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ECANNED JUN 1 2

For Paperwork Reduction Act Notice, see the separate instructions.

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public Inspection

Form 990-EZ (2011)

Α	For the	e 2011 calend	dar year, or tax year beginnii	ng 07/01/11 , ar	nd ending	06/30)/12					
В		· · · · · · · · · · · · · · · · · · ·						D	D Employer identification number			
	Address	· · · · · · · · · · · · · · · · · · ·										
	Name cha	ange	MORGANTOWN RO	TARY CLUB					55-6019487			
	Initial retu	um	Number and street (or P O box, if ma	ail is not delivered to street address	s)	_	Room/suite	E	E Telephone number			
	Terminate	ed	P O BOX 411						304-216-4861			
	Amended	d return	City or town, state or country, and ZIF					F	F Group Exemption			
	Application	on pending	MORGANTOWN	WV :	<u> 26505</u>				Number	<u> </u>		
G	Accour	nting Method		Other (specify) ▶			H Che	ck 🕨 🗓	If the orga	inization is not		
ı	Websi	te: ▶ <u>WW</u>	ured to a	attach Sched	lule B							
<u>J</u>	Tax-exe	empt status (c	m 990, 9	990-EZ, or 9	90-PF)							
K	Check	▶ if the	e organization is not a section	509(a)(3) supporting orga	nization or a	section 5	27 organization	and its	gross receip	ts are normally		
	not mo	ore than \$50,0	000 A Form 990-EZ or Form 9	990 return is not required t	hough Form	990-N (e-	postcard) may t	oe requii	red (see inst	ructions) But if		
	the org	janization cho	poses to file a return, be sure to	o file a complete return								
L	Add line	es 5b, 6c, and 7	7b, to line 9 to determine gross red	ceipts If gross receipts are \$2	200,000 or mor	e, or if tot	al assets (Part II,					
			low) are \$500,000 or more, file Fo						▶ \$	72,253		
F	art I		nue, Expenses, and Ch	_			•	structio	ns for Part	1)		
_			if the organization used Sc		any questi	on in thi	s Part I			X		
	1		, gifts, grants, and similar amounts i						1	40,165		
	2	Program service revenue including government fees and contracts							3	31,274		
	3	Membership	embership dues and assessments									
	4	Investment							4			
	5a		unt from sale of assets other th	· ·		5a						
	b		cost or other basis and sales expenses 5b						5c			
	C		(loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
_	6	=	and fundraising events									
Revenue	a		ss income from gaming (attach Schedule G if greater than									
š		\$15,000)				6a						
æ	þ		me from fundraising events (no			of contr	ributions					
			ising events reported on line 1	• •	9	1 1		014				
			h gross income and contributio	• •		6b	10	814				
	С		t expenses from gaming and fu			6c		,291				
	d		or (loss) from gaming and fun	idraising events (add lines	6a and 6b ar	nd subtra	ct			10 477		
	_	line 6c)				1 _ 1			6d	-12,477		
	7a	Gross sales	s of inventory, less returns and	allowandRECEIVE	D .	7a						
	6	Less cost of	or goods sold		1OI	7b			ł _			
	C	Gross profit	t or (loss) from sales of invento	Dry (Subtract line /b from 1	ine /a)0)				7c			
	8	Other reven	ide (describe ili Scrieddie O)	10	ြတ်				8	58,962		
	9	Create and	nue. Add lines 1, 2, 3, 4, 5c, 6c	a, //c, jand 6					9	30,902		
	10 11	Donofito no	similar amounts paid (list in Soud to or for mombors	Cledule OGDEN, (JT				10			
	40		lid to or for members ther compensation, and employ	voe honofite					12			
ses	13		al fees and other payments to i						13	-		
Expenses	. 14								14			
ă	15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping						15				
	16	Other expenses (describe in Schedule O)					16	60,016				
	17		nses. Add lines 10 through 16					•	17	60,016		
_	18		deficit) for the year (Subtract li						18	-1,054		
ets	19	-	· · · · · · · · · · · · · · · · · · ·		mn (A)) (mus	t agree v	/ith					
Net Assets	"	9 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	29,195		
et A	20	•	ges in net assets or fund balar	•	O)				20			
Ź	21		or fund balances at end of year					•	21	28,141		

