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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.

OMB No 1545-1150

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 CLUB OF CHILLICOTHE FIRST CAPITAL OHIO93286

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

213 SOUTH PAINT STREET

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

CHILLICOTHE, OH 456013828

D

Employer identification number

31-1343330

E Telephone number

(740) 702-2600

F 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:

FIRSTCAPITALROTARY.COM

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

\$ 89,214

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
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	312,659
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5a
	b	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	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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)	6b75,655
Expenses	c	Less direct expenses from gaming and fundraising events	6c48,009
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d27,646
	7a	Gross sales of inventory, less returns and allowances	7a
	b	Less cost of goods sold	7b
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	8900
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	941,205
	10	Grants and similar amounts paid (list in Schedule O)	1021,514
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
Net Assets	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)	1623,763
	17	Total expenses. Add lines 10 through 16	1745,277
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18-4,072
	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)	1946,752
	20	Other changes in net assets or fund balances (explain in Schedule O)	20316
	21	Net assets or fund balances at end of year Combine lines 18 through 20	2142,996

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	46,752	22	42,996
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	46,752	25	42,996
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,752	27	42,996

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?
THE CLUB WAS FOUNDED TO PROVIDE SERVICE TO THE LOCAL COMMUNITY THROUGH SERVICES PROJECTS AND FUNDRAISING

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.

28THE CLUB GAINS PUBLIC RECOGNITION THROUGH ITS FUNDRAISERS AND CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS. CLUB MEETINGS HELP BRING EVERYONE TOGETHER. ACTIVITIES INCLUDE A 4 WAY SPEECH CONTEST, SUPPORT OF LOCAL NONPROFITS, FIRE SAFETY BROCHURES FOR SCHOOLS, EXCHANGE STUDENT AND KIDS CHRISTMAS PARTY FOR SPECIAL NEEDS STUDENTS.
(Grants \$ 0) If this amount includes foreign grants, check here

29
(Grants \$) If this amount includes foreign grants, check here

30
(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

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

28a

29a

30a

31a

32

0

0

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 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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 . . . ☐ 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	40e	No
41	List the states with which a copy of this return is filed ☐ OH		
42a	The organization's books are in care of ☐ THE ORGANIZATION Telephone no ☐ (740) 702-2600 Located at ☐ 213 SOUTH PAINT STREET CHILLICOTHE, OH ZIP + 4 ☐ 456013828		
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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	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	

		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		No

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	▶	☐ Yes ☐ 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	2015-01-26 Date			
	BEN VANHORN TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN R SAMS	Preparer's signature	Date 2015-01-26	Check ☐ if self-employed	PTIN P00529251
	Firm's name ▶ WHITED SEIGNEUR SAMS & RAHE CPAS LLP			Firm's EIN ▶ 31-0962125	
	Firm's address ▶ 213 SOUTH PAINT STREET CHILlicothe, OH 456013828			Phone no (740) 702-2600	
May the IRS discuss this return with the preparer shown above? See instructions					

	☒ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 31-1343330
Name: ROTARY CLUB OF CHILLICOTHE FIRST
CAPITAL OHIO93286

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
BEN VANHORN TREASURER	1 00	0	0	0
CINDY DRUMMOND SECRETARY	1 00	0	0	0
HEIDI ROBSON PAST PRESIDENT	1 00	0	0	0
CHRIS SCOTT PRESIDENT-ELECT	1 00	0	0	0
KRISTI DAVIES 17 BOARD MEMBER	1 00	0	0	0
JOE SHARP 16 BOARD MEMBER	1 00	0	0	0
SHAWN BOWER 15 BOARD MEMBER	1 00	0	0	0
DAVE HUGGINS 15 PRESIDENT	1 00	0	0	0
JOE UHRIG 16 BOARD MEMBER	1 00	0	0	0
DAVE PINKERTON 17 BOARD MEMBER	1 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization ROTARY CLUB OF CHILLICOTHE FIRST CAPITAL OHIO93286	Employer identification number 31-1343330
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>EASY RIDER RODEO</u>	<u>FIRST THURSDAY</u>	<u>1</u>	(add col (a) through	
			(event type)	EVENTS	(total number)	col (c))	
1	Gross receipts	. . .	26,480	27,799	19,517	73,796	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	26,480	27,799	19,517	73,796	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	.				
	8	Entertainment	. . .				
	9	Other direct expenses	.	19,516	12,472	14,338	46,326
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(46,326)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					27,470

