

Form **990-EZ**

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning JULY 1, 2003, and ending JUNE 30, 2004

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ROTARY INTERNATIONAL ASHLAND

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

P.O. BOX 630

City or town, state or country, and ZIP + 4

ASHLAND OH 44805

D Employer identification number

34-1375016

E Telephone number

419-289-7007

F Group Exemption Number

..... ▶ **0573**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ <http://www.ashlandrotary.com>

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

J Organization type (check only one) — 501(c) (4) ▶ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **73,801**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received															17,931													
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																												
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																												
	a	Gross revenue (not including \$ 17,930 of contributions reported on line 1)																												
b	Less: direct expenses other than fundraising expenses																													
c	Net income or (loss) from special events and activities (line 6a less line 6b)																													
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																													
8	Other revenue (describe ▶)																													
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																													
Expenses	10	Grants and similar amounts paid (attach schedule)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe ▶ SCHEDULE ATTACHED)																												
17	Total expenses (add lines 10 through 16)																													
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																												
	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)																												
	20	Other changes in net assets or fund balances (attach explanation)																												
21	Total net assets or fund balances (line 27 of column (B) must agree with line 21)																													

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	15,806	15,663
23	Land and buildings		
24	Other assets (describe ▶ CONCESSION TRAILER & EQUIPMENT)	5,745	4,261
25	Total assets	21,551	19,924
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,551	19,924

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2003)

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? COMMUNITY SERVICE	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 SEE SCHEDULE TO PART 1, LINE 10	
(Grants \$)	28a 32,347
29	
(Grants \$)	29a
30	
(Grants \$)	30a
31 Other program services (attach schedule) (Grants \$)	31a
32 Total program service expenses (add lines 28a through 31a)	32 32,347

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(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
SEE SCHEDULE ATTACHED				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		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?		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 unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b N/A		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ N/A		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ N/A		
41 List the states with which a copy of this return is filed. ▶ NONE		
42 The books are in care of ▶ WILLIAM ROEPKE Telephone no. ▶ 419-281-6110 Located at ▶ P.O. BOX 630, ASHLAND, OHIO ZIP + 4 ▶ 44805		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 0		

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.

Please Sign Here

Signature of officer: *Roger J. Kramer* Date: **8/21/2004**

ROGER J. KRAMER, TREASURER

Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no. ▶	

Rotary International Ashland
E.I.N. 34-1375016
Form 990EZ - FYE 6/30/04

Part 1, Line 1, Schedule of Contributors

Collected for Rotary Foundation	7,714	(None in excess of \$5,000.)
Collected for Prasad	6,011	(None in excess of \$5,000.)
Collected for Polio Plus	4,205	(None in excess of \$5,000.)
	<u>17,930</u>	

Part 1, Line 6

	Gross Revenue	Expenses	Gross Profit
Community fireworks donations	13,413	13,673	(260)
Pizzafest	4,880	1,218	3,662
Fair Concession	3,881	1,091	2,790
Safety Break	760	169	591
Tire Amnesty Day	300		300
	<u>23,234</u>	<u>16,151</u>	<u>7,083</u>

Part 1, Line 10, Grants and similar amounts paid

Ashland Rotary Foundation	8,369
Prasad eyecare project	6,800
Rotary District 6600 Polio Plus	9,607
Rotary District 6600 Hunger Challenge	320
Rotaract support	240
Russian Optometrists Visit	2,765
Youth Exchange support	90
Dale Roy School Riding Program	751
MESA(Med Eq & Supp Abroad)	765
Ashbrook Luncheons-students	210
Associated Charities-Thanksgiving	200
Salvation Army-Thanksgiving	200
Pumphouse-Thanksgiving	200
Strive program support	1,000
World Community Workshop	225
Ashland Chamber Parade Support	200
Ashland County Livestock Sale	405
	<u>32,347</u>

Part 1, Line 15, Printing, Publications, Postage and Shipping

414

Part 1, Line 16, Other Expenses

Meals	16,627	
DuesRI	4,114	
District Dues	2,510	
Depreciation	1,485	
Meetings-PETS & District	347	
Badges & Engrav	343	
Insurance	410	470
Repair and maint-trailer	-	264
Memberships	180	180
Advertising	85	170
Licenses	196	148
Rent	219	98
	<u>26,516</u>	

Part V, Line 35, Receipts from business activities not reported on Form 990-T

The events reported on line 6 are part of the club's community service activities.
The income from these activities are not reported on Form 990-T because they are not regularly carried on.

Proof

59,277

Rotary International Ashland
E.I.N. 34-1375016
Form 990EZ - FYE 6/30/04

Part I, Line V, List of Officers & Directors

Name	Address	Title	Avg Hrs per week devoted to position	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
AUGENSTEIN, John	Ashland, Ohio	Director	1	0	0	0
SHAW, Annette	Ashland, Ohio	Director	1	0	0	0
DAHINDEN, Dean	Ashland, Ohio	Director	1	0	0	0
DEMARCO-MADDEN, Rita	Ashland, Ohio	Director	1	0	0	0
FINN, Scott	Ashland, Ohio	Director	1	0	0	0
KRAMER, Roger J.	Ashland, Ohio	Director	1	0	0	0
PAGANO, Ron	Ashland, Ohio	Director	1	0	0	0
ROEPKE, Tom	Ashland, Ohio	Director	1	0	0	0
ROEPKE, William	Ashland, Ohio	Director	1	0	0	0
SANDERS, Alfred	Ashland, Ohio	Director	1	0	0	0
SANDERS, Alfred	Ashland, Ohio	Past-President	1	0	0	0
AUGENSTEIN, John	Ashland, Ohio	President	3	0	0	0
PAGANO, Ron	Ashland, Ohio	President-Elect	3	0	0	0
ROEPKE, William	Ashland, Ohio	Secretary	5	0	0	0
ARMSTRONG, Lisa	Ashland, Ohio	Sergeant-At-Arms	1	0	0	0
KRAMER, Roger J.	Ashland, Ohio	Treasurer	5	0	0	0