Bret H. Balance Shoots (s.	as the instructions for Bort II \					
•	ee the instructions for Part II)	a any avaatian in this	Dod II			
Check if the organizat	ion used Schedule O to respond t	o any question in this				
		<u> </u>	(A) Beginning of year	<u> </u>	(B) E	End of year
22 Cash, savings, and investments		<u> </u>	29,19	- 1		28,141
23 Land and buildings		<u> </u>	-	0 23		
24 Other assets (describe in Schedule ())	<u> </u>		0 24		
25 Total assets		_	29,19			28,141
26 Total liabilities (describe in Schedul	e O)			0 26		0
27 Net assets or fund balances (line 2	7 of column (B) must agree with line 2	21)	29,19	5 27		28,141
Part III Statement of Prog	ram Service Accomplishmen	ts (see the instruction	ns for Part III)	_	Exp	penses
Check if the organizat	tion used Schedule O to respond t	o any question in this	Part III X	(Re	quired f	for section
What is the organization's primary exemp	ot purpose?			501	(c)(3) a	ind 501(c)(4)
See Schedule O				orga	anızatıo	ons and section
Describe the organization's program serv	vice accomplishments for each of its th	ree largest program ser	vices,	494	7(a)(1)	trusts, optional
as measured by expenses. In a clear and	d concise manner, describe the service	es provided, the number	of	for	others))
persons benefited, and other relevant inf	ormation for each program title				•	
28 See Schedule O		-				
(Grants \$) If this amount includes foreign grant	ts chack hare	▶ [28a		53,916
	EATMENT: POLIO ERADICATION	is, check here		200		
PROJECT FUNDED BY MEMBER	SIVING AND FUND RAISERS.					
	S 1511		_ r	7 00-		500
(Grants \$) If this amount includes foreign gran			29a		
30 GROUP STUDENT EXCHANGE CO	-SPONSORS THE EXCHANGE OF A	GROUP				
OF INDIVIDUALS TO BETTER	UNDERSTAND CULTURAL DIFFERER	NCES				
AND GARNER A POSITIVE UND	ERSTANDING OF CULTURES.		_	$\neg \mid \mid$		
(Grants \$) If this amount includes foreign gran	ts, check here	<u> </u>	30a		
31 Other program services (describe in	Schedule O)		_	_		
(Grants \$) If this amount includes foreign gran	ts, check here	<u> </u>	31a		5,600
32 Total program service expenses (a	add lines 28a through 31a)		<u> </u>	32		60,016
Part IV List of Officers, Directo	ors, Trustees, and Key Employees. L	ist each one even if not	compensated (see	the instruc	tions fo	or Part IV)
Check it the organization	n used Schedule O to respond to any o	(b) Title and average	(c) Reportable	(d) Heath be	nefits	
(a) Name	e and address	hours per week		ontributions to e benefit plans	employee	(e) Estimated amount of
		devoted to position		leferred compe		other compensation
LISA NOVAK	MORGANTOWN	PRESIDENT				
P O BOX 1023	WV 26507	3.00	ا		o	0
DONNA TENNANT	FAIRVIEW	SECRETARY				
2078 JAKES RUN RD	wv 26570	3.00	اها		اه	o
MICHAEL ELLIGNTON	GRAFTON	TREASURER				
32 MULLIGAN AVE	WV 26354	3.00	ا		o	0
	MORGANTOWN	CHAIR			<u>_</u>	
HARRY GRANDON			اها		اه	o
114 PINE TREE LANE	WV 26508	3.00	 		—~~	
GEOFFREY GAGE	MORGANTOWN	MEMBERSHIP			ا	
1222 CHASE STREET	wv 26508	3.00	3		0	0
RANJIT MAJUMBER	MORGANTOWN	PAST GOV.				_
3 CATALPA STREET	WV 26505	3.00	0		- 0	0
JANETTE GIDLEY	MORGANTOWN	PRES. ELECT				Ĭ
6 MOUNTAIN VISTA DR.	WV 26508	3.00	- 0		0	0
MATTHEW MCLAUGHLIN	MORGANTOWN	PUBLICITY				
124 SENECAL HILLS ESTATES	WV 26508	3.00	0		0	0
DAINE MARKET-GASTON	MORGANTOWN	BOARD				
356 NICHOLAS LOOP	WV 26508	3.00	0		0	, c
JOE PANEPINTO	MORGANTOWN	BOARD	[T			
2303 CIRCLE DR	wv 26505	3.00	o		0	
FRANCES SMITH	MORGANTOWN	PAST PRES				
397 RIVERVIEW AVENUE	WV 26501	3.00	اه		0	d
RICHARD ELLER	MORGANTOWN	BOARD	1			
124 CRESTVIEW DRIVE	WV 26505	3.00	ا		0	c
					ئــــــــــــــــــــــــــــــــــــــ	

