

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 black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2007**Open to Public
Inspection****A For the 2007 calendar year, or tax year beginning JULY 1, , 2007, and ending JUNE 30, , 2008****B** Check if applicable:

- Address change
 Name change
 Initial return
 Termination
 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 ExemptionNumber . . . ▶ **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.net/>**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 is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 . ▶ \$ **64,483****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 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 | | | | | | | | | | | | | | | 6,905 | | | | | | | | | | | | | | | | |
| | 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. Subtract line 5b from line 5a (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| | 6 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross revenue (not including \$ <u>6,905</u> of contributions reported on line 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: direct expenses other than fundraising expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Net income or (loss) from special events and activities. Subtract line 6b from line 6a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,128 | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| 8 | Other revenue (describe ▶ _____) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 47,220 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 24,359 | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 226 |
| | 16 | Other expenses (describe ▶ SCHEDULE ATTACHED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 28,128 |
| 17 | Total expenses. Add lines 10 through 16 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 52,713 | |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (5,493) |
| | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20,343 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 60 of the instructions.)

| | | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 20,343 | 22 14,850 |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe ▶ CONCESSION TRAIER & EQUIPMENT) | 0 | 24 0 |
| 25 | Total assets | 20,343 | 25 14,850 |
| 26 | Total liabilities (describe ▶ _____) | | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 20,343 | 27 14,850 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2007)

| Part III Statement of Program Service Accomplishments (See page 60 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | | 24,359 |
| 29 | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | | |
| 30 | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | | |
| 31 Other program services (attach schedule) | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | | |
| 32 Total program service expenses. Add lines 28a through 31a | 32 | | 24,359 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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 statement requirement in General Instruction V.) | | | Yes | No |
|--|------------|--|-----|----------|
| 33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 33 | | | 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 | 34 | | | 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? | 35a | | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. | 36 | | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 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 unpaid at the start of the period covered by this return? | 38a | | | 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 | |

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 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 . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ N/A
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ N/A
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

| | Yes | No |
|------------|-----|----------|
| 40b | | X |
| 40c | | |
| 40d | | |
| 40e | | X |

- 41** List the states with which a copy of this return is filed. ▶ _____
- 42a** The books are in care of ▶ WILLIAM ROEPKE Telephone no. ▶ 419-281-6110
 Located at ▶ P.O. BOX 630, ASHLAND, OH ZIP + 4 ▶ 44805

- 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**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
- If "Yes," enter the name of the foreign country: ▶ _____

| | Yes | No |
|------------|-----|----------|
| 42b | | X |
| 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

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: 9-28-08

ROGER J. KRAMER, TREASURER
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no.: _____

Rotary International Ashland
E.I.N. 34-1375016
Form 990EZ - FYE 6/30/08

Part 1, Line 1, Schedule of Contributors

| | | |
|---------------------------------|--------------|------------------------------|
| Collected for Rotary Foundation | 6,605 | (None in excess of \$5,000.) |
| Collected for Other Donees | 300 | (None in excess of \$5,000.) |
| | <u>6,905</u> | |

Part 1, Line 6

| | Gross Revenue | Expenses | Gross Profit |
|--|----------------------|-----------------|---------------------|
| Community Fireworks Donations | 7,377 | 9,218 | (1,841) |
| BalloonFest | - | 250 | (250) |
| Holiday Nut Sales | 6,058 | 3,737 | 2,321 |
| Fair Concession | 3,719 | 1,271 | 2,448 |
| Rotary International President's Visit | 2,237 | 2,787 | (550) |
| | <u>19,391</u> | <u>17,263</u> | <u>2,128</u> |

Part 1, Line 10, Grants and similar amounts paid

| | |
|---|---------------|
| Ashland Rotary Foundation | 15,643 |
| Rotary Centennial 3rd Project-Kroc Center | 3,500 |
| Rotaract | (349) |
| Ashland County Community Foundation | 1,500 |
| Rotary International Foundation | 400 |
| Russian business visitors | 865 |
| Ashbrook Luncheons-Students | 30 |
| United Way | 900 |
| MESA(Med Eq & Supp Abroad) | 360 |
| 4-Way Test Contest Awards | 312 |
| Kiwanis | 200 |
| Associated Charities-Thanksgiving | 300 |
| Pumphouse Ministries-Thanksgiving | 300 |
| Salvation Army-Thanksgiving | 300 |
| Junior fair livestock sale | 98 |
| | <u>24,359</u> |

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

226

Part 1, Line 16, Other Expenses

| | |
|--------------------------------|---------------|
| Meals | 19,376 |
| Dues Rotary International | 4,495 |
| District Dues | 2,468 |
| Depreciation | - |
| Insurance | 445 |
| Badges & Engraving | 547 |
| Rent | 153 |
| Memberships | 205 |
| Licenses | 202 |
| Repair and Maintenance-Trailer | 237 |
| | <u>28,128</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

52,713

Rotary International Ashland

E.I.N. 34-1375016

Form 990EZ - FYE 6/30/08

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 |
|------------------|----------------|------------------|---|---------------------|--|---|
| ARMSTRONG, Lisa | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| DAHINDEN, Dean | 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 |
| MCDANIEL, Mike | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| RAGLE, Dennis | 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 |
| STONE, Steve | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| WRIGHT, Julia | Ashland, Ohio | Director | 1 | 0 | 0 | 0 |
| DAHINDEN, Dean | Ashland, Ohio | Past-President | 1 | 0 | 0 | 0 |
| STONE, Steve | Ashland, Ohio | President | 3 | 0 | 0 | 0 |
| RAGLE, Dennis | 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 |