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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 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

Department of the Treasury Internal Revenue Service

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 LAS CRUCES CLUB
Number and street (or P O box, if mail is not delivered to street address) Room/suite: P O BOX 2707
City or town, state or province, country, and ZIP or foreign postal code: LAS CRUCES, NM 88004

D Employer identification number

85-6011489

E Telephone number

(575) 647-0864

F Group Exemption Number: 0573

G Accounting Method: [] Cash [x] Accrual Other (specify) _____

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: NONE

J Tax-exempt status (check only one): [] 501(c)(3) [x] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [x] 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. \$ 80,371

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 [x]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 23,275, 34, 57,062, 80,371, 7,327, 7,099, 484, 76, 65,052, 80,038, 333, 123,191, 123,524.

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	46,332	22	41,621
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	84,188	24	85,567
25 Total assets	130,520	25	127,188
26 Total liabilities (describe in Schedule O)	7,329	26	3,664
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,191	27	123,524

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?
 SERVICE CLUB TO PROVIDE GRANTS AND SCHOLARSHIPS TO ENCOURAGE AND FOSTER HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS AND THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING

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 ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	70,789
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	70,789

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

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
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
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JORDAN CONSULTANTS INC Telephone no (575) 647-0864 Located at 8650 TALAVERA LAS CRUCES, NM ZIP + 4 88011
42b 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
42c 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
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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 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 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 "

Table with 5 columns: (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 "

Table with 3 columns: (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 ANA MANGINO PRESIDENT Date 2014-12-18

Paid Preparer Use Only Print/Type preparer's name KEN SHAW CPA Preparer's signature Date 2015-01-16 Check if self-employed PTIN P01396116 Firm's name KRIEGEL GRAY SHAW & CO PC Firm's EIN 85-0257257 Firm's address PO BOX 2707 LAS CRUCES, NM 88004 Phone no (575) 523-7444

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data**Software ID:****Software Version:****EIN:** 85-6011489**Name:** ROTARY INTERNATIONAL
LAS CRUCES CLUB**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
ANA MANGINO PRESIDENT	2 00	0		
PAULINA SALOPEK TREASURER	000 00	0		
WILLIAM HARTY PRESIDENT EL	2 00	0		
CHRISTOPHER DULANY SECRETARY	2 00	0		
WANDA MATTIACE DIRECTOR	2 00	0		
ALEX KEATTS ASSIST SEC/T	2 00	0		
BLAINE GOSS DIRECTOR	2 00	0		
CORNELL MENKING DIRECTOR	2 00	0		
JODIE BRDECKO DIRECTOR	2 00	0		
SHERRY FRANZOY DIRECTOR	2 00	0		
MICHELE MURPHY DIRECTOR	2 00	0		
KEN VAN WINKLE DIRECTOR	2 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
LAS CRUCES CLUB

Employer identification number

85-6011489

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MEALS 55,636 FINES/CLUB PROJECT 3,963 GUEST MEALS 2,730 MISC 720 RAFFLE 454 MEAL CREDITS -6,441 TOTAL 57,062
FORM 990-EZ, PART I, LINE 10	DUES - DISTRICT DUES 2,118 DUES - RI DUES 4,231 DUES - MAGAZINE DUES 978
FORM 990-EZ, PART I, LINE 16	EXPENSES INSURANCE 264 BONDING 287 BANK FEES 56 CLUB PROJECT 4,417 FOUR WAY TEST COMMITTEE 175 INTERNATIONAL SERVICE 350 MEAL COSTS 41,208 MEMBER SUPPLIES 547 MEMBERSHIP DEVELOPMEN T 44 MISC 720 PAUL HARRIS AWARDS COMM 6,333 PIANO RESERVE FUND 147 PIANO SCHOLARSHIP 1,575 RECEIVABLE WRITE-OFF 412 RYLA COMMITTEE 4,500 SCHOLARSHIPS 2,500 SECRETARY SUPPLIES 24 SP OKES & COGS 1,441 TRAVEL & CONFERENCES 52 TOTAL 65,052
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 7,754 9,133 EQUIPMENT 1,928 1,928 LESS ACCUMULATED DEPRECIATION 1,928 1,928 ALEC HOOD FUND 76,434 76,434 TOTAL 84,188 85,567
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 7,329 3,664
FORM 990-EZ, PART III	SERVICE CLUB TO PROVIDE GRANTS AND SCHOLARSHIPS TO ENCOURAGE AND FOSTER HIGH ETHICAL STAND ARDS IN BUSINESS AND PROFESSIONS AND THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING

TY 2013 Compensation Explanation

Name: ROTARY INTERNATIONAL
 LAS CRUCES CLUB

EIN: 85-6011489

Person Name	Explanation
ANA MANGINO	
PAULINA SALOPEK	
WILLIAM HARTY	
CHRISTOPHER DULANY	
WANDA MATTIACE	
ALEX KEATTS	
BLAINE GOSS	
CORNELL MENKING	
JODIE BRDECKO	
SHERRY FRANZOY	
MICHELE MURPHY	
KEN VAN WINKLE	