Form 990-EZ (2011) ROTARY	INTERNATIONAL	5!	5-6019487				Page 2
	. (see the instructions for Part II)						
Check if the organ	ization used Schedule O to respond to an	y question in this	s Part II				
			(A) Beginning of year			(B) End of ye	ear
22 Cash, savings, and investments				0	22	·	
23 Land and buildings				0	23		
24 Other assets (describe in Schedu	ıle O)			0	24		
25 Total assets				0	25		0
26 Total liabilities (describe in Scho	•	<u> </u>		0	26		0
	ne 27 of column (B) must agree with line 21)			이	27		0
	ogram Service Accomplishments (s		•	$\neg \bot$		Expenses	
	ization used Schedule O to respond to an	ly question in this	s Part III	Щ		quired for sec	
What is the organization's primary ex	empt purpose /					(c)(3) and 50°	
Describe the organization's program	service accomplishments for each of its three I	organt program co	D#000		-	inizations and	
	and concise manner, describe the services pro	•	· ·			7(a)(1) trusts,	ориона
persons benefited, and other relevan	•	ovided, the nambe	1 01		101 0	others)	
28	mormator for each program title						
20							
(Grants \$) If this amount includes foreign grants, ch	neck here	•	\sqcap	28a		
29			 	<u>'</u>			
					`		
(Grants \$) If this amount includes foreign grants, ch	neck here	_	\bigcap	29a		
30							
(Grants \$) If this amount includes foreign grants, ch	neck here	<u> </u>		30a		
31 Other program services (describe	e in Schedule O)						
(Grants \$) If this amount includes foreign grants, ch	neck here	<u> </u>	Щ	31a		
32 Total program service expense			· · · · · · · · · · · · · · · · · · ·		32		
Part IV List of Officers, Direction Check of the organization	ectors, Trustees, and Key Employees. List eation used Schedule O to respond to any quest	ach one even if no ion in this Part IV	t compensated (se	e the	instruct	ions for Part	IV)
		(b) Title and average	(c) Reportable	(d)	Heath ben	efits,	
(a)	Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	ben	efit plans,	mployee (e) Estim	nated amount of compensation
		<u> </u>	(If not paid, enter -0-)	detern	ed compen	isation	
HEATHER CROSS	MORGANTOWN	BOARD		1			
1110 PRESTWICK AVENUE	WV 26508	3.00	0			0	0
				1			
		_	ļ				
			<u> </u>				
		<u> </u>	J	L			
DAA						Form 99	0-EZ (2011)

<u> 19</u>	487	Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in 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			۱
	detailed description of each activity in Schedule O	33		X
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	١		
250	change on Schedule O (see instructions)	34		X
JJa	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)?	250		x
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	35a 35b	 	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330	 	
Ŭ	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000		<u> </u>
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
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 outstanding at the end of the tax year covered by this return?	38a		X
b	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	╛		
b	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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 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	ļ	X
С	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			
d				
_	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		x
41	transaction? If "Yes," complete Form 8886-T	40e	l	
41 42a	List the states with which a copy of this return is filed None The organization's books are in care of MICHAEL ELLINGTON Telephone no 30	4-21	6-4	861
424	32 MULLIGAN AVE	- 21		.001
		354		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country	122		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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		т	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	44a	ļ	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	l	1	
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	-	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	1	1
	·			•
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	X
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	4.5.		x
	Form 990-EZ (see instructions)	45b		<u> </u>

Form	1 990-E	Z (2011)	R	OTARY	IN	TERNATIONA	AL.	5	5-6019487			Р	age 4
			•	1		- <u>,</u>, .	- 					Yes	No
46	Did the	e organiz	ration e	engage di	rectiv :	or indirectly in politi	ical campaign activit	ues on behalf of or	in opposition				
		•		• • •	•	," complete Schedu	. •		орроскоп		46	1	x
Pa	rt VI	Sec	tion	501(c)(3) org	anizations and	section 4947(a	a)(1) nonexem	ot charitable tr	usts only. All se		<u> </u>	
		501((c)(3)	organizat	tions	and section 4947	(a)(1) nonexempt	charitable trusts	must answer que	estions 47-49b			
						e tables for lines		ni, aireatian in thii	o Dort VII				\Box
	,	Che	CK IT U	ne organi	zatior	i usea Scheaule	O to respond to a	ny question in this	s Part VI				
47	Did the	e organız	ation e	engage in	lobbyii	ng activities or have	a section 501(h) ele	ection in effect duri	ng the tax			Yes	No
	year?	If "Yes,"	comple	ete Sched	ule C,	Part II					47		
48	-		-				b)(1)(A)(॥)? If "Yes,"	complete Schedule	e E		48		
49a		-				· ·	n-charitable related	· ·			49a		
b		•		•		a section 527 organ					49b		
50		•		•		•	npensated employe	es (other than office	ers directors trust	ees and kev		1	
•	•			•		-	ompensation from th	•	•	•			
							omponoution nom ti	(b) Title and average	(c) Reportable	(d) Health benefits,	Т		
			(8			of each employee \$100,000		hours per week	compensation	contributions to employee	T	timated a ir compe	mount of
				paid m	iore than	\$100,000		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	1 000	ii compe	risation
										- Components			
											1		
							··-				 		
										-	1		
											 		
