efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492051006039 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 B Check if applicable C Name of organization D Employer identification number \square Address change MARION ROTARY CLUB 31-4243517 ☐ 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 1091 ☐ Final return/terminated (740) 223-3111 City or town, state or province, country, and ZIP or foreign postal code □ Amended return MARION, OH 43302 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: ►MARIONOHROTARY 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 2 2 Program service revenue including government fees and contracts 61,539 3 Membership dues and assessments 3 29,372 4 4 5a Gross amount from sale of assets other than inventory 5b b 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 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) 6d7a 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) 6,500 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 97,455 10 10 Grants and similar amounts paid (list in Schedule O) 8,316 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 3,914 13 3,110 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 4,800 15 15 751 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 74,869 17 Total expenses. Add lines 10 through 16 17 95,760 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,695 Net Assets 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 75,619 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 77,314 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

	Check if the organization used Schedu		<u> </u>	Pogunnum of		
22 Cash say	vings, and investments		(A) E	Beginning of year 83,225	22	(B) End of year 77,997
	buildings			03,223	23	77,337
	sets (describe in Schedule O)				24	
	sets			83,225	25	77,997
26 Total lia	bilities (describe in Schedule O)			7,606	-	683
27 Net asse	ets or fund balances (line 27 of colur			75,619	27	77,314
Part III	Statement of Program Service				/	Expenses equired for section 501(c)
THE OBJECT AND, IN PAR OPPORTUNIT RECOGNITION HIS OCCUPA EVERY ROTA INTERNATIO PROFESSION Describe the	Check if the organization used Sched organization's primary exempt purpose OF ROTARY IS TO ENCOURAGE AND FITCULAR, TO ENCOURAGE AND FOSTEY FOR SERVICE, SECOND HIGH ETHIND OF THE WORTHINESS OF ALL USEF TION AS AN OPPORTUNITY TO SERVE RIAN TO HIS PERSONAL, BUSINESS, ANAL UNDERSTANDING, GOOD WILL, A LAL MEN UNITED IN THE IDEAL OF SERVICE ORGANIZATION'S PROGRAM SERVICE ACCOMPANDED IN THE REPORT OF SERVICE ACCOMPANDED IN THE SERVICE ACCOMPANDED IN THE REPORT OF SERVICE ACCOMPANDED IN THE SERVICE A	COSTER THE IDEAL SERVER FIRST THE DEVELOP CAL STANDARDS IN BUSUL OCCUPATIONS, AND SOCIETY, THIRD THE AND COMMUNITY LIFE, IND PEACE THROUGH A RICKE	VICE AS A BASIS OF WOMENT OF ACQUAINTAN SINESS AND PROFESSION OF THE DIGNIFYING BY EACH THE ID TO THE ID T	ORTHY ENTERPRISE ICE AS AN ONS, THE ACH ROTARIAN OF BEAL OF SERVICE BY MENT OF F BUSINESS AND	or otl) and 501(c)(4) ganizations, optional for hers)
	nd other relevant information for each		,		+	I
	al Data Table					
(Grants \$)		unt includes foreign gran	nts, check here	. ▶ □	28a	
29 See Addıt	ional Data Table				29a	
(Grants \$)	If this amo	unt includes foreign grai	nts, check here	. ▶ □		
30 See Addit	ional Data Table				30a	
(Grants \$)	If this amo	unt includes foreign gran	nts, check here	. ▶ □		
31 Other pro	ogram services (describe in Schedule C))			21-	
	ogram service expenses (add lines 2				31a	80,482
Part IV	List of Officers, Directors, Trustee Check if the organization used Schedu	s, and Key Employees	(list each one even if not o	compensated — see the	ınstrı	ictions for 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 ben- contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
See Addition	al Data Table					

