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A For the 2012 calendar year, or tax year beginning 07-01-2012

DLN: 93492013012654

OMB No 1545-1150

990-EZ

Department of the Treasury Internal Revenue Service

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

, and ending 06-30-2013

Open to Public Inspection

_	Address change C Name of organization ROTARY CLUB OF WILLIAMSBURG INC				54-6053668							
	Name change Number and street (or P O box, if mail is not delivered to street address) Room/su			n/suite		E Teleph		mber				
	nitial re		1209 JAMESTOWN	I ROAD								
_	emina		City or town, state	e or country, and Z	IP + 4					E Group	Evomni	tion
Amended return Application pending City or town, state or country, and ZIP + 4 WILLIAMSBURG, VA 231853363						F Group Exemption Number ►			uon ▶ -			
	P P OC. C	.o ponumg										
G A	coun	iting Method	Cash 🔽 Acci	rual Other (spe	ecify) ►			Н	require	►	n Sche	
ΙW	ebsite	e: 🟲 www.lliAi	MSBURGROTARY ORC	3				ĺ	(1 01111 2	,,,,,,	, 0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
J Tax	(-exen	npt status(check	only one)— 501(d	501(c)(4)	(insert no	- 4947(a)(1)	or Г 527					
<u>—</u>	neck l	▶ If the orga	nization is not a :	 section 509(a)(3) supporting	g organizatio	n or a sect	tion 52	27 organiz	zation and	ıts gro	oss receipts are
norr	nally	not more than :	\$50,000 A Form	1990-EZ or For	m 990 return	ıs not requi	red though	Form				
		· ·	organization choo 7 b, to line 9 to de		=				or more o	riftotala	cate ((Part II line 25
			\$500,000 or mor					,000	or more, o		100,7	
Pa	irt I		, Expenses, a									
		Check if the	e organization us	ed Schedule O t	o respond to	any questio	n in this Pa	art I .				
	1	•	, gıfts, grants, an	d sımılar amour	 its received						1	16,863
	2		ice revenue inclu			ontracts .					2	,
	3	Membership o	dues and assessr	nents							3	83,827
	4	Investment ir	ncome								4	23
	5a	Gross amoun	t from sale of ass	ets other than ı	nventory			. 5	a			
<u>o</u>	ь		other basis and s					. 5				
Ĕ	c	Gain or (loss)	from sale of ass	ets other than ir	nventory (Sul	otract line 5	b from line	 5a)			5c	
Revenue	6											
	а		from gaming (at		if greater th	an \$15,000)	. 6	.			
	ь	Gross income	from fundraising	events (not inc	ludina \$	C	of contribut		•			
			ng events report				, continu					
		sum of such g	ross income and	contributions e	xceeds \$15,	000)		6	b			
	C	Less directe	expenses from ga	mıng and fundra	ısıng events			. 6	с			
	d	Net income o	r (loss) from gam	ıng and fundraıs	ıng events (a	add lines 6a	and 6b and	d subti	act line 6	c)	6d	
	7a	Gross sales o	of inventory, less	returns and allo	wances			. 7	a			
	b	Less cost of	goods sold					. 7	b		_	
	C	Gross profit o	r (loss) from sale	s of inventory (Subtract line	7b from line	7a) .				7c	
	8		e (describe in Sc								8	
	9	Total revenue	Add lines 1, 2,	3, 4, 5c, 6d, 7c	, and 8 .					<u> </u>	9	100,713
	10		mılar amounts pa	-	•						10	24,719
	11	Benefits paid	to or for member	5							11	
	12	•	er compensation,								12	
S S	13	Professional fees and other payments to independent contractors						13				
Expenses	14		ent, utilities, and								14	
ũ	15		ıcatıons, postage								15	
	16	•	es (describe in S	•							16	75,652
	17		es. Add lines 10 t					• •		•	17	100,371
නු ආ	18	•	eficit) for the year	•		•					18	342
NetAssets	19		fund balances at		·	27, column	(A)) (must	agree	with			
et.		•	gure reported on		•						19	22,197
Z	20		s in net assets o								20	
	21	Net assets or	fund balances at	end of year Co	mbine lines	18 through 2	20			<u> </u>	21	22,539

