efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492340001057 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 07-01-2016 and ending 06-30-2017 B Check if applicable C Name of organization D Employer identification number ROTARY INTERNATIONAL ☐ Address change ROTARY CLUB OF MORGANTOWN 55-6019487 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return P O BOX 411 ☐ Final return/terminated (304) 599-2352 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return MORGANTOWN, WV 26507 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www morgantownrotary com **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other 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, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 5,163 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . . . . . . 50,048 3 Membership dues and assessments . . . . . . 3 10,742 4 4 5a Gross amount from sale of assets other than inventory . . . . . 5b b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances . . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 Other revenue (describe in Schedule O) 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 66,037 10 10 Grants and similar amounts paid (list in Schedule O) 11,328 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 829 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 75,912 17 Total expenses. Add lines 10 through 16 17 88,069 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -22,032 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 78,913 end-of-year figure reported on prior year's return) 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 56,881 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	<b>Balance Sheets</b> (see the instruction Check if the organization used Schedule		juestion in this P	art II			
			Ţ	<b>(A)</b> B	eginning of year		(B) End of year
,	rings, and investments				78,726		56,769
	buildings				107	23	112
	sets (describe in Schedule O)		-		187		112
	sets				78,913	25 26	56,881
	ets or fund balances (line 27 of column		line 21)		78,913	-	56,881
Part III	Statement of Program Service	<u> </u>		ns for Pa	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Expenses
What is the of the MISSION ADVANCE WISSION BERVICE AS DEVELOPMEN BUSINESS ADIGNIFYING APPLICATION FOURTH THE FELLOWSHIF Describe the measured by benefited, ar 128	Check if the organization used Schedul organization's primary exempt purpose? NOF ROTARY CLUB OF MORGANTOWN ID ORLD UNDERSTANDING, GOODWILL, AND COMMUNITY LEADERS THE ORAL AND POPORTUIN OF ACQUAINTANCE AS AN OPPORTUIN OF EACH ROTARIAN'S OCCUPATION AS OF THE IDEAL OF SERVICE IN EACH READVANCEMENT OF INTERNATIONAL URGANIZATION OF BUSINESS AND PROFESSIONAL PER ORGANIZATION'S program service accompleace of the complex of t	S TO PROVIDE SERVICE  S TO PROVIDE SERVICE  D PEACE THROUGH IT  BJECT OF ROTARY IS TO  IN PARTICULAR, TO E  NITY FOR SERVICE, SE  OF THE WORTHINESS  AN OPPORTUNITY TO  OTARIAN'S PERSONAL,  NDERSTANDING, GOOD  RSONS UNITED IN THE  Ishments for each of its  er, describe the service	E TO OTHERS, P S FELLOWSHIP ( O ENCOURAGE A NCOURAGE AND COND HIGH ETH OF ALL USEFUL C SERVE SOCIETY, BUSINESS, AND DWILL, AND PEA IDEAL OF SERVI S three largest pr is provided, the r	ROMOTOF BUS: ND FOSTE HICAL S CCUPA THIRD COMM CE THR CE TOGRAM T	E INTEGRITY, AND INESS, STER THE IDEAL OF R FIRST THE ITANDARDS IN TIONS, AND THE UNITY LIFE, OUGH A WORLD	org oth	
Grants \$ )	If this amou	nt includes foreign gran	its, check here		. ▶ ⊔		
30						30a	
Grants \$ )	If this amou	nt includes foreign gran	its, check here		. ▶ □		
1 Other pro	gram services (describe in Schedule O)						
Grants \$ )	If this amoui	nt includes foreign gran	its, check here .		. ▶ □	31a	
32 Total pro	ogram service expenses (add lines 28	a through 31a)			•	32	87,24
	(a) Name and title	(b) Average hours per week	(c) Reporta	ble on	(d) Health ben	efits,	(e) Estimated amoun
		devoted to position	(Forms W-2/1 MISC) (if not enter -0-	paid, )	benefit plans, deferred compen		n
GEOFFREY G	AGE	000 00		0			
PRESIDENT							
NDIRA MAJI	JMDER	000 00		0			
RESIDENT I	EL						
ONNA TENI	NANT	000 00		0			
SECRETARY							
SEORGE LIL	FY	000 00		0			
	'			Ū			
REASURER	CLAUCHITM.	000.00					
1ATTHEW M	CLAUGHLIN	000 00		0			
AST PRESI	DE .						
ROBIN SCHO	OLEY	000 00		0			
DIRECTOR							
ISA VARNE	ξ	000 00		0			
DIRECTOR							
IM ROBINS	DN	000 00		0			
DIRECTOR		000.00					
OHN KUEHN		000 00		0			
DIRECTOR							
OE PANEPIN	то	000 00		0			
DIRECTOR							
ERREY HOY	Г	000 00		0			
DIRECTOR							
ZINECTOR							

