



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490




**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](http://www.irs.gov/form990).

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

<b>B</b> Check if applicable	<b>C</b> Name of organization ROTARY CLUB OF CORVALLIS AFTER 5		<b>D</b> Employer identification number 87-0751882
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change			<b>E</b> Telephone number
<input type="checkbox"/> Initial return			(541) 753-6825
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			<b>F</b> Group Exemption
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code CORVALLIS, OR 97339		Number 

**G Accounting Method** ☒ Cash ☐ Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ <http://rotarycorvallisafterfive.org>

**J Tax-exempt status** (check only one) ☐ 501(c)(3) ☒ 501(c)( 4) (insert no ) ☐ 4947(a)(1) or ☐ 527

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

**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 ▶ \$ 119,140

**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	5,891	
	4	Investment income . . . . .		4	12	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a			
	b	Less cost or other basis and sales expenses . . . . .	5b	0		
	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
c	Less direct expenses from gaming and fundraising events . . . . .	6c	60,242			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .		6d	52,575		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a				
b	Less cost of goods sold . . . . .	7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		7c			
8	Other revenue (describe in Schedule O) . . . . .		8	420		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .		9	58,898		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .		10	62,867	
	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	1,200	
	14	Occupancy, rent, utilities, and maintenance . . . . .		14		
	15	Printing, publications, postage, and shipping . . . . .		15	29	
	16	Other expenses (describe in Schedule O) . . . . .		16	7,557	
	17	Total expenses. Add lines 10 through 16 . . . . .		17	71,653	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	-12,755	
	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	71,656	
	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	58,901	

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	71,127	22	58,554
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	529	24	347
25 Total assets	71,656	25	58,901
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	71,656	27	58,901

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?

CIVIC LEAGUE BENEFITING SOCIAL ORGANIZATIONS

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 SUPPORT ROTARY INTERNATIONAL FOUNDATION,POLIO PLUS FUND (Grants \$ ) If this amount includes foreign grants, check here	28a	500
29 SUPPORT LOCAL CHARITIES (Grants \$ ) If this amount includes foreign grants, check here	29a	62,367
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 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	No
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		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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 BOB HAZELTON Telephone no (541) 753-6825 Located at 1425 NW 23RD STREET CORVALLIS, OR ZIP + 4 97330		
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? 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	No
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

		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
NONE				

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
NONE		

d	Total number of other independent contractors each receiving over \$100,000. . . . .	
---	--	--

52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		2014-12-23 Date		
	VANESSA WINN President Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOY E RAGSDALE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00263751
	Firm's name <input checked="" type="checkbox"/> Ingle Associates LLC			Firm's EIN <input checked="" type="checkbox"/>	
	Firm's address <input checked="" type="checkbox"/> 2015 NW Grant Avenue Corvallis, OR 97330			Phone no (541) 754-0112	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

**Additional Data**

**Software ID:** 13000170  
**Software Version:** 2013v3.1  
**EIN:** 87-0751882  
**Name:** ROTARY CLUB OF CORVALLIS AFTER 5

**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
KELLY GALLAGHER Director	2 00	0		
RUSS BORN PAST PRESIDENT	2 00	0		
ROBERT HAZLETON Treasurer	2 00	0		
VANESSA WINN President	2 00	0		
VIRGINIA CZARNECKI PRESIDENT ELECT	2 00	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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
ROTARY CLUB OF CORVALLIS AFTER 5

Employer identification number  
87-0751882

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CORVALLIS HALF MARATHON (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	112,817		112,817
	2	Less Contributions . .			
	3	Gross income (line 1 minus line 2) . . . .	112,817		112,817
Direct Expenses	4	Cash prizes . . . .	2,500		2,500
	5	Noncash prizes . .			
	6	Rent/facility costs . .	2,704		2,704
	7	Food and beverages .	3,832		3,832
	8	Entertainment . . . .			
	9	Other direct expenses .	51,206		51,206
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			
					(60,242)
					52,575

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 . . . .			
	2	Cash prizes . . . .			
Direct Expenses	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

<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**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
------------------	-------------

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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization ROTARY CLUB OF CORVALLIS AFTER 5	Employer identification number 87-0751882
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	MISCELLANEOUS \$420
Grants and Similar Amounts Paid In Excess of \$5,000 6	Class of Activity SUPPORT LOCAL FOOD BANK   Donee's Name LINN BENTON FOOD SHARE   Donee's Address 545 SW 2ND STREET CORVALLIS, OR 97333   Relationship of Donee NONE   Cash Amount Given \$6096
Grants and Similar Amounts Paid In Excess of \$5,000 7	Class of Activity BENEFIT LOCAL CHARITIES   Donee's Name VARIOUS ORGANIZATIONS UNDER \$5,000   Cash Amount Given \$27292
Grants and Similar Amounts Paid In Excess of \$5,000 9	Class of Activity DOMESTIC VIOLENCE PREVENT   Donee's Name CARDVA   Donee's Address 220 8 SW 3rd St CORVALLIS, OR 97333   Relationship of Donee NONE   Cash Amount Given \$6096
Grants and Similar Amounts Paid In Excess of \$5,000 11	Class of Activity COMMUNITY FOUNDATION   Donee's Name BENTON COMMUNITY FOUNDATION CORVAL LIS, OR 97330   Relationship of Donee NONE   Cash Amount Given \$17287
Grants and Similar Amounts Paid In Excess of \$5,000 12	Donee's Name OREGON HEMOPHILIA FOUNDATION   Donee's Address 456 SW MONROE AVE #102 COR VALLIS, OR 97330   Relationship of Donee NONE   Cash Amount Given \$6096
Other Expenses 1002	Office Expenses \$327
Other Expenses 1007	Conferences, Conventions, and Meetings \$941
Other Expenses 1009	Depreciation \$182
Other Expenses 1	Member Meals \$2386
Other Expenses 2	DUES \$2079
Other Expenses 3	STORAGE \$810
Other Expenses 4	Social \$389
Other Expenses 5	District Governor Visit \$211
Other Expenses 6	BANK CHARGES \$90
Other Expenses 7	Parking \$77
Other Expenses 8	Corporate Fee \$50
Other Expenses 10	Telecommunications \$15
Other Assets 1003	Machinery and Equipment - Beginning \$529 Machinery and Equipment - Ending \$347