Part II Balance Sheets (see the I Check if the organization used		any question in this	Part II		্যা
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			26,693	22	13,876
23 Land and buildings				23	
24 Other assets (describe in Schedule O			9,898	24	11,837
25 Total assets			36,591	25	25,713
26 Total liabilities (describe in Schedule	0)		14,394	+ +	3,174
27 Net assets or fund balances (line 27 of	column (B) must agree w	th line 21)	22,197	+ +	22,539
Part III Statement of Program				T	Expenses
Check if the organization used	•	any question in this	s Part III ▼		quired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt THE ORGANIZATION'S PRIMARY FUNCT WHICH GRANTS SCHOLARSHIPS TO STUNIVERSITIES	ION IS TO PROVIDE FU			org	anizations and section 47(a)(1) trusts, ional for others)
Describe the organization's program service measured by expenses. In a clear and conditions benefited, and other relevant information for	ise manner, describe the s				
28 THESE GRANTS ARE PAID TO THE WI MISSION IS TO PROVIDE SCHOLARSHI AND UNIVERSITIES (Grants \$ 15,458) If the		NTS ATTENDING \	IRGINIA COLLEGES	28a	15 450
29 THESE CONTRIBUTIONS SUPPORT T			· · · · · · · · · · · · · · · · · · ·	20a	15,458
OF THE ROTARY FOUNDATION IS TO ENGODWILL AND PEACE THROUGH THE THE ALLEVIATION OF POVERTY THE FOUNDATION OF ROTARY INTERNATIONAL VOLUNTARY CONTRIBUTIONS FROM ROVISION OF A BETTER WORLD (Grants \$ 5,961)	IMPROVEMENT OF HEAL DUNDATION IS THESE C A NOT-FOR-PROFIT COI	TH,THE SUPPORT ONTRIBUTIONS S RPORATION SUPP OF THE FOUNDA	OF EDUCATION AND SUPPORT THE ORTED SOLELY BY FION WHO SHARE ITS	; 29a	5,961
30 CONTRIBUTIONS TO A VARIETY OF THE COMMUNITY	LOCAL NON-PROFITS DE				
· · · · · ·	_	grants, cneck nere	<u> ▶ ┌</u>	30a	3,300
31 Other program services (describe in Sci (Grants \$) If thi	s amount includes foreign	grants, check here	▶┌	31a	
32 Total program service expenses (add line			<u> </u>	32	24,719
Part IV List of Officers, Directors, True Check if the organization used	stees, and Key Employees Schedule O to respond to	List each one even if no any question in this	t compensated (see the insti 5 Part IV	uctions • •	for Part IV)
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/109 MISC) (if not pa enter -0-)		to olans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>			
			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						
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)						
35a	a 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)?						
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b					
С	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	35c		No			
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	36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨						
ь	Did the organization file Form 1120-POL for this year?	37b		No			
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		No			
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations Enter						
	Initiation fees and capital contributions included on line 9						
	Gross receipts, included on line 9, for public use of club facilities 39b						
	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		No			
c	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 ▶						
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization						
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		No			
41	List the states with which a copy of this return is filed 🕨						
42a	The organization's books are in care of ► MOSS & RIGGS PLLC Telephone n						
	Located at ▶ 1209 JAMESTOWN ROAD WILLIAMSBURG, VA ZIP + 4	_ 2	3185				
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes				
	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, Report of Foreign Bank and Financial Accounts.						
C	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		No			
	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 \(\big 43\)			▶ Г			
			Yes	No			
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		No			
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed			1110			
	Instead of Form 990-EZ	44b		No			
	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
	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		No			
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		No			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ	(2012)						Page 4
						Yes	No
	organization engage, directly tes for public office? If "Yes,"			ehalf of or in opposition to	L		No
	Section 501(c)(3) orga All section 501(c)(3) orgai	-	guestions 47-49b ar	nd 52, and complete the	e tables	s for lu	nes 50
i	and 51 Check if the organization used		•				
	eneck if the organization asec	a seriedate o to respond t	o any question in this i	<u> </u>		Yes	No
	organization engage in lobbyii " complete Schedule C, Part I		ction 501(h) election in		47		
18 Istheo	rganızatıon a school as descr	ibed in section 170(b)(1)((A)(11)? If "Yes," comple	ete Schedule E .	. 48		
19a Did the	Did the organization make any transfers to an exempt non-charitable related organization?						
b If "Yes,"	" was the related organization	a section 527 organization	on?		. 49b		
	te this table for the organizati ees) who each received more t						
` '	d title of each employee paid re than \$100,000	(b) A verage 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	1 ` '		amoun ensatior
51 Complet	number of other employees pa te this table for the organization ensation from the organization	on's five highest compens		ractors who each received	more th	an \$10	0,000
(a) Nam	e and address of each indepe	ndent contractor paid mor	e than \$100,000	(b) Type of service	(c) (ompen	sation
52 Did th	number of other independent on the organization complete Sche tempt charitable trusts must a	edule A? NOTE: All Section	n 501(c)(3) organizatio	ns and 4947(a)(1)	•	┌ Ye	s ∏ No
	s of perjury, I declare that I have belief, it is true, correct, and co						
<u> </u>	*****			2014-01-02			
ign lere	Signature of officer DOUGLAS MCLEAN TREASURER			Date			_
	Type or print name and title						_
aid	Print/Type preparer's name	Preparer's signature JANET V RIGGS CP		Check if PTIN self-employed			
raid Preparer	Firm's name ► MOSS & RIG	GS PLLC		Fırm's EIN ►			
Jse Only	Firm's address ► PO BOX 275 LOCUST HILL,	, VA 230920275		Phone no (804) 758-	0526		
av the IRS d	liscuss this return with the pre		instructions	· · · · · · · · · · · · · · · · · · ·	Γγ	es F	No