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	<u> </u>	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			
		ſ	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	33	103	No
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)	34		No
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)?	35a		No_
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b		
	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			
b	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 <b>or</b> 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
b	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			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955 , sectio			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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 The organization's books are in care of GEORGE W LILLEY JR  Telephone no	204) E	00 225	
42a	Located at ► 173 POPLAR DR MORGANTOWN, WV ZIP + 4 ►	2650		<u>-</u>
	277 TOP BILL DICTOR HOROMITOWN, WY			
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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country	120		
c	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
·		720		
42 1	If "Yes," enter the name of the foreign country   Gection 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	•		
	and effect the amount of tax exempt interest received of decreted during the tax year.	Г	.,	
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	Yes	No No
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		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

									Page ·
								Yes	No
	rganization engage, directly or indirect is for public office? If "Yes," complete					to			N.I
	ection 501(c)(3) organization						46		No
Al	I section $501(c)(3)$ organizations	must answer quest	ions 47-49b and 52	, and c	omplete t	he table	s for lii	nes 50	and 5
Ch	neck if the organization used Schedule	O to respond to any q	juestion in this Part VI			<u></u>	• • •	Yes	□ No
<b>7</b> D.J.L		bb F/	21/6) -1		<b></b>				
	rganization engage in lobbying activiti complete Schedule C, Part II		or (n) election in effect	_	•		47		
8 Is the org	anization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E			48		
<b>9a</b> Did the oi	rganization make any transfers to an e	exempt non-charitable	related organization?				49a		
<b>b</b> If "Yes," v	was the related organization a section	527 organization? .					49b		
	this table for the organization's five h						and key	employ	ees)
	received more than \$100,000 of com ne and title of each employee	(b) Average	(c) Reportable		) Health be		( <b>e</b> ) Es	tımated	amour
, ,		hours per week devoted to position	compensation (Forms W-2/1099-	b	butions to e	, and ´	of othe	er compe	ensatio
			MISC)	dere	erred compe	insation			
				+					
f Total nu	imber of other employees paid over \$	100,000				▶			
	this table for the organization's five hation from the organization. If there is		ndependent contractor	s who e	ach receive	d more th	nan \$10	0,000 oi	f
	this table for the organization's five hation from the organization. If there is  (a) Name and business address of e	none, enter "None "	•		ach receive			0,000 of	
	ation from the organization. If there is	none, enter "None "	•					•	
	ation from the organization. If there is	none, enter "None "	•					•	
	ation from the organization. If there is	none, enter "None "	•					•	
	ation from the organization. If there is	none, enter "None "	•					•	
	ation from the organization. If there is	none, enter "None "	•					•	
	ation from the organization. If there is	none, enter "None "	•					•	
	ation from the organization. If there is	none, enter "None "	•					•	
	ation from the organization. If there is	none, enter "None "	•					•	
compensa	(a) Name and business address of e	none, enter "None " ach independent contr	actor					•	
compensa	ation from the organization. If there is	none, enter "None " ach independent contr	actor					•	
d Total nu	mber of other independent contractor	none, enter "None " ach independent contri ac	\$100,000 c)(3) organizations m	(b) Ty	ype of servi	ce (c	) Compo	ensation	
