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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.**A** For the 2013 calendar year, or tax year beginning **July 1**, 2013, and ending **June 30**, 2014**B** Check if applicable:

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

C Name of organization**Xenia Rotary Club**

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

Room/suite

c/o John LeBlanc 251 North Main Street

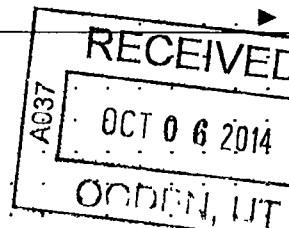
City or town, state or province, country, and ZIP or foreign postal code

Cedarville, OH 45314**D** Employer identification number**31-6079302****E** Telephone number**937-766-4970****F** Group Exemption Number ▶**0573****G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **www.xeniarotary.com****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 **Civic League****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

▶ \$ **100,643.35****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		3	78,772.80
	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	21,868.46		
c	Less: direct expenses from gaming and fundraising events	6c	7,662.87		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,205.59		
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	2.09		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,980.48		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	44,754.36	
	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	32,670.00	
	14	Occupancy, rent, utilities, and maintenance	14	1,963.80	
	15	Printing, publications, postage, and shipping	15	322.00	
	16	Other expenses (describe in Schedule O)	16	17,896.41	
	17	Total expenses. Add lines 10 through 16	17	97,606.57	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,626.09)	
	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	27,619.33	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(1,086.26)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,906.98	



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)

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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	27,619.33	22 21,906.98
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	27,619.33	25 21,906.98
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)	27,619.33	27 21,906.98

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? **See Schedule O**

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 Donations to Local Organizations		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	41,488.16
29 Exchange Student Support		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	2,266.20
30 High School Speech Contest		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	1,000.00
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	44,754.36

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
Brett Ellis President	2	0	0	0
Robyn Caupp Vice President/President Elect	2	0	0	0
Brian Stephan Director, Communication and Public Relations	2	0	0	0
Neil Fogarty Director, Service Projects and Fundraising	2	0	0	0
Tony Sculimbrene Director, Membership	2	0	0	0
Sarah Amend Director, Youth Exchange	2	0	0	0
Greg Hebrank Director, Giving, Past President	2	0	0	0
John LeBlanc Treasurer	2	0	0	0
Dave Bartlett Asst Treasurer	2	0	0	0
Diane Dixon Secretary	2	0	0	0
Steve Brodsky Asst Secretary	2	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	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 0.00		
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 N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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 ▶ 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	✓
41 List the states with which a copy of this return is filed ▶ Ohio		
42a The organization's books are in care of ▶ John Leblanc Telephone no. ▶ 937-766-4790 Located at ▶ 251 North Main Street, Cedarville, OH ZIP + 4 ▶ 45314		
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	✓
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	✓
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 N/A		
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	✓

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		☒

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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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"

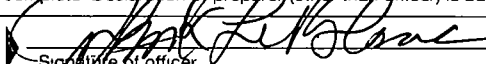
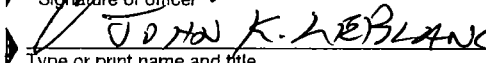
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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**  **Date** 12-1-2013
Type or print name and title DONALD K. LEBLANC TREASURER

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

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.

		(a) Event #1 Pancake Day (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events Christmas Auction (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,618.46	8,450.00	9,800.00	21,868.46
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	3,618.46	8,450.00	9,800.00	21,868.46
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,114.87	3,548.00	0.00	7,662.87
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				7,662.87
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				14,205.59

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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: _____

- | | | |
|-----------|---|--|
| 11 | 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 to be 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).

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 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**

Name of the organization

Xenia Rotary Club

Employer identification number

31-6079302

Part I, Line 8 Other Revenue (Interest on Savings Account) \$2.09

Part I, Line 10 Grants, Dontations, and Scholarships - See Attached List for details \$44,754.36

Part I, Line 13 Professional Fees/Indepenent Contractors (includes Accounting Asst, Meal Service Provider, and Pianist) \$32,670.00

Part I, Line 16 Other Expenses \$17,876.41

Bank Fees \$50.00

Club Runner Communications \$479.40

Insurance \$202.00

Memberships \$110.00

Misc Meeting Expenses \$6,806.77

Rotaract Expenses \$882.25

Rotary Annual District Dues \$7,056.80

Supplies \$1,634.84

Travel Expenses \$674.35

Part I, Line 20 Other changes in net assets or fund balances

An adjustment to net assets was necessary to correct messed up books prior to January 2013. The current bookkeeper converted records to Quickbooks in July 2013 and this should be the final adjustment needed to balance the books.

