efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492314001367 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 07-01-2016 and ending 06-30-2017 B Check if applicable C Name of organization D Employer identification number  $\square$  Address change ROTARY CLUB OF ASHLAND 93-6031480 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 511 ☐ Final return/terminated (541) 261-9638 City or town, state or province, country, and ZIP or foreign postal code □ Amended return ASHLAND, OR 97520 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☐ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www ashlandrotary org **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(4) ◀(insert no ) □ 4947(a)(1) or □ 527 ☐ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 8.440 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 3 Membership dues and assessments . . . . . . 3 85,414 4 4 5a Gross amount from sale of assets other than inventory . . . . . b 5b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6b 2.020 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d2.020 7a Gross sales of inventory, less returns and allowances . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 95,874 10 10 Grants and similar amounts paid (list in Schedule O) 2,000 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 6,000 13 800 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 8,370 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 83,753 17 Total expenses. Add lines 10 through 16 17 101,009 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -5,135 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 34,545 end-of-year figure reported on prior year's return) 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 29,410 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

OIIII 990-L2	2 (2010)						Page 2
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		ulastian in this	Dart II			-
	Check if the organization used Schedule	O to respond to any q	juestion in this		eginning of year	· ·	
<b>22</b> Cash, sa	vings, and investments		1	(A) D	35,594	22	30,615
	d buildings				,	23	
<b>24</b> Other as	sets (describe in Schedule O)					24	336
25 Total as	ssets				35,594	25	30,951
	abilities (describe in Schedule O)				1,049	_	1,541
	ets or fund balances (line 27 of column	· · ·			34,545	27	29,410
Part III	Statement of Program Service A Check if the organization used Schedule				rt III)	(Re	<b>Expenses</b> equired for section 501(c)
What is the	organization's primary exempt purpose?	O to respond to any c	question in tins	rait III		(3)	and 501(c)(4)
CIVIC AND	CHARITABLE ORGANIZATION  organization's program service accompli	shments for each of its	s three largest	program	services, as		anizations, optional for ers )
benefited, a	y expenses  In a clear and concise manne nd other relevant information for each pro		s provided, the	e number	of persons		
<b>28</b> See Addition	nal Data Table						
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ □	28a	
29		<u> </u>	•			29a	
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ □		
30						30a	
(Grants \$ )	If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
<b>31</b> Other pr	ogram services (describe in Schedule O)				<u>.</u> .		
(Grants \$ )		t includes foreign gran				31a	
	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,						10,503
Part IV	Check if the organization used Schedule	O to respond to any q	juestion in this	Part IV.	ompensated — see the	· Instru	
	(-) None and hills	1 71-3 4	l (-) B	L - I - I -		- C-1-	14-3 5-4
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -0	ation /1099- o <b>t paid,</b>	(d) Health bene contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
See Addıtıor	nal Data Table						
		I					1

Form	990-EZ (2016)			Page <b>3</b>
Pa	other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V .	<u></u>	🗆	
			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
Ь	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			
ь	Did the organization file Form 1120-POL for this year?	37Ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9	0		
b	Gross receipts, included on line 9, for public use of club facilities	0		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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
	The organization's books are in care of ▶ <u>TIM PARELIUS</u> Telephone no ▶	(541) 2	61-963	9
	Located at ▶ PO BOX 511 ASHLAND, OR ZIP + 4 U	9752	20	
	At to			
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	Yes	No No
	If "Yes," enter the name of the foreign country			
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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			
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	Yes	No No
b	of Form 990-EZ  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
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
	explanation in Schedule O	44d		No
	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)	g <b>45b</b>		No
			222 =	