d Total nu  2 Did the comple	mber of other independent contractor organization complete Schedule A?	none, enter "None " ach independent contri- ach indepe	\$100,000 c)(3) organizations mi	(b) Ty	ype of servi	ce (c	) Compo	ensation	
d Total nu 2 Did the comple	ation from the organization. If there is  (a) Name and business address of expension of the second contractor organization complete Schedule A? Noted Schedule A	rs each receiving over:	\$100,000 c)(3) organizations mi	(b) Ty	ype of servi	ents, and	Composition Yes	ensation  es	
d Total nu 2 Did the comple	ation from the organization. If there is  (a) Name and business address of expension of the second contractor organization complete Schedule A? Noted Schedule A	rs each receiving over:	\$100,000 c)(3) organizations mi	(b) Ty	ch a and statemed on all inf	ents, and	Composition Yes	ensation  es	
d Total nu  2 Did the comple  ander penalties nowledge and lass any knowledge.	ation from the organization. If there is  (a) Name and business address of expension of the second contractor organization complete Schedule A? Noted Schedule A	rs each receiving over:	\$100,000 c)(3) organizations mi	(b) Ty	ype of servi	ents, and	Composition Yes	ensation  es	
d Total nu  2 Did the comple and las any knowledge and las any knowledge are G	imber of other independent contractor organization complete Schedule A? Note of perjury, I declare that I have example the schedule in the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury and the schedule of perjury in the sched	rs each receiving over:	\$100,000 c)(3) organizations mi	(b) Ty	ch a and statemed on all info	ents, and	Composition Yes	ensation  es	
d Total nu  2 Did the comple and penalties nowledge and las any knowledge are grant and las any knowledge are G	ation from the organization. If there is  (a) Name and business address of expenses of expenses and the second	none, enter "None " ach independent control as each receiving over a lOTE. All Section 501(a) and this return, include the Declaration of preparation of preparation of preparation of preparation.	\$100,000 c)(3) organizations mi	ust attachedules	ch a and statemed on all info	Dents, and ormation	Composition Yes	ensation  es	
d Total nu  2 Did the comple and repealed as any knowled as a knowled	imber of other independent contractor organization complete Schedule A? Note of perjury, I declare that I have example the schedule in the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury, I declare that I have example the schedule of perjury and the schedule of perjury in the sched	rs each receiving over:	\$100,000	ust attachedules	ch a and statemed on all info	ee (c)	Yed to the of which	ensation  es	
d Total nu  2 Did the comple  3 any knowled  3 any knowled  4 aid  4 reparer	imber of other independent contractor organization complete Schedule A? Noted Schedule A	s each receiving over:  OTE. All Section 501(  OTE. All Section 501(  OTE Declaration of preparation of prepara	\$100,000	(b) Ty	check	ee (c)	Yell to the of which	ensation  es	
d Total nu  2 Did the comple  3 derivative and leas any knowled  4 ign  6 ere  6 derivative and leas any knowled  6 derivative and leas any knowled  6 derivative and leas any knowled  7 derivative and leas any knowled  8 derivative and leas any knowled  9 derivative any knowled  9 derivati	ation from the organization. If there is  (a) Name and business address of expenses of expenses of other independent contractors organization complete Schedule A? Noted Schedule A	none, enter "None " ach independent control as each receiving over:  NOTE. All Section 501(in) animed this return, include Declaration of preparer and preparer's signature  L ALEXANDER AC	\$100,000	(b) Ty	check self-employe	PTIN P0023	Yes to the of which	ensation  es	
d Total nu  2 Did the comple and las any knowledge and las any knowledge are G	imber of other independent contractor organization complete Schedule A? Noted Schedule A	s each receiving over:  OTE. All Section 501(  Declaration of preparation of prep	\$100,000	(b) Ty	ch a	PTIN P0023	Yes to the of which	ensation  es	

