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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 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

A For the 2013 calendar year, or tax year beginning 07/01/13 , and ending 06/30/14

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

C Name of organization
ROTARY INTERNATIONAL MURRAY ROTARY
C/O DUANE KARREN

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
4768 S ICHABOD ST

City or town, state or province, country, and ZIP or foreign postal code
SALT LAKE CITY UT 84117

D Employer identification number
87-6124148

E Telephone number
801-274-8233

F Group Exemption Number ▶

G Accounting Method: [ ] Cash [X] Accrual Other (specify) ▶

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

I Website: ▶ HTTP://MURRAYROTARY.CLUBEXPRESS.COM/

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 ▶ $ 69,425

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]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,613
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments SEE STATEMENT	3	50,157
	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		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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	10,655
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	69,425
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	72,575
	17	Total expenses. Add lines 10 through 16 ▶	17	72,575
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,150
	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	52,258
	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	49,108

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For Paperwork Reduction Act Notice, see the separate instructions. 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 [X]

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	37,701	22	37,264
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	17,895	24	19,431
25 Total assets	55,596	25	56,695
26 Total liabilities (describe in Schedule O)	3,338	26	7,587
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,258	27	49,108

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?

VOCATIONAL, COMMUNITY, INTERNATIONAL 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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30 SCHEDULE ATTACHED (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	39,385
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	39,385

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
SCHEDULE ATTACHED	0.00	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		X
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		X
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		X
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		X
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		X
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		X
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		X
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		X
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		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ DUANE KARREN Telephone no. ▶ 801-274-8233			
	Located at ▶ 4768 S ICHABOD ST SALT LAKE CITY UT ZIP + 4 ▶ 84117			
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		X
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		X
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		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		X
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		X

			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		X

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: Ron Jensen – Pres	Date: Feb. 9, 2015
	Type or print name and title: RON JENSEN PRES	

Paid Preparer Use Only	Print/Type preparer's name: DO NOT CORRESPOND FOR SIGNATURE	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶ THIS TAX RETURN		Firm's EIN ▶	
	Firm's address ▶ PREPARED BY A NON-PAID PREPARER.		Phone no	

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2013 Open to Public Inspection

Name of the organization	Employer identification number
ROTARY INTERNATIONAL MURRAY ROTARY C/O DUANE KARREN	87-6124148

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
BIKES FOR KIDS FUNDRAISER	$ 9,000
SCRAP METAL SALES FUNDRAISER	$ 898
REFUND FROM WEBSITE MANAGER	$ 757
TOTAL	$ 10,655

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
PROG SERV - SCHEDULE ATTA	$ 39,385
OTHER EXP - SCHEDULE ATTA	$ 33,190
TOTAL	$ 72,575

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	$ 17,895	$ 19,431
TOTAL	$ 17,895	$ 19,431

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 3,338	$ 7,587

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBER DUES & INITIATION FEES	$ 6,880
MEMBER CONTRIBUTIONS	6,468
MEMBER WEEKLY LUNCHES	30,404
MEMBER SOCIAL EVENTS	6,405
TOTAL	$ 50,157