										Page •
									Yes	No
		ganization engage, directly or indirect s for public office? If "Yes," complete :						46		Me
Part		ction 501(c)(3) organizations	·					46		No
	All	section 501(c)(3) organizations eck if the organization used Schedule	must answer quest	ions 47-49b and 5	2, and co	mplete the	e tables	for lir	nes 50	and 51
	Cn	eck if the organization used Schedule	O to respond to any t	juestion in this Part v	<u>'1</u>			· · ·	Yes	No
47	Did the or	ganization engage in lobbying activition	es or have a section 5	01(h) election in effe	ct during tl	ne tax vear	?			
		omplete Schedule C, Part II		• •				47		
48	Is the orga	anization a school as described in sect	tion 170(b)(1)(A)(II)?	If "Yes," complete Sc	hedule E			48		
49a	Did the or	ganızatıon make any transfers to an e	exempt non-charitable	related organization	?			49a		
b	If "Yes," w	as the related organization a section	527 organization? .					49b		
		this table for the organization's five h					ustees a	nd key	employ	ees)
		ne and title of each employee	(b) Average	(c) Reportable	(d)	Health bene			tımated	
			hours per week devoted to position	compensation (Forms W-2/1099-	- ber	itions to en efit plans,	and (	of othe	er comp	ensatio
—				MISC)	deferi	ed compen	sation			
NONE										
					+					
	Total nu	mber of other employees paid over \$1								
f	Total Hai	inder of other employees paid over 3.					▶			
51	Complete	this table for the organization's five h	ighest compensated in	· · · · · · · · · · · · · · · · · · ·	· · · ors who ead	h received	more th	an \$10	0,000 o	— f
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h	ighest compensated in none, enter "None "			th received			0,000 o	
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None "							_
51	Complete	this table for the organization's five h tion from the organization If there is	ighest compensated in none, enter "None " ach independent contr	actor						
one d	Complete compensa	this table for the organization's five h tion from the organization. If there is (a) Name and business address of ea	ighest compensated in none, enter "None " ach independent contr ach independent contr seach receiving over	\$100,000	(b) Typ	e of service				
on d	Complete compensa  Total nui	this table for the organization's five he tion from the organization. If there is  (a) Name and business address of each organization. (a) Name and business address of each organization.	ighest compensated in none, enter "None " ach independent contr ach independent contr seach receiving over OTE. All Section 501(	\$100,000 c)(3) organizations m	(b) Typ	e of service	(c)	Compe		
d d	Total nui Did the complete	this table for the organization's five hitton from the organization. If there is  (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	s each receiving over  OTE. All Section 501(	\$100,000 c)(3) organizations m	(b) Typ	e of service	(c)	Compe	ensation	
d d	Total nui Did the complete	this table for the organization's five hitton from the organization. If there is  (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	s each receiving over  OTE. All Section 501(	\$100,000 c)(3) organizations m	(b) Typ	e of service  a  nd stateme on all infor	(c)	Compe	ensation	
d d 52	Total nui Did the complete complete	this table for the organization's five hitton from the organization. If there is  (a) Name and business address of each of the contractor organization complete Schedule A? Need Schedule A	s each receiving over  OTE. All Section 501(	\$100,000 c)(3) organizations m	(b) Typ	e of service	(c)	Compe	ensation	
d d 52  Under nowled as a r	Total num  Did the complete penalties adde and by knowled	this table for the organization's five he tion from the organization. If there is  (a) Name and business address of each of the contractor organization complete Schedule A? Noted Schedule A	s each receiving over  OTE. All Section 501(	\$100,000 c)(3) organizations m	(b) Typ	e of service  a  and stateme on all infor	(c)	Compe	ensation	
d d 52  Under nowled as a r	Total num  Did the complete penalties adde and by knowled	mber of other independent contractor organization complete Schedule A? Need Schedule A	s each receiving over  OTE. All Section 501(  Declaration of prepa	\$100,000	(b) Typ	e of service  a  and stateme on all infor	t (c)	Compe	ensation	
d d 52 Under nowle has ar	Total nui  Did the complete penalties edge and by knowled	this table for the organization's five he tion from the organization. If there is  (a) Name and business address of each of the contractor organization complete Schedule A? Noted Schedule A	s each receiving over  OTE. All Section 501(	\$100,000 c)(3) organizations m	(b) Typ  nust attach  chedules a arr) is based	a	nts, and mation of	Compe	ensation	
d d 52  Jinder knowle aas ar	Total nui  Did the complete penalties edge and by knowled	mber of other independent contractor organization complete Schedule A? Need Schedule A	s each receiving over  OTE. All Section 501(  Lined this return, incluing the prepareties of prepareties and prepareties are also as a signature.	\$100,000	(b) Typ  nust attach  chedules a  r) is based	a and stateme on all infor	nts, and mation of	Compe	ensation	
d d 52  Jinder knowle aas ar	Total nui  Did the complete co	mber of other independent contractor organization complete Schedule A? Need Schedule A	s each receiving over  OTE. All Section 501(  Lined this return, incluing the prepareties of prepareties and prepareties are also as a signature.	\$100,000	(b) Typ  nust attach  chedules a r) is based	e of service  a  nd stateme on all infor  217-11-10  ate	nts, and mation of PTIN P00745	Compe Yee to the of which	ensation	
d d 52  Jinder knowle aas ar	Total nui  Did the complete penalties edge and by knowled	mber of other independent contractor  organization complete Schedule A? Need Schedule A	s each receiving over  OTE. All Section 501(  Declaration of prepa	\$100,000	(b) Typ  nust attach  chedules a r) is based	a a and stateme on all informate if	nts, and mation of PTIN P00745	Compe Yee to the of which	ensation	