### **Additional Data**

#### Software ID:

**Software Version:** 

**EIN:** 55-6019487

Name: ROTARY INTERNATIONAL

ROTARY CLUB OF MORGANTOWN

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	(c	Expenses uired for section 501 )(3) and 501(c)(4) anizations; optional for others.)
IN THE FOLLOWING OF THE MISSION AND OBJECTIVE STATEMENTS, THE ROTARY CLUB OF MORGANTOWN MEETS REGULARLY TO PROVIDE THE COMMUNITY WITH WORTHWHILE SERVICES SOME OF THE SERVICES ARE LISTED BELOW INTERACT - THIS IS A HIGH SCHOOL ROTARY CLUB AVAILABLE TO STUDENTS IN THE COMMUNITY MIRACLE LEAGUE - ROTARY CLUB OF MORGANTOWN SPONSORED A TEAM OF SPECIAL NEEDS CHILDREN AND PROVIDES THEM WITH HATS, SHIRTS AND ANY TYPE OF SPECIAL EQUIPMENT THEY MIGHT NEED STOP HUNGER NOW - STOP HUNGER NOW IS AN INTERNATIONAL HUNGER RELIEF AGENCY OUR ROTARY CLUB OF MORGANTOWN NOT ONLY PROVIDES MONETARY SUPPORT FOR STOP HUNGER NOW, ONE TIME A YEAR THEY ACTUALLY HELP PACKAGE THE MEALS OUTBOUND STUDENT EXCHANGE - STUDENTS WHO APPLY TO THE ROTARY CLUB OF MORGANTOWN TO GO ABROAD TO STUDY AND LEARN OTHER CULTURES, OUR CLUB IS A SPONSER FOR THIS PROGRAM INBOUND STUDENT EXCHANGE - STUDENTS APPLY TO COME TO THE UNITED STATES MEMBERS OF THE CLUB HOUSE STUDENTS AS WELL AS PROVIDE A MONTHLY LIVING EXPENSE INTERNATIONAL PROJECT - OPHTHALMOLOGIST - WE DONATE TO THE EYE INSTITUTE OF AMERICA PHYSICIANS FROM OTHER COUNTRIES ARE BROUGHT TO THE US TO LEARN A PROCEDURE THAT CAN REVERSE CHILDHOOD BLINDNESS THESE PHYSICIANS CAN THEN GO BACK TO THEIR OWN COUNTRY TO DO THIS PROCEDURE LITERACY - EVERY YEAR THE ROTARY CLUB OF MORGANTOWN PROVIDES SOME TYPE OF LITERACY PROGRAM TO THE COMMUNITY EMPTY BOWLS - THE ROTARY CLUB OF MORGANTOWN SUPPORTS THE EMPTY BOWLS PROGRAM TO THE COMMUNITY BOULS PROJECT - WE ARE A HOST CLUB FOR A PILOT DIABETES PREVENTION AND EDUCATION PROGRAM  (Grants \$ )  If this amount includes foreign grants, check here	28a	69,756

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations; optional for others.)

Form 990EZ, Part III - Statement of Program Service Accomplishments

29		29a	2,313
STEVE HARRICK'S CHRISTMAS PROGRAM - E	VERY YEAR THE ROTARY CLUB OF MORGANTOWN CONTACTS THE		
FOSTER CARE PROGRAM AND GETS A LIST O	OF CHILDREN THAT HAVE BEEN REMOVED FROM THEIR HOMES		
ROTARY THEN PROVIDES A HOLIDAY DINNER	R WITH A SANTA TO HAND OUT GIFTS TO THE CHILDERN ROTARY		
CLUB OF MORGANTOWN'S PURPOSE IS TO S	HOW THESE CHILDREN THAT THERE REALLY IS HOPE IN THE WORLD		
(Grants \$ ) If this	s amount includes foreign grants, check here 🕨 🗌		

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations; optional
for others.)

Form 990EZ, Part III - Statement of Program Service Accomplishments

			-
30		30a	4,000
CLAY BATTELLE SHOLARSHIP - WE AR	E A PARTNER IN EDUCATION WITH CLAY BATTELLE HIGH SCHOOL EACH		·
YEAR SCHOLARSHIPS ARE GIVEN TO T	HOSE STUDENTS WHO MEET THE CRITERIA SET BY THE BOARD OF		
DIRECTORS AND THE SCHOLARSHIP C	OMMITTEE		
(Grants \$ )	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$		

,		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	501	Expenses Required for section 1(c)(3) and 501(c)(4) ganizations; optional for others.)
MISC SPECIAL PROJECTS YOUTH DEVELOPMENT - BOYS AND GIRLS STATE - SUPPORTING STUDENTS TO LEARN O BECOME LEADERS THEY LEAR INTEGRITY, RESPONSIBILITIES AND DEVELOPMENT SUNDALE SENIOR PICNIC - SUNDALE IS A NOT-FOR-PROFIT NURSING HOME FACILITY SUNDALE HAS AN ANNUAL PICNIC AND INVITES SENIORS AND STAFF, AS WELL AS CLUB MEMBERS TO A NICE PICNIC LUNCH IT IS A WAY TO GIVE BACK TO THOSE WHO HAVE GIVEN SO MUCH SOUP KITCHEN- ON THE FOUNTH SATURDAY OF THE MONTH, ROTARY STROVIDES A HOT MEAL FOR THE FOLKS IN OUR COMMUNITY THAT NEED A HOT MEAL ROTARY SERVES		11,171

