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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**WEIRTON ROTARY CLUB, INC.**

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

**P.O. BOX 179 CS**

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

**WEIRTON, WV 26062****D** Employer identification number**55-0686226****E** Telephone number**304-748-8880****F** Group Exemption Number ▶

• 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) ▶ **BUDGETARY**

**I** Website: ▶ **weirtonrotary.com****J** Tax-exempt status (check only one) — ☒ 501(c) ( **4** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **44,829.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	9,320.	18	<5,351.>
2	Program service revenue including government fees and contracts	2		19	65,977.
3	Membership dues and assessments	3	20,132.	20	8,549.
4	Investment income	4	7.	21	69,175.
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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	15,370.		
b	Less: direct expenses other than fundraising expenses	6b	6,837.		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,533.		
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 ▶ )	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	37,992.		
10	Grants and similar amounts paid (attach schedule)	10	26,838.		
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	126.		
16	Other expenses (describe ▶ )	16	16,379.		
17	<b>Total expenses.</b> Add lines 10 through 16	17	43,343.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			
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	65,977.		
20	Other changes in net assets or fund balances (attach explanation)	20	8,549.		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	69,175.		

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,772.	22 16,728.
23 Land and buildings		23
24 Other assets (describe ▶ See Statement 2 )	53,123.	24 65,289.
25 <b>Total assets</b>	76,895.	25 82,017.
26 <b>Total liabilities</b> (describe ▶ Payables )	10,918.	26 12,842.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	65,977.	27 69,175.

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

Form **990-EZ** (2009)

13560214 102865 27085

2009.05000 WEIRTON ROTARY CLUB, INC. 27085\_1 4



**Part V Other Information** (Note the statement requirements in the instructions for Part V)

	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? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 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?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">0.</span>		
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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">N/A</span> ; section 4912 <span style="float: right;">N/A</span> ; section 4955 <span style="float: right;">N/A</span>		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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 <span style="float: right;">0.</span>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">0.</span>		
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		X
41 List the states with which a copy of this return is filed. <span style="float: right;">None</span>		
42a The organization's books are in care of <span style="float: right;">Dan E Wilson</span> Telephone no. <span style="float: right;">304-748-5550</span> Located at <span style="float: right;">3600 West Street, Ste 4, Weirton, WV</span> ZIP + 4 <span style="float: right;">26062</span>		
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)?		X
If "Yes," enter the name of the foreign country: <span style="float: right;">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</span>		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: <span style="float: right;">N/A</span>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">N/A</span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">43</span>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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	Date	
Paid Preparer's Use Only	Preparer's signature		Date
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN
			Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2009)

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

## 2009

### Open To Public Inspection

Name of the organization

WEIRTON ROTARY CLUB, INC.

Employer identification number  
55-0686226

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER AND DANCE		None	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,370.		15,370.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	15,370.		15,370.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	450.		450.
	7	Food and beverages	3,440.		3,440.
	8	Entertainment	2,450.		2,450.
	9	Other direct expenses	497.		497.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			6,837.
	11	Net income summary. Combine line 3, column (d), and line 10			8,533.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_



Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
See Statement One			
Meeting expense		15,190.	
Fellowship			
Exchange student			
GSE team hosting		591.	
Website hosting fee		280.	
Club supplies		138.	
PO Box rent		40.	
Local dues & licenses		140.	
Total to Form 990-EZ, line 16		16,379.	

Form 990-EZ	Other Assets	Statement	2
Description	Beg. of Year	End of Year	
Receivables	4,827.	8,477.	
Prepays	862.	829.	
Investments	47,434.	55,983.	
Total to Form 990-EZ, line 24	53,123.	65,289.	

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Form 990-EZ	Payments to Affiliates	Statement	3
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<u>Affiliate's Name</u>	<u>Affiliates Address</u>	
Rotary International	14255 Collections Center Drive Chicago, IL 60693	
<u>Purpose of Payment</u>		<u>Amount</u>
Dues		2,003.

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<u>Affiliate's Name</u>	<u>Affiliates Address</u>	
Rotary District 7530	P.O. Drawer 2040 Clarksburg, WV 26302-2040	
<u>Purpose of Payment</u>		<u>Amount</u>
Dues		1,200.

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<u>Affiliate's Name</u>	<u>Affiliates Address</u>	
Rotary Rose Bowl Float Committee, Inc.	P.O. Box 92502 Pasadena, CA 911092502	
<u>Purpose of Payment</u>		<u>Amount</u>
Donation		

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<u>Affiliate's Name</u>	<u>Affiliates Address</u>	
Rotary Youth Leadership Conference	US Hgw 33 East Weston, WV 26452	
<u>Purpose of Payment</u>		<u>Amount</u>
Donation		250.

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<u>Affiliate's Name</u>	<u>Affiliates Address</u>	
The Rotary Foundation	P.O. Box 75133 Chicago, IL 60675-5133	
<u>Purpose of Payment</u>		<u>Amount</u>
Donation		3,450.

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Affiliate's NameAffiliates Address

Rotary District 7530

P.O. Drawer 2040  
Clarksburg, WV 26302-2040Purpose of PaymentAmount

Donation - Haiti Earthquake Victims

5,250.

Total included on Form 990-EZ, line 10

12,153.

Form 990-EZ

Other Changes in Net Assets or Fund Balances

Statement

4

DescriptionAmount

Unrealized gain on investments

8,549.

Total to Form 990-EZ, line 20

8,549.

Form 990-EZ	Cash Grants and Allocations	Statement	5
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Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount
Vocation and Youth Ohio River Valley Council P.O. Box 6186 Wheeling, WV 26003	None	500.
Vocation and Youth Hugh O'Brien Youth Leadership 10880 Wilshire Blvd. Ste. 410 Los Angeles, CA 90024	None	500.
Vocation and Youth Northern Panhandle Youth Soccer Association P.O. Box 2028 Weirton, WV 26062	None	2,000.
Education - Scholarship Weirton Area Community Foundation 3174 Pennsylvania Avenue Weirton, WV 26062	None	7,500.
Education - Scholarship	None	1,250.
Education - Scholarship	None	625.
Vocation and Youth Weir High School 100 Red Rider Road Weirton, WV 26062	None	650.
Community Support The Salvation Army 800 Cove Road Weirton, WV 26062	None	810.
International Service Shelter Box Unit 1A Water-Ma-Trout Helston, Cornwall, UNITED KINGDOM	None	850.
Total Included on Form 990-EZ, Line 10		14,685.

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

Statement 6

- A) Did the organization, during the year, receive any funds,  
directly or indirectly, to pay premiums on a personal  
benefit contract? . . . . . [ ] Yes [X] No
- B) Did the organization, during the year, pay premiums,  
directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No

Form 990-EZ

Other Program Services

Statement 7

Description

Grants

Expenses

Various community projects and donations

0. 3,310.

Total to Form 990-EZ, line 31

3,310.