Part III Primary Exempt Purpose

Xenia Rotary Club is organized as a civic league operated exclusively for the promotion of social welfare in Xenia, Ohio, and surrounding localities. Xenia Rotary Club's net earnings are devoted exclusively to charitable, educational, or recreational purposes.

A list of Xenia Rotary Club charitable giving is attached.

Part V Information regarding personal benefit contracts: 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.

Donations	Type	Date	Num	Name	Memo	Clr	Amount	Balance
Christmas								
	Check	11/25/2013	2483	Cash - Miscellaneous		Christmas Gifts for Children	6,000.00	6,000.00
	Check	12/03/2013	2489	Cash - Miscellaneous		Children's Gifts - Christmas	600.00	6,600.00
	Check	12/17/2013	2496	Cash - Miscellaneous		Christmas Gifts and Marilyn's workers	600.00	7,200.00
	Deposit	12/31/2013				Davis - Check # 2681	-150.00	7,050.00
	Check	01/14/2014	2508	Dixon, Diane		Reimburse Christmas Gift expenses	300.00	7,350.00
	Deposit	01/15/2014				Bayless Christmas Donation	-25.00	7,325.00
	Check	01/21/2014	2510	Kristie Boyer		Christmas Gifts - Kids	561.85	7,886.85
	Deposit	01/24/2014				Christmas Donation from Montgomery Insurance -	-161.85	7,725.00
Total Christmas							7,725.00	7,725.00
First Friday								
	Check	04/22/2014	2579	Green Gwing		First Friday - Registration	80.00	80.00
	Check	04/22/2014	2580	Amend, Sarah		First Friday Wrist Bands	619.74	699.74
	Check	04/22/2014	2581	Busy Bouncing LLC		Blow-ups for First Friday	1,200.00	1,899.74
Total First Friday							1,899.74	1,899.74
Shoes Donations								
	Check	03/25/2014	2553	Cash - Miscellaneous		Shoe Pledge from members	615.00	615.00
Total Shoes Donations							615.00	615.00
Stove Fund								
	Check	11/12/2013	2473	Xenia YMCA		Stove Fund	990.00	990.00
Total Stove Fund							990.00	990.00
Donations - Other								
	Check	07/23/2013	2401	Amend, Sarah		1st Friday Entertainment Donation	1,100.00	1,100.00
	Check	08/13/2013	2414	Xenia Adult Recreation and Service Center		Meals on Wheels Donation	3,000.00	4,100.00
	Check	09/17/2013	2442	United Producers, Inc Greene County Fair		Greene County Fair Donation	975.00	5,075.00
	Check	10/01/2013	2450	Christ Episcopal Church		Shirley Ellis Memorial Gift	225.00	5,300.00
	Check	10/08/2013	2455	Green Gwing		Donation for Disc Golf Course in Park	5,000.00	10,300.00
	Check	11/05/2013	2471	WGC Golf Course		Turkey Shoot Donation	130.00	10,430.00
	Check	11/12/2013	2474	Green Gwing		Xenia 4 Moore Disaster	2,000.00	12,430.00
	Check	11/12/2013	2475	Green Gwing		Disc Golf Project	1,900.00	14,330.00
	Check	01/21/2014	2511	Xenia YMCA		Strong Kids 13	2,000.00	16,330.00