If this amount includes foreign grants, check here  $\ . \ . \ . \ \blacktriangleright \ \Box$ 

Form 990EZ, Part III - Statement of Program Service Accomplishments

ANYWHERE BETWEEN 40 TO 60 INDIVIDUALS

(Grants \$ )

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93492340001057
SCHEDUL (Form 990 or EZ)	990- Complete to pr Form 990  Information about	tal Information to Form 990 or 990-EZ  ovide information for responses to specific questions on or 990-EZ or to provide any additional information.  In Attach to Form 990 or 990-EZ. It Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		OMB No 1545-0047  2016 Open to Public Inspection	
Internal Revenue Service Name of the organization ROTARY INTERNATIONAL ROTARY CLUB OF MORGANTOWN  990 Schedule O, Supplemental Information  Employer identif 55-6019487				fication number	
Return Reference			Explanation		
FORM 990- EZ, PAGE 1, ITEM C	ROTARY CLUB OF MORGANTOV	VN			

Return Explanation

Reference	
FORM 990-	ROTARY INTERNATIONAL DUES 5,712 ROTARY DISTRICT DUES 2,745 ROTARY INTERNATIONAL DELEGATION 2,871
EZ, PART I,	
LINE 10	

# Return Explanation

STEVE HARRICKS CHRISTMAS STEVE HARRICKS CHRISTMAS 2.313 CLAY BATTELLE SCHOLORSHIP SHOLARSH

990 Schedule O, Supplemental Information

FORM 990-

EZ, PART I,
LINE 16

IPS 4,000 YOUTH DEVELOPMENT YOUTH DEVELOPMENT 800 SENIOR PICNIC SENIOR PICNIC 7,500 SPECIA
L PROJECTS OTHER 717 AM ACDY OF OPTHAMOLOGISTS 2,000 EMPTY BOWLS 1,000 STOP HUNGER NOW 1,0
00 LITERACY WORKSHOP 253 POLIO PLUS 2,441 GROUP STUDENT EXCHANGE 1,250 DISEASE PREVENTION
10,751 EXPENSES PRESIDENT'S DISCRETIONARY 637 SECRETARY'S STIPEND 2,520 TREASURER'S STIPEN
D 2,520 MEETING EXPENSE (MEALS) 24,365 OTHER OPERATING EXPENSES 340 OTHER PROJECTS 7,871 5
0/50 DRAWING PAYOUTS 414 MISCELLANEOUS 341 ADVERTISING 2,804 NON-INVESTMENT DEPRECIATION 7
5 TOTAL 75,912

