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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public
Inspection**A For the 2013 calendar year, or tax year beginning 07-01-2013 , and ending 06-30-2014**

- B Check if applicable**
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- 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	E Room/suite (541) 779-1025
F City or town, state or province, country, and ZIP or foreign postal code MEDFORD, OR 97501	G 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:** ► WWW.DISTRICT5110.ORG/MEDFORD**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 ► \$ 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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1 0 2 0 3 48,956 4 59 5a 5b 0 5c 0 6a 0 6b 0 6c 0 6d 0 7a 7b 0 7c 0 8 16,360 9 65,375
Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 ►	10 11 12 13 14 15 16 63,611 17 63,611
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	18 1,764 19 30,693 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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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)?	42b	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 At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
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 ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
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

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		

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.**2013****Open to Public
Inspection**Name of the organization
ROTARY INTERNATIONAL - MEDFORD ROTARY

Employer identification number

13-4284828

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 LUNCHES 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 LUNCHES 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