## **Additional Data**

(Grants \$ 8,503)

**Software ID:** 16000303

**Software Version:** 2016v3.0 **EIN:** 93-6031480

Name: ROTARY CLUB OF ASHLAND

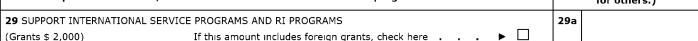
Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	` (c	Expenses juired for section 501 )(3) and 501(c)(4) janizations; optional for others.)
28 SUPPORT LOCAL COMMUNITY SERVICE PROGRAMS, ASHLAND READS	28a	

If this amount includes foreign grants, check here  $\cdot$   $\cdot$   $\cdot$   $\triangleright$   $\square$ 

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)

Form 990EZ, Part III - Statement of Program Service Accomplishments



(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
John Karns President elect	4 00	0		
BARBARA PATRIDGE Past President	4 00	0		
JANET TROY Secretary	4 00	2,400		
ELISABETH ZINSER President	4 00	0		
TIM PARELIUS Treasurer	4 00	3,600		
PAUL BLOOM Director	1 00	0		
GEORGE DEWHURST Director	1 00	0		
Dawn Elsbree Director	1 00	0		
Lisa Dunagan Director	1 00	0		
MARGUERITTE HICKMAN Director	1 00	0		
GEOFF BALL Director	1 00	0		
ANN DOWDY PUBLIC IMAGE CH	1 00	0		
CHERYL BRIGGS INTERACT ADV	1 00	0		
EDWARD FINKLEA INTERACT ADV	1 00	0		
GREG WILLIAMS YOUTH EXCHANGE	1 00	0		

orm 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees st each one even if not compensated — see the instructions for Part IV) neck 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	
DARRELL A BOLDT DICTIONARY PROJ	1 00	0			
PAUL NICHOLSON ASST GOVERNOR	4 00	0			
RENEE RILEY ADAMS Director	1 00	0			
JEFFREY I MONOSOFF Director	1 00	0			

\_ \_ \_ \_ \_ \_

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 9							
SCHEDULE O		Supplemental Information to Form 990 or 990-EZ			190-F7	OMB No 1545-0047	
(Form 990 or 9 EZ) Department of the Trea	990- asurv	Complete to provide informa Form 990 or 990-EZ or ► Attach ► Information about Schedule O	ition for to provi to Form (Form 9	for responses to specific questions on evide any additional information. or 990 or 990-EZ. or 990 or 990-EZ. open to Public pov/form990.			
Name of the organization ROTARY CLUB OF ASHLAND					Employer identification number 93-6031480		
990 Schedule	O, Suppl	emental Information					
Return Reference				Explanation			
Other Expenses 1002	1	penses \$208					

990 Schedule O, Supplemental Information Return Explanation Reference

Other Conferences, Conventions, and Meetings \$3984

Expenses 1007

990 Schedule O, Supplemental Information Return Explanation Reference Other Catering Expense \$49000

Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Rotary Intl Dues \$8894

Other Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other ASHLAND READS \$8503 Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other Dist 5110 Dues \$5340

Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other 75th anniversary \$2777
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other Social Events \$1169

Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference Other PETS \$839 Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 8 Miscellaneous Expense \$747

990 Schedule O, Supplemental Information Return Explanation Reference

Other Program Speaker Gift \$500
Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other Merchant Service Expense \$431
Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other District Governor's Visit \$331
Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Club Banners \$317

Other Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Rotary Information/Membership \$287
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other DacDB Annual fee \$240
Expenses 14

990 Schedule O, Supplemental Information Return Explanation Reference

Other Meal Make-up Credits \$70
Expenses 16

990 Schedule O, Supplemental Information Return Explanation Reference

Other Badges & Engraving \$63
Expenses 17

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other Corporate filing annual fee \$50
Expenses 18

990 Schedule O, Supplemental Information Return Explanation Reference

Other Bank Charges \$3
Expenses 19

Return Explanation

Reference Other

Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$336 Assets 1005

990 Schedule O, Supplemental Information

Return Explanation

990 Schedule O, Supplemental Information

Liabilities 1001

Reference	·
Total	Accounts Payable and Accrued Expenses - Beginning \$479 Accounts Payable and Accrued Expenses - Ending \$0

990 Schedule O, Supplemental Information

Return

Reformance

Explanation

Reference	p
Total	Deferred Revenue - Beginning \$570 Deferred Revenue - Ending \$1541

Liabilities 1003