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ROTARY CLUB OF CHILLCOTHE FIRST
CAPITAL OHIO93286

Employer identification number
31-1343330

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST AMOUNT 83 DESCRIPTION CLUB FELLOWSHIP AMOUNT 817 TOTAL TO FORM 990-EZ, LINE 8 900
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS PO BOX 71394 CHICAGO, IL 60694139 4 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 3,040
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY DISTRICT 6690 AFFILIATE ADDRESS PO BOX 359 MARIETTA, OH 457500359 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 1,057 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 4,097
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION LEADER IN ME GRANTEE NAME CHILLCOTHE EDUCATION FOUNDATION GRA NTEE ADDRESS 213 S PAINT ST CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF G IFT 02/27/14 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ROTARY FOUNDATION GRANTEE ADDRESS PO BOX 71394 CHICAGO, IL 60694 PROPERTY DESCRIPTION CHECK DATE OF GIFT 06/03/14 AMOUNT GIVEN 1,00 0
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ROSS COUNTY UNITED WAY GRANTEE ADDRESS 53 E SEC OND ST CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/15/14 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME THE ASSISTANCE HOUSE GRANTEE ADDRESS 11 W 5TH C HILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 01/13/14 AMOUNT GIVEN 5 00
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME JUNIOR ACHIEVEMENT GRANTEE ADDRESS 213 S PAINT ST CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 09/19/13 AMOUNT GIVE N 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FRIENDS OF LESOTHO INC GRANTEE ADDRESS 4110 DEN FELD AVE KENSINGTON, MD 20895 PROPERTY DESCRIPTION CHECK DATE OF GIFT 03/05/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ROSS COUNTY JR LIVESTOCK GRANTEE ADDRESS FAIRGR OUNDS ROAD CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 08/20/13 AMO UNT GIVEN 417
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ROSS CO COALTION DOMESTIC VIOLENCE GRANTEE ADDRE SS PO BOX 1727 CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 05/07/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CHILLCOTHE ART LEAGUE GRANTEE ADDRESS SECOND S T CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/17/14 AMOUNT GIVEN 450
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME PUMP HOUSE CENTER FOR THE ARTS GRANTEE ADDRESS PO BOX 1613 CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 10/24/13 AM OUNT GIVEN 1,350
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CHILLCOTHE & ROSS CO LIBRARY GRANTEE ADDRESS 1 40 S PAINT ST CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/15/14 AMOUNT GIVEN 150
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CHILLCOTHE CITY SCHOOLS GRANTEE ADDRESS 235 CH ERRY ST CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/24/14 AMOUNT GIVEN 700
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MISCELLANEOUS GRANTEE ADDRESS 213 S PAINT ST CH ILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT VARIOUS AMOUNT GIVEN 1,8 50
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CHILLCOTHE FIRE DEPT GRANTEE ADDRESS 54 E WATE R CHICAGO, OH 45601 DATE OF GIFT 04/15/14 AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CHILLCOTHE CIVIC THEATRE GRANTEE ADDRESS SECON D ST CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 05/07/14 AMOUNT GI VEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ADENA MANSION AND GARDENS GRANTEE ADDRESS 848 A DENA RD CHILLCOTHE, OH 45601 PROPERTY DESCRIPTION CHECK DATE OF GIFT 06/05/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME AMERICAN CANCER SOCIETY GRANTEE ADDRESS PO BOX 22718 OKLAHOMA CITY, OK 73123-1718 PROPERTY DESCRIPTION CHECK DATE OF GIFT 06/05/14 A MOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 17,417

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION CORRECTION FROM PRIOR YEAR AMOUNT 316

**TY 2013 Transfers Personal Benefits
Contracts Declaration**

Name: ROTARY CLUB OF CHILLCOTHE FIRST
CAPITAL OHIO93286

EIN: 31-1343330

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.