											1		
f						d over \$100,000		▶ _		_			
51							mpensated independ		o each received m	ore than			
	\$100,0	JUU OT CO	mpens	sation from	n the c	rganization if there	s is none, enter "Non	le					
	(a)	Name and	d address	s of each inde	ependen	t contractor paid more that	n \$100,000	(b) ¹	Type of service	(c) Co	mpensa	tion	
	_												
_											•		
	Total	number c	of othe	r independ	dent co	intractors each rece	eiving over \$100,000	<u> </u>					
52				•			ction 501(c)(3) organ	·	a)(1)				
32		_		•		_		iizations and 4547 (a)(1)	▶ □	7 v	. \Box	No.
						ach a completed Sc					Yes		No
							ncluding accompanying based on all inform				nd beli	ef, it is	
		L &			(P)OPO	119 0	Dasca on all monit	ation of which prepare					
Sig	n	• –		1114		1-14 _				~13			
		'	nature of	<u>-</u>	Α.	ELLINGTON		ਜਾ ਹਵਾ ਨੇ	SURER				
Her	e	I 		nt name and ti		ELLINGION		IKEA	SURER				
		, ·					T D	n.			l DTI		
		Print/Type	prepare	ers name			Preparers signature	111 11-	Date	Check i	F PTIN	'	
Paid	d	Susan 1	M. Gr	azıanı			dusan.	IU MAG	any con	self-employed	P00	23572	24
Pre	parer	Firm's nan			nni	ngham Powe	ell Alexan	der, A.C.				194	
	Only	Firm's add				Mileground							
	•	5 200				ntown, WV	26505			Phone no 304-	292	-94	69
May	v the IR:	S discuss	s this re			eparer shown above					XY		No
	,												(2011)
										-	J.,		_ (== 1 1)

SCHEDULE O . (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY INTERNATIONAL MORGANTOWN ROTARY CLUB

Employer identification number 55-6019487

Doing Business As - Additional Names

MORGANTOWN ROTARY CLUB

Form	990-EZ.	Part I.	Line	16 -	Other	Expenses
LOTI	<i>990 110,</i>	rart 1,	TITIE	T U	O CITET	nybenses

Description		Amount			
RUBELLA ERADICATION					
Prg 4 Exp Rubella Erad		\$	500		
CLAY BATTELLE SCHOLARSHIP					
Prg 5 Exp - Clay Battelle		\$	5,000		
EYE INSTITUTE SPONSOR					
Youth Development (Boys &		\$	600		
SOUP KITCHEN					
9 Soup Kitchen		\$	29,939		
Expenses					
President's Discretionary		\$	2,925		
Secretary's Stipend		\$	2,520		
Treasurer's Stipend		\$	2,730		
Dues for Membership		\$	7,945		
Meeting Expense (Meals)		\$	6,394		
Club Website Design & Mai		\$	914		
Other Operating Expenses		\$	277		
Member Care		\$	208		
Miscellaneous		\$	64		
	Total	\$	60,016		

Employer identification number 55-6019487

Form 990-EZ, Part III - Primary Exempt Purpose

The mission of Rotary International is to provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders. The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster:

•FIRST. The development of acquaintance as an opportunity for service;

•SECOND. High ethical standards in business and professions; the recognition of the worthiness of all useful occupations; and the dignifying of each Rotarian's occupation as an opportunity to serve society;

•THIRD. The application of the ideal of service in each Rotarian's personal, business, and community life;

•FOURTH. The advancement of international understanding, goodwill, and peace through a world fellowship of business and professional persons united in the ideal of service.

Form 990-EZ, Part III, Line 28 - First Accomplishment
SOUP KITCHEN PROVIDES A HOT MEAL FOR THOSE IN THE GREATER
MORGANTOWN AREA THAT MAY BE WITHOUT SHELTER. THIS PROGRAM
FEEDS A HOST OF ADULTS AND FAMILY MEMBERS WHO MAY NOT HAVE
THE RESOURCES TO MAKE ENDS MEET. ROTARIANS AND THEIR
FAMILIES VOLUNTEER THEIR TIME IN PREPPING AND SERVING HOT
MEALS THE FORTH SAT. OF THE MONTH.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment MISC. SPECIAL PROJECTS:

STEVE HERRICKS KIDS CHRISTMAS PARTY FOR NEEDY CHILDREN.

Page 2

Name of the organization ,

ROTARY INTERNATIONAL

Employer identification number

55-6019487

SENIOR PICNIC, MIRACLE LEAGUE, ETC.