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements	ın 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		
	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	30		110
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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a			
ь	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	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			No
С	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			
е	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 ▶ JEAN OBENOUR Telephone no ▶ (3
	Located at ▶ 1714 MARION WALDO ROAD MARION, OH ZIP + 4 ▶	4330	12	
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)?	425	Yes	No
	If "Yes," enter the name of the foreign country	42b		No
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?	42 c		No
	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 • 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? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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

46 Disk organization engage, directly or indirectly, in palitical campa gn activities on behalf of or in opposition to Candidates for public affects 11 "No.", complete Schedules C, Part 1	Form	990-E	Z (2017)								Page 4
Complete the table for the organization or settled comparation or										Yes	No
All section 501(c)(3) organizations only All 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 Check fatis organization is used Schedule 0 to respond to any question in this Part VI. These complete Schedule C Part II. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? AT II. These, complete Schedule C Part III. 47	46						opposition to		46		No
All section SDI(c)(3) organizations must answer questions 47-490 and 52, and complete the tables for lines 50 and 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? 48 Is the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 49 If Yes, Complete Schedule C, Part II. 40 If Yes, Complete Schedule C, Part II. 41 If Yes, Complete Schedule E. 42 Is the organization and the analysis of the organization as exclosin 32 organization? 43 If Yes, Complete the Istalia for the organization as exclosin 32 organization? 44 If Yes, All Yes,	Pari			·					46		INO
Ves No No No No No No No N			All section 501(c)(3) organizations mu	ist answer quest	ions 47-49b and	d 52, and	complete the	tables	for lir	nes 50	and 51
## Signature of the reparation of school as described in section 170(b)(1)(1)(1)(1)(1) If Yes," compete Schedule E			Check if the organization used Schedule O t	to respond to any o	luestion in this Pa	rt VI	<u> </u>		· · · ·		□ No
## Signature of the reparation of school as described in section 170(b)(1)(1)(1)(1)(1) If Yes," compete Schedule E		D. J. H.			047/52 -1	- CC L - J					
49a Did the organization make any transfers to an exempt non-chantable related organization? 49a Did the organization make any transfers to an exempt non-chantable related organization? 50 Complete this table for the organization is two highest compensated employees (other than officers, directors, trustees and key employees) who each receive we more than 100,000 of compensation? (a) Name and title of each employee (b) Average (b) Average (c) Reportable (compensation to employee) (d) Health benefits, (d) Estimated compensated organization for their since, enter Since; the stress inches entered in Since; the stress in	4/			or nave a section 5	or(u) election in e	errect auring	tne tax year?		47		
b If "Yes," set related organization a section 527 organization? Complete this table for the organization a section 527 organization? Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization of there is now, enter "None" (a) Name and title of each employee	48	Is the	e organization a school as described in section	170(b)(1)(A)(II)?	If "Yes," complete	e Schedule E	.		48		
50 Complete this stable for the organization is not believed. (a) Name and trible of each employee and over \$100,000 (b) Average hours are week devoted to position of properties the stable for the organization of the properties of the propertie	49a	Dıd th	ne organization make any transfers to an exer	mpt non-charitable	related organizat	ion?			49a		
who each received more than \$100,000 of compensation from the organization. If there is none, either "None" (a) Name and title of each employee bours per week devoted to position of the properties of expensation of the compensation of the compen	b	If "Ye:	.s," was the related organization a section 527	7 organization? .					49b		