ROTARY INTERNATIONAL MURRAY 87-6124148 YEAR ENDED 06/30/14

STATEMENT 2 - SCHEDULE OF OTHER EXPENSES – LINE 16 – PAGE 1

ROTARY PROGRAM SERVICE ACCOMPLISHMENT EXPENDITURES; LINE 32 – PAGE 2

CLUB SERVICE - TRAINING BY ROTARY INTERNATIONAL FOR INCOMING MURRAY ROTARY CLUB OFFICERS; SIGN TO POST MEETING PLACE FOR MURRAY ROTARY CLUB	760
COMMUNITY SERVICE - PRIMARILY BENEFITED THE MURRAY BOYS & GIRLS CLUB; SALT LAKE DONATED DENTAL SERVICE: MURRAY UTAH CITY GOVERNMENT BY PROVIDING FRISBEES FOR 4TH OF JULY PARADE & ROTARY DISTRICT 5440 IN WESTERN COLORADO BY PROVIDING FLOOD DISASTER RELIEF	4,871
YOUTH SERVICE - PRIMARILY BENEFITED; ROTARY INTERNATIONAL YOUTH EXCHANGE STUDENTS FROM OTHER COUNTRIES ATTENDING HIGH SCHOOL IN UTAH; INTERACT, A HIGH SCHOOL SERVICE CLUB SPONSORED BY THE MURRAY ROTARY CLUB; ROTARACT, A COLLEGE SERVICE CLUB SPONSORED BY THE MURRAY ROTARY CLUB; ROTARY YOUTH LEADERSHIP ASSOCIATION WHICH IS A ROTARY SPONSORED LEADERSHIP TRAINING CAMP FOR HIGH SCHOOL STUDENTS	2,561
VOCATIONAL SERVICE - PRIMARILY BENEFITED; THE TOP 10 ACADEMIC GRADUATES OF MURRAY HIGH SCHOOL BY HONORING THEM AT A "SCHOLASTIC BANQUET" AND PRESENTATION OF AN AWARD TO AN OUTSTANDING ALUMNUS OF MURRAY HIGH SCHOOL	1,700
INTERNATIONAL SERVICE - PRIMARILY BENEFITED; THE MUNICIPALITY OF MAZATLAN, MEXICO BY PROVIDING THEM, IN CONJUNCTION WITH THE ROTARY CLUB OF MAZATLAN, A WATER PURIFCATION SYSTEM, HOSPITAL TYPE BEDS WITH LINENS, A REFRIGERATOR, A FREEZER FOR A HOME FOR INDIGENT (STREET) PEOPLE AND A STOVE FOR A BOY'S ORPHANAGE; PARTICIPATE WITH THE ROTARY CLUB OF IRAPUATO, ECUADOR TO BUILD BATHROOMS FOR SCHOOLS AND PARTICIPATE WITH THE HISPANIC LATINO CLUB OF SALT LAKE IN THEIR PROJECT IN MEXICO	21,493
OTHER – CONTRIBUTE FUNDS TO THE MURRAY ROTARY CLUB FOUNDATION, A 501(C)3 ENTITY, TO BE USED TO FUND THAT FOUNDATION'S PROJECTS	8,000
TOTAL PROGRAM SERVICE ACCOMPLISHMENT EXP LINE 32 – PAGE 2	39,385

OTHER NON PROGRAM SERVICES EXPENSE

DUES PAID TO ROTARY INTERNATIONAL & ROTARY INTERNATIONAL DISTRICT OF UTAH TO FURTHER THE ACTIVITIES OF ROTARY INTERNATIONAL THROUGHOUT THE WORLD & ROTARY WITHIN THE STATE OF UTAH	$ 4,587
COST OF WEEKLY MEMBER LUNCHES	20,704
COST OF MEMBER SOCIAL EVENTS	5,207
TOTAL COST OF MEMBER LUNCHES AND SOCIAL EVENTS	25,911
GENERAL & ADMIN CLUB EXPENDITURES	
OFFICE & ROTARY SUPPLIES	617
PROFESSIONAL FEES – ACCOUNTING WEBSITE ACCESS	840
MEMBER BAD DEBTS	1,235
TOTAL OTHER GENERAL AND ADMIN EXPENSE	2,692
TOTAL OTHER NON PROGRAM SERVICES EXPENSE	33,190
TOTAL OTHER EXPENSE LINE 16 – PAGE 1	$ 72,575

ROTARY INTERNATIONAL MURRAY 87-6124148
SCHEDULE OF OFFICERS & DIRECTORS FOR PART 1V PAGE 2 FORM 990EZ
YEAR ENDED 6/30/14

NAME	TITLE	COMPENSATION
RON JENSEN	PRESIDENT	0
JIM CHARNHOLM	PRESIDENT ELECT	0
TERRY PUTNAM	PRESIDENT ELECT NOMINEE	0
TYSON SOFFE	TREASURER	0
JOYCE ANDERSON	SECRETARY	0
KYLE WINTHER	MEMBERSHIP CHAIR	0
MARK ANDERSON	FOUNDATION CHAIR	0
STEVE HIRASE	NEW GENERATIONS CHAIR	0
DENNY MECHAM	COMMUNITY SERVICE CHAIR	0
KEITH HARDY	CLUB SERVICE CHAIR	0
NANCY PICKETT	INTERNATIONAL SERVICE CHAIR	0

ALL OFFICERS AND CHAIRS ARE VOLUNTEER AND RECEIVE NO COM PENSATION IN ANY FORM. THEY WORK VARIOUS HOURS ON A PART TIME BASIS DEPENDING ON THEIR POSITION