Software ID: Software Version:

EIN: 54-6053668

Name: ROTARY CLUB OF WILLIAMSBURG INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid,	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
		enter -0-)	compensation	·
PRESIDENT	000 00	0		
BRINGIER MCCONNELL IST VICE PRE	000 00	0		
CHUCK HOBSON © 2ND VICE PRE	000 00	0		
DAVID KENT SECRETARY	000 00	0		
DOUG MCLEAN 🕏 TREASURER	000 00	0		
TOM MORRIS PAST PRESIDE	000 00	0		
ROBIN BLEDSOE 2 DIRECTOR	000 00	0		
PAUL MUSE DIRECTOR	000 00	0		
CANDY HAMILTON 2 DIRECTOR	000 00	0		
PETER MELLETTE S DIRECTOR	000 00	0		

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DLN: 93492013012654

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization ROTARY CLUB OF WILLIAMSBURG INC Employer identification number

54-6053668

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990- EZ, PART I, LINE 10	WILLIAMSBURG ROTARY FOUNDATION 1209 JAMESTOWN ROAD WILLIAMSBURG, VA 23185 15,458 0 0 ROTARY INTERNATIONAL FOUNDATION 14255 COLLECTIONS CENTER DR CHICAGO, IL 60693 5,961 0 0
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	EXPENSES MEALS 52,776 PINS & BANNERS 451 LEGAL & ACCOUNTING 10,346 CONFERENCE EXPENSE 676 SPECIAL EVENTS 1,646 WEBSITE 579 TRAINING 760 DUES (DIST & INT'L) 8,418 TOTAL 75,652
OTHER ASSETS	FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 9,748 11,687 ORGANIZATIONAL COSTS 150 150 TOTAL 9,898 11,837
OTHER LIABILITIES	FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAY ABLE AND ACCRUED EXPENSES 14,394 3,174
PRIMARY EXEMPT PURPOSE	FORM 990- EZ, PART III	THE ORGANIZATION'S PRIMARY FUNCTION IS TO PROVIDE FUNDING TO A RELATED FOUNDATION WHICH GRANTS SCHOLARSHIPS TO STUDENTS MATRICULATING AT VIRGINIA COLLEGES AND UNIVERSITIES
SECOND ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 29	THESE CONTRIBUTIONS SUPPORT THE MISSION OF THE ROTARY INTERNATIONAL THE MISSION OF THE ROTARY FOUNDATION IS TO ENABLE ROTARIANS TO ADVANCE WORLD UNDERSTANDING, GOODWILL AND PEACE THROUGH THE IMPROVEMENT OF HEALTH, THE SUPPORT OF EDUCATION AND THE ALLEVIATION OF POVERTY THE FOUNDATION IS THESE CONTRIBUTIONS SUPPORT THE MISSION OF ROTARY INTERNATIONAL A NOT-FOR-PROFIT CORPORATION SUPPORTED SOLELY BY VOLUNTARY CONTRIBUTIONS FROM ROTARIANS AND FRIENDS OF THE FOUNDATION WHO SHARE ITS VISION OF A BETTER WORLD
ALL OTHER ACCOMPLISHMENT	FORM 990- EZ, PART III, LINE 31	CONTRIBUTIONS TO A VARIETY OF LOCAL NON-PROFITS DEDICATED TO THE ENRICHMENT OF THE COMMUNITY

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TY 2012 Compensation Explanation

Name: ROTARY CLUB OF WILLIAMSBURG INC

EIN: 54-6053668

Person Name	Explanation
SEAN DRISCOLL SEAN DRISCOLL	
BRINGIER MCCONNELL	
CHUCK HOBSON	
DAVID KENT	
DOUG MCLEAN	
TOM MORRIS	
ROBIN BLEDSOE	
PAUL MUSE	
CANDY HAMILTON	
PETER MELLETTE	