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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12****B** Check if applicable

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

C Name of organization**ROTARY INTERNATIONAL MURRAY ROTARY**
C/O DUANE KARREN

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

4768 ICHABOD ST

Room/suite

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

SALT LAKE CITY UT 84117**D** Employer identification number**87-6124148****E** Telephone number**801-274-8233****F** Group Exemption
Number**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) _____**I** Website: **WWW.MURRAYUTAHROTARY.ORG****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.► \$ **76,089****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

SCANNED Revenue 10 2012	1	Contributions, gifts, grants, and similar amounts received	1	8,720
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	62,951
	4	Investment income	4	
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8	4,418	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	76,089	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	
	16	Other expenses (describe in Schedule O)	16	61,128
	17	Total expenses. Add lines 10 through 16	17	61,128
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,961
	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	35,364
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	50,325

SEE STATEMENT

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OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990-EZ** (2011)

Part V 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 detailed description of each activity in Schedule O		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 change on Schedule O (see instructions)		X
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)?		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		
c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a ; section 4955 40a		
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		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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed 41 <u>NONE</u>		
42a The organization's books are in care of 42a <u>DUANE KARREN</u> Telephone no 42a <u>801-274-8233</u> <u>4768 ICHABOD ST</u> Located at 42a <u>SALT LAKE CITY</u> 42a <u>UT</u> ZIP + 4 42a <u>84117</u>		
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 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 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		
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		X
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		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		
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 Form 990-EZ (see instructions) 45b		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51

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? 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
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

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.

Sign Here	Signature of officer <i>[Signature]</i>	Date <i>11/12/12</i>
	Type or print name and title <i>Treasurer</i>	
Paid Preparer Use Only	Print/Type preparer's name <i>DUANE KARRSEN</i>	Preparer's signature <i>[Signature]</i>
	Firm's name THIS TAX RETURN PREPARED BY A NON-PAID PREPARER.	Firm's EIN 8012748233
	Check ☐ if self-employed	PTIN <i>529.52</i> <i>5889</i>
	Phone no	

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

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No 1545-0047

2011Open to Public
InspectionROTARY INTERNATIONAL MURRAY ROTARY
C/O DUANE KARRENEmployer identification number
87-6124148**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
SCRAPMETAL SALES	\$ 4,418
TOTAL \$	4,418

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
PROG SERV - SCHEDULE ATTA	\$ 17,789
OTHER EXP - SCHEDULE ATTA	\$ 43,339
TOTAL \$	61,128

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 22,731	\$ 19,284
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 0	\$ 1,765
TOTAL \$	22,731	21,049