Return Explanation
Reference

FORM 990-EZ, PART II, LINE 24

Return Reference	Explanation
FORM 990- EZ, PART III	THE MISSION OF ROTARY CLUB OF MORGANTOWN IS TO PROVIDE SERVICE TO OTHERS, PROMOTE INTEGRIT Y, 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 FOS TER FIRST THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, SECOND HIGH ET HICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEF UL OCCUPATIONS, AND THE DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERV E SOCIETY, THIRD THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUS INESS, AND COMMUNITY LIFE, FOURTH THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWIL L, AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	IN THE FOLLOWING OF THE MISSION AND OBJECTIVE STATEMENTS, THE ROTARY CLUB OF MORGANTOWN ME ETS REGULARLY TO PROVIDE THE COMMUNITY WITH WORTHWHILE SERVICES SOME OF THE SERVICES ARE LISTED BELOW INTERACT - THIS IS A HIGH SCHOOL ROTARY CLUB AVAILABLE TO STUDENTS IN THE COMMUNITY MIRACLE LEAGUE - ROTARY CLUB OF MORGANTOWN SPONSORED A TEAM OF SPECIAL NEEDS CHILD DREN AND PROVIDES THEM WITH HATS, SHIRTS AND ANY TYPE OF SPECIAL EQUIPMENT THEY MIGHT NEED STOP HUNGER NOW - STOP HUNGER NOW IS AN INTERNATIONAL HUNGER RELIEF AGENCY OUR ROTARY CLUB OF MORGANTOWN NOT ONLY PROVIDES MONETARY SUPPORT FOR STOP HUNGER NOW, ONE TIME A YEAR THEY ACTUALLY HELP PACKAGE THE MEALS OUTBOUND STUDENT EXCHANGE - STUDENTS WHO APPLY TO THE ROTARY CLUB OF MORGANTOWN TO GO ABROAD TO STUDY AND LEARN OTHER CULTURES, OUR CLUB IS A SPONSER FOR THIS PROGRAM INBOUND STUDENT EXCHANGE - STUDENTS APPLY TO COME TO THE UNITED STATES MEMBERS OF THE CLUB HOUSE STUDENTS AS WELL AS PROVIDE A MONTHLY LIVING EXPENSE IN TERNATIONAL PROJECT - OPHTHALMOLOGIST - WE DONATE TO THE EYE INSTITUTE OF AMERICA PHYSIC IANS FROM OTHER COUNTRIES ARE BROUGHT TO THE US TO LEARN A PROCEDURE THAT CAN REVERSE CHILDHOOD BLINDNESS THESE PHYSICIANS CAN THEN GO BACK TO THEIR OWN COUNTRY TO DO THIS PROCEDURE LITERACY - EVERY YEAR THE ROTARY CLUB OF MORGANTOWN PROVIDES SOME TYPE OF LITERACY PROGRAM TO THE COMMUNITY EMPTY BOWLS - THE ROTARY CLUB OF MORGANTOWN SUPPORTS THE EMPTY BOWL S PROGRAM TO REDUCE HUNGER INSECURIT Y GLOBAL DIABETES PROJECT - WE ARE A HOST CLUB FOR A PILOT DIABETES PREVENTION AND EDUCAT ION PROGRAM

Return Explanation
Reference

FORM 990-	STEVE HARRICK'S CHRISTMAS PROGRAM - EVERY YEAR THE ROTARY CLUB OF MORGANTOWN CONTACTS THE
EZ, PART III,	FOSTER CARE PROGRAM AND GETS A LIST OF CHILDREN THAT HAVE BEEN REMOVED FROM THEIR HOMES R
LINE 29	OTARY THEN PROVIDES A HOLIDAY DINNER WITH A SANTA TO HAND OUT GIFTS TO THE CHILDERN ROTAR
	Y CLUB OF MORGANTOWN'S PURPOSE IS TO SHOW THESE CHILDREN THAT THERE REALLY IS HOPE IN THE
	WORLD

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990-	CLAY BATTELLE SHOLARSHIP - WE ARE A PARTNER IN EDUCATION WITH CLAY BATTELLE HIGH SCHOOL E
EZ, PART III,	ACH YEAR SCHOLARSHIPS ARE GIVEN TO THOSE STUDENTS WHO MEET THE CRITERIA SET BY THE BOARD O

Explanation

F DIRECTORS AND THE SCHOLARSHIP COMMITTEE LINE 30

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 31	MISC SPECIAL PROJECTS YOUTH DEVELOPMENT - BOYS AND GIRLS STATE - SUPPORTING STUDENTS TO LEARN TO BECOME LEADERS THEY LEAR INTEGRITY, RESPONSIBILITIES AND DEVELOPMENT SUNDALE SE NIOR PICNIC - SUNDALE IS A NOT-FOR-PROFIT NURSING HOME FACILITY SUNDALE HAS AN ANNUAL PIC NIC AND INVITES SENIORS AND STAFF, AS WELL AS CLUB MEMBERS TO A NICE PICNIC LUNCH IT IS A WAY TO GIVE BACK TO THOSE WHO HAVE GIVEN SO MUCH SOUP KITCHEN- ON THE FOURTH SATURDAY OF THE MONTH, ROTARY PROVIDES A HOT MEAL FOR THE FOLKS IN OUR COMMUNITY THAT NEED A HOT MEAL ROTARY SERVES ANYWHERE BETWEEN 40 TO 60 INDIVIDUALS