Donations

Type	Date	Num	Name	Memo	Clr	Amount	Balance
Check	01/28/2014	2520	Davis, Denise	District Gift Donation		140 47	16,470 47
Check	01/28/2014	2521	Dixon, Diane	District Gift conference		33 50	16,503 97
Check	03/18/2014	2549	Xenia Hardball Club	Donation		150 00	16,653 97
Check	04/08/2014	2567	YRC	Youth Baseball Donaton		225 00	16,878 97
Check	04/08/2014	2568	Xenia Area Association of Churches	Egg Extravaganza Donation		250 00	17,128 97
Check	04/08/2014	2569	Hands Together	Haiti Project Donation		2,500 00	19,628 97
Check	05/06/2014	2590	Lymphoma Leukemia Society	Donation		500 00	20,128 97
Check	05/13/2014	2592	IHN	Donation - Homeless		500 00	20,628 97
Check	05/13/2014	2594	Xenia Area Chamber of Commerce	Hole Sponsor		250 00	20,878 97
Check	05/20/2014	2598	UC Gardner Family Center	Parkinson's Fund - Donation in John Meyer's honor		150 00	21,028 97
Check	05/20/2014	2602	Toward Independence	Donation		250 00	21,278 97
Check	05/20/2014	2603	Renaissance Club - Xenia High School	Donation		2,000 00	23,278 97
Check	05/20/2014	2606	Green Giving	Prayer Breakfast Donation		160 00	23,438 97
Check	05/21/2014	2607	Shawnee Elementary PTO	Donation		500 00	23,938 97
Check	05/21/2014	2608	McKinley Elementary PTO	Field Day Donation		500 00	24,438 97
Check	05/21/2014	2609	Techumseh Elementary PTO	Field Day Donation		500 00	24,938 97
Check	05/21/2014	2610	Arrowhead Elementary PTO	Field Day Donation		500 00	25,438 97
Check	05/21/2014	2611	Cox Elementary PTO	Field Day Donation		500 00	25,938 97
Check	06/17/2014	2623	Xenia Soccer Club	Donation		220 00	26,158 97
Total Donations - Other						26,168.97	26,168.97
Xenia Rotary Foundation							
Check	08/06/2013	2409	Xenia Rotary Foundation	4th Quarter Donation		1,083 00	1,083 00
Check	11/26/2013	2486	Green Giving	Rotary Foundation		1,818 78	1,818 78
Check	04/22/2014	2577	Xenia Rotary Foundation	3rd Quarter Donation		1,197 67	1,197 67
						4,099.45	4,099.45
Total Donations to Local Organizations						41,488.16	41,488.16

Type	Date	Num	Name	Memo	Amount	Balance
Foreign Exchange Students						
Check	08/20/2013	2419	Hinako Imamura	Monthly Stipend	160.00	160.00
Check	08/27/2013	2425	Screen Play Printing	Exchange Student Handbooks	95.20	255.20
Check	09/03/2013	2432	Xenia High School		125.00	380.20
Check	09/03/2013	2434	Hinako Imamura	Misc Expenses	160.00	540.20
Check	10/29/2013	2466	Hinako Imamura	2 Months support - Oct and November - Exchange Student	320.00	860.20
Check	12/05/2013	2491	Rotary Youth Exchange Committee		26.00	886.20
Check	12/17/2013	2502	Hinako Imamura	Exchange Student	160.00	1,046.20
Check	01/14/2014	2506	Hinako Imamura	Exchange Student Stipend	160.00	1,206.20
Check	02/04/2014	2523	Hinako Imamura	Exchange Student Stipend	160.00	1,366.20
Check	03/04/2014	2540	Hinako Imamura		160.00	1,526.20
Check	04/01/2014	2559	Hinako Imamura	Exchange Student	160.00	1,686.20
Check	04/22/2014	2575	Hinako Imamura	Prom Dress	100.00	1,786.20
Check	05/13/2014	2595	Hinako Imamura	Exchange Student	160.00	1,946.20
Total Foreign Exchange Students					1,946.20	\$ 1,946.20
Rotary Youth Exchange Program						
Check	02/25/2014	2538	Rotary Youth Exchange Program	Student Camp - 2 students	320.00	\$ 320.00
Total Rotary Youth Exchange Program					320.00	\$ 320.00
Speech Contest						
Check	03/11/2014	2542	Joshua Brooks	Rotary Speech Contest - 1st Runner Up	300.00	300.00
Check	03/11/2014	2543	Caroline Clauson	Speech Contest - 2nd Runner-up	200.00	500.00
Check	03/11/2014	2544	Naomi Resner	Speech Contest 3rd Runner-up	100.00	600.00
Check	03/11/2014	2545	Brooke anderson	Speech Contest - Winner	400.00	1,000.00
Total Speech Contest					1,000.00	\$ 1,000.00
						High School Speech Contest
					1,000.00	
Total Grants and Scholarships (Exchange Student Support and High School Speech Contest)					3,266.20	3,266.20