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,069	\$ 3,675

ROTARY INTERNATIONAL MURRAY 87-6124148
YEAR ENDED 06/30/12

STATEMENT 2 - SCHEDULE OF OTHER EXPENSES - LINE 16 - PAGE 1

ROTARY PROGRAM SERVICE ACCOMPLISHMENT
EXPENDITURES, LINE 32 - PAGE 2

<u>CLUB SERVICE</u> - TRAINING BY ROTARY INTERNATIONAL FOR INCOMING MURRAY ROTARY CLUB OFFICERS; SUPPORT OF HISPANIC LATINO ROTARY CLUB	495
<u>COMMUNITY SERVICE</u> - PRIMARILY BENEFITED THE MURRAY BOYS & GIRLS CLUB & SALT LAKE DONATED DENTAL SERVICES - A CLINIC FOR INDIGENT INDIVIDUALS	5,880
<u>YOUTH SERVICE</u> - PRIMARILY BENEFITED; ROTARY INTERNATIONAL YOUTH EXCHANGE STUDENTS FROM OTHER COUNTRIES ATTENDING HIGH SCHOOL IN THE MURRAY, UTAH DISTRICT; INTERACT, A HIGH SCHOOL SERVICE CLUB SPONSORED BY THE MURRAY ROTARY CLUB; ROTARY YOUTH LEADERSHIP ASSOCIATION WHICH IS A ROTARY SPONSORED LEADERSHIP TRAINING CAMP FOR HIGH SCHOOL STUDENTS	1,570
<u>VOCATIONAL SERVICE</u> - PRIMARILY BENEFITED, THE TOP 10 ACADEMIC GRADUATES OF MURRAY HIGH SCHOOL BY HONORING THEM AT A "SCHOLASTIC BANQUET" AND PRESENTATION OF AN AWARD TO AN OUTSTANDING ALUMNUS OF MURRAY HIGH SCHOOL	1,557
<u>INTERNATIONAL SERVICE</u> - PRIMARILY BENEFITED, A REMOTE SCHOOL IN MEXICO BY PROVIDING ADDITIONAL CLASSROOM SPACE AND BOOKS, TOILETRIES AND MEDICAL AND DENTAL SERVICES TO ITS STUDENTS	8,287
TOTAL PROGRAM SERVICE ACCOMPLISHMENT EXP <u>LINE 32 - PAGE 2</u>	<u>17,789</u>

OTHER NON PROGRAM SERVICES EXPENSE

<u>DUES PAID</u> TO ROTARY INTERNATIONAL & ROTARY INTERNATIONAL DISTRICT OF UTAH TO FURTHER THE ACTIVITIES OF ROTARY INTERNATIONAL THROUGHOUT THE WORLD & ROTARY WITHIN THE STATE OF UTAH	\$ 4,916
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<u>COST OF WEEKLY MEMBER LUNCHES</u>	25,336
<u>COST OF MEMBER SOCIAL EVENTS</u>	8,749
TOTAL COST OF MEMBER LUNCHES AND SOCIAL EVENTS	<u>34,085</u>

<u>GENERAL & ADMIN CLUB EXPENDITURES</u>	
CLUB OFFICE & ROTARY SUPPLIES	2,531
PROFESSIONAL FEES - ACCOUNTING & CLUB WEBSITE	1,428
MEMBER BAD DEBTS	379
<u>TOTAL OTHER GENERAL AND ADMIN EXP</u>	<u>4,338</u>

<u>TOTAL OTHER NON PROGRAM SERVICES EXPENSE</u>	<u>43,339</u>
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TOTAL OTHER EXPENSE <u>LINE 16 - PAGE 1</u>	\$ <u>61,128</u>
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Federal Statements

FYE: 6/30/2012

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBER DUES & INITIATION FEES	\$ 8,700
MEMBER CONTRIBUTIONS	8,637
MEMBER WEEKLY LUNCHES	36,430
MEMBER SOCIAL EVENTS	9,184
TOTAL	<u>\$ 62,951</u>

ROTARY INTERNATIONAL MURRAY 87-6124148
SCHEDULE OF OFFICERS & DIRECTORS FOR PART 1V PAGE 2 FORM 990EZ
YEAR ENDED 6/30/12

NAME & ADDRESS	TITLE	COMPENSATION
GLEN PERRY SALT LAKE CITY, UT	PRESIDENT	0
KYLE WINTHER MURRAY, UT	PRESIDENT ELECT	0
TYSON SOFFE MURRAY, UT	TREASURER	0
JOYCE ANDERSON MURRAY, UT	SECRETARY	0
MARK ANDERSON SANDY, UT	PAST PRESIDENT	0
RON JENSEN MURRAY, UT	DIRECTOR	0
JIM CHARNHOLM SALT LAKE CITY, UT	DIRECTOR	0
CLYDE DAINES SANDY, UT	DIRECTOR	0
DENNY MECHAM MURRAY, UT	DIRECTOR	0
TERRY PUTNAM SANDY, UT	DIRECTOR	0

ALL OFFICERS AND DIRECTORS ARE VOLUNTEER AND RECEIVE NO COM PENSATION
IN ANY FORM. THEY WORK VARIOUS HOURS ON A PART TIME BASIS DEPENDING ON
THEIR POSITION