE 16	RVCC - ROOM CHARGE 4,300
PT I, LINE 16	ROSTER PRINTING 294
PT I, LINE 16	ROTARY INTL CONVENTION 2,750
PT I, LINE 16	FOUR WAY SPEECH CONTEST 250
PT I, LINE 16	SOCIAL/FELLOWSHIP 536
PT I, LINE 16	WORLD COMMUNITY SERVICE 2,000
Form 990EZ, Part I, Line 8	MISCELLANEOUS INCOME 16360
Form 990EZ, Part I, Line 16	BADGES AND PIN EXPENSES 468 BANK FEES 444 CLERICAL ASSISTANCE 6600 DISTRICT GIFTS 243 DUES PAID TO DISTRICT 5420 DUES PAID TO RI 9665 GUEST LUNCHESES 592 PRESIDENT ELECT EXPENSES 250 INSURANCE 252 INTERNET/WEBPAGE 1394 MISCELLANEOUS 60 OFF SITE MEETING EXPENSE 1500 POST OFFICE BOX 78 POSTAGE AND CLERICAL SUPPLIES 805 PRESIDENT ELECT TRAINING 903 RELAY EXPENSE 2808 ROTARY YOUTH LEADERSHIP 1650 RVCC - GUARANTEE 9998 RVCC - ROOM CHARGE 4300 ROSTER PRINTING 294 ROTARY INTL CONVENTI
PT I, LINE 16	LOCAL PROJECTS 4,000
PT I, LINE 16	CLUB EXCHANGE STUDENT 1,650
PT I, LINE 16	GOLF TOURNAMENT EXPENSE 4,701
PT II, LINE 24	DESCRIPTION BEG OF YEAR END OF YEAR
PT II, LINE 24	PREPAID EXPENSES 463 0
PT II, LINE 24	OTHER DEPRECIABLE ASSETS 0 0
PT II, LINE 24	TOTAL TO FORM 990-EZ, LINE 24 463 0
PT II, LINE 26	DESCRIPTION BEG OF YEAR END OF YEAR
PT II, LINE 26	OTHER CURRENT LIABILITIES 463 0