(a) Name and title of each employee (b) Average (c) Reportable (d) Fleatin benefits, and of other compensation forms W-2/1099 https://doi.org/10.000 https://d	50	Comp	lete this table for the organization's five high	est compensated e	mployees (other t	than officers	s, directors, tru	stees a	nd key	employ	ees)
tompersation contributions to employee of other compensate devoted to position (Form W-2/1099 MISC) f Total number of other employees paid over \$100,000					ī			fito	(a) Ea	tumatad	
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 must attach a completed Schedule A completed Schedule A? NOTE, All Section 501(c)(3) organizations must attach a completed Schedule A complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer as any knowledge Signature of officer		(a)	· <i>'</i>	hours per week	compensatio	n contr	ibutions to em	ployee			
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d Total number of other independent contractors each receiving over \$100,000. 152 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A? Note 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	f	Tota	al number of other employees paid over \$100	,000				-			
d Total number of other independent contractors each receiving over \$100,000	51				ndependent contra	actors who e	each received r	nore th	an \$10	0,000 o	f
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A					actor	(b) T	ype of service	(c)	Compe	ensation	1
Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A											
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Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A											
Completed Schedule A	d	Tota	al number of other independent contractors ea	ach receiving over	\$100,000			-			
Completed Schedule A 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 Signature of officer	52	Did	the organization complete Schedule A? NOT	E. All Section 501(c)(3) organization	ns must atta	ich a				
According and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer nas any knowledge Sign Here Signature of officer								•	_ □ Ye	s 🗆 l	No
Sign Here Signature of officer GARY BRANSON PAST PRESIDENT Type or print name and title Print/Type preparer's name BRADLEY H RIDGE CPA Preparer Use Only Prim's address ▶ 181 E CENTER ST Polity Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print Print											
Sign Here Signature of officer Date GARY BRANSON PAST PRESIDENT Type or print name and title Print/Type preparer's name BRADLEY H RIDGE CPA Preparer Use Only Firm's name ► HOLBROOK & MANTER INC Firm's address ► 181 E CENTER ST Date 2019-02-20 Check ☐ If polyed if self-employed Firm's EIN ► 31-0998651 Phone no (740) 387-8620				eclaration of prepa	rer (other than of	ficer) is bas	ed on all inforr	nation o	of which	n prepa	rer
Sign Here Signature of officer Date GARY BRANSON PAST PRESIDENT Type or print name and title Print/Type preparer's name BRADLEY H RIDGE CPA Preparer Use Only Firm's name ► HOLBROOK & MANTER INC Firm's address ► 181 E CENTER ST Date 2019-02-20 Check ☐ If polyed if self-employed Firm's EIN ► 31-0998651 Phone no (740) 387-8620							l				
Here GARY BRANSON PAST PRESIDENT Type or print name and title Print/Type preparer's name BRADLEY H RIDGE CPA Firm's name Firm's name HOLBROOK & MANTER INC Firm's EIN Saddress 181 E CENTER ST Phone no (740) 387-8620	Sian		Signature of officer								
Print/Type preparer's name BRADLEY H RIDGE CPA Preparer Firm's name HOLBROOK & MANTER INC Firm's address ▶ 181 E CENTER ST Preparer's signature Date 2019-02-20 Check ☐ if PO0319586 Print Self Print Po0319586 Firm's EIN ▶ 31-0998651 Phone no (740) 387-8620	_		GARY BRANSON PAST PRESIDENT								
Paid BRADLEY H RIDGE CPA 2019-02-20 self-employed Check self-employed If po0319586 self-employed Preparer Use Only Firm's name ► HOLBROOK & MANTER INC Firm's EIN ► 31-0998651 Phone no (740) 387-8620 Phone no (740) 387-8620			<u> </u>				T				
Preparer Use Only Firm's name ► HOLBROOK & MANTER INC Firm's EIN ► 31-0998651 Phone no (740) 387-8620	Daio	1		Preparer's signature					586		
Use Only Firm's address ▶ 181 E CENTER ST Phone no (740) 387-8620			Firm's name ► HOLBROOK & MANTER INC	 C		<u> </u>		L 1-09986!	51		
MARION, OH 433023813			v -				Phone no (740) 387-86	20		
			MARION, OH 433023813								
May the IRS discuss this return with the preparer shown above? See instructions	May th	he IRS	discuss this return with the preparer shown	above? See instruc	tions			D	Yes	□ No	

Additional Data

28 LUNCHEONS

(Grants \$)

Software ID:

Software Version:

EIN: 31-4243517

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

Name: MARION ROTARY CLUB

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

	١,,
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.	
1	1

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional

28a

for others.)

