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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)

▶ 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*.

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7-1, 2013, and ending 6-30, 2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PORTSMOUTH OHIO ROTARY CLUB

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
PO BX 317

City or town, state or province, country, and ZIP or foreign postal code
PORTSMOUTH, OH 45662

D Employer identification number
31-6038791

E Telephone number
740-574-4745

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:** ▶

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 . . . . . ▶ $ 85587

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	18300
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	32704
	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)	6b	34583	
	c	Less: direct expenses from gaming and fundraising events	6c	17796	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	16787
	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)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	67791
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	13582
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	2294
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	208
	16	Other expenses (describe in Schedule O)		16	26045
	17	**Total expenses.** Add lines 10 through 16		17	42129
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	25662
	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	47647
	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	73309

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	48201	22	74208
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	48201	25	74208
26	**Total liabilities** (describe in Schedule O)	-554	26	-899
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	47647	27	73309

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 . . ☑

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

What is the organization's primary exempt purpose? COMMUNITY SERVICE

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 SEE ATTACHED LIST

(Grants $) If this amount includes foreign grants, check here . . ▶ ☐ 28a

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

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 ATTACHED LIST				
TIMOTHY WORNER				
SEC/TREAS	5	2020.00	-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	33		✔
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		✔
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		✔
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		✔
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		✔
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		✔
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		✔
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		✔
41	List the states with which a copy of this return is filed ▶ OHIO			
42a	The organization's books are in care of ▶ TIMOTHY HORNER Telephone no. ▶ 7405744745			
	Located at ▶ 536 BULWER ST WHEELERSBURG, OH ZIP + 4 ▶ 45694			
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		✔
	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		✔
	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 ▶ ☐ 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		✔
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		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
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		✔
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	46	✔

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	47		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
b	If "Yes," was the related organization a section 527 organization?	49b		

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 . . . . ▶ _____

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 SEC/TREAS Date 8-11-14

▶ TIMOTHY HORNER SEC/TREAS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ **Yes** ☐ **No**

990EZ 2013 Schedule O Portsmouth, Ohio Rotary Club 31-6038791

Line 16 Meals, Rotary District and International Dues, Officer Install and Christmas (Social) expenses,Web page fees,Awards and Presentations, Board meeting expenses

Line 19 22A· This is off by $325 (rom last yrs return) I think it is from payments received from a prev yr and applied to this year. I could not find this difference any where else.

Line 26. Prepaid dues

Part III Schedule O

PORTSMOUTH OHIO ROTARY CLUB
GRANTS AND CONTRIBUTIONS DETAILS 2013-14

31-6038791

SHAWNEE STATE UNIVERSITY: SCHOLARSHIP (6)	1018
GIRL SCOUTS OF AMERICA: DONATION FOR PROGRAMS	500
SO OHIO PERFORMING ARTS: DONATION TO HELP OFFSET PERFORMANCE EXPENSES	1000
SO CENTRAL EDUCATIONAL SERVICE CENTER: DONATION TO HELP WITH THE COST OF VARIOUS EDUCATIONAL PROJECTS (75 STUDENTS)	4000
HUNTER HOPE FUND DONATION	1000
SALVATION ARMY: DONATION	1000
DICTIONARY PROJECT: COST OF DICTIONARIES FOR EVERY 6TH GRADER IN SCIOTO COUNTY (1400 STUDENTS)	2064
PORTSMOUTH PUBLIC LIBRARY: SUMMER READING PROGRAM (300 KIDS)	1500
PORTSMOUTH AREA ARTS COUNCIL: DONATION TO ALLOW CHILDREN TO ATTEND PERFORMANCES (100 CHILDREN)	500
TOTALS	13582

PORTSMOUTH OHIO ROTARY Schedule O Part IV 316038791

PORTSMOUTH OHIO ROTARY OFFICERS AND BOARD OF DIRECTORS
2012-13

DAVE STONE PRESIDENT
1010 COLES BLVD
PORTSMOUTH, OH 45662

REBECCA BENNETT PRES ELECT
626 7TH ST
PORTSMOUTH, OH 45662

TIM HORNER SEC/ TREAS
59 VIRGINIA DR
WHEELERSBURG, OH 45694

TESS MIDKIFF
314 COUNTRY CLUB DR
MCDERMOTT, OH 45652

ROBBIE SEAMAN
PO BX 3
MCDERMOTT, OH 45652

ERIC MCLAUGHLIN
2141 GRANDVIEW
PORTSMOUTH, OH 45662

JOHN PROSE
1610 28TH ST
PORTSMOUTH, OH 45662

FRED GOHMANN
1502 5TH ST
POTSMOUTH, OH 45662

MARK FERREIRA
3321 SENECA
PORTSMOUTH, OH 45662

JAMES BUSSA
1025 ROBINSON AVE
PORTSMOUTH, OH 45662

JAY WILLIS
3107 MICHIGAN AVE
PORTSMOUTH ,OH 45662

LINDA JONES
1220 GALLIA ST
PORTSMOUTH OH 45662