52,110

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 number of persons benefited, and other relevant information for each program title.	organizations; optional for others.)		
29 SOCIAL PROGRAMS	29a	9.736	

If this amount includes foreign grants, check here

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

(Grants \$)

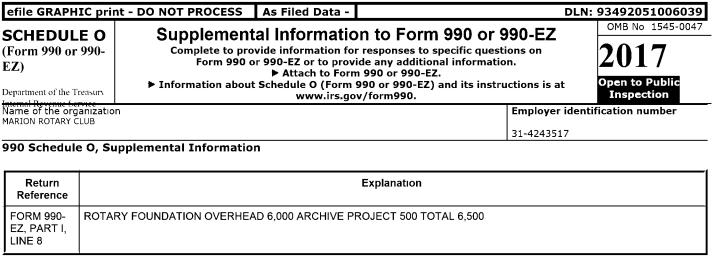
Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501

(Grants \$ 8,316)

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.)(3) and 501(c)(4) panizations; optional for others.)
30 OTHER MISC	30a	18,636

If this amount includes foreign grants, check here

(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
KIT FOGLE PRESIDENT	1 00	0		
DEAN JACOB PRESIDENT EL	0 50	0		
GARY BRANSON PAST PRESIDE	0 50	0		
JEAN OBENOUR TREASURER	1 00	0		
WILLIAM A PROBST SECRETARY	2 00	3,600		
PATTI GARNER ASSISTANT SE	0 50	0		
VICKIE MCCLELLAN BOARD MEMBER	0 50	0		
BEV FORD BOARD MEMBER	0 50	0		
GARY IAMS BOARD MEMBER	0 50	0		
THERESA LUBKE BOARD MEMBER	0 50	0		
TERESA BALLINGER BOARD MEMEBE	0 50	0		
CAROL GAVERICK BOARD MEMBER	0 50	0		
AMBER WERTMAN BOARD MEMBER	0 50	0		
ROB HOWARD BOARD MEMBER	0 50	0		
DEB ALSPACH BOARD MEMBER	0 50	0		



Return Explanation
Reference

FORM 990-EZ, PART I,

990 Schedule O, Supplemental Information

LINE 10

Return Explanation

FORM 990- EXPENSES OFFICE SUPPLIES 1,233 INSURANCE 350 TELEPHONE 292 GIFTS & FLOWERS 437 SOCIAL PROG EZ, PART I, RAMS 9,736 LUNCHEONS 52,110 DISTRICT & INTERNATIONAL 7,383 WEBSITE 480 PRESIDENT DISCRETIO

NARY 2.500 DUES & SUBSCRIPTIONS 230 REPAIRS 118 TOTAL 74.869

990 Schedule O, Supplemental Information

LINE 16

Return Explanation
Reference

FORM 990-EZ, PART II,

990 Schedule O, Supplemental Information

LINE 24

Return Explanation Reference

990 Schedule O, Supplemental Information

LINE 26

11010101100	
FORM 990-	MARION ROTARY FOUNDATION CONTRIBUT 7,450 400 ROTARY INTERNATIONAL CONTRIBUTIONS 0 0 PAYROLL
F7 PARTII	LIARII ITIES 156 283

LIADILITIES 130 203

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL SERVICE AS A BASIS OF WORTHY ENT ERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER FIRST THE DEVELOPMENT OF ACQUAINTANC E AS AN OPPORTUNITY FOR SERVICE, SECOND HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSION S, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING BY EACH ROTARIAN OF HIS OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY, THIRD THE APPLICATION OF THE IDEAL OF SERVICE BY EVERY ROTARIAN TO HIS PERSONAL, BUSINESS, AND COMMUNITY LIFE, FOUR TH THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOOD WILL, AND PEACE THROUGH A WORLD F ELLOWSHIP OF BUSINESS AND PROFESSIONAL MEN UNITED IN THE IDEAL OF SERVICE