

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2019**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. *2000*

A For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 2020	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Rotary Club of Clarksburg Number and street (or P O box if mail is not delivered to street address) P O Box 460 City or town, state or province, country, and ZIP or foreign postal code Bridgeport, WV 26330 <i>04</i>
D Employer identification number 55-6020880	E Telephone number 304-842-1020
F Group Exemption Number 0573	H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ☐	I Website: ☐
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
K Form of organization ☒ 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	

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 ☐	
Revenue	Expenses
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (list in Schedule O)
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits
4 Investment income	13 Professional fees and other payments to independent contractors
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance
5b Less: cost or other basis and sales expenses	15 Printing, publications, postage, and shipping
5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	16 Other expenses (describe in Schedule O)
6 Gaming and fundraising events	17 Total expenses. Add lines 10 through 16
6a Gross income from gaming (attach Schedule G if greater than \$15,000)	18 Excess or (deficit) for the year (subtract line 17 from line 9)
6b 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)	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)
6c Less: direct expenses from gaming and fundraising events	20 Other changes in net assets or fund balances (explain in Schedule O)
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	21 Net assets or fund balances at end of year. Combine lines 18 through 20
7a Gross sales of inventory, less returns and allowances	
7b Less: cost of goods sold	
7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	
8 Other revenue (describe in Schedule O)	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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OGDEN, UT

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20633.66	22 20980.37
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	20633.66	25 20980.37
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20633.66	27 20980.37

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? _____

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)

28	_____		
29	_____		
28a	(Grants \$ _____) If this amount includes foreign grants, check here ☐	28a	6000.00
29a	(Grants \$ _____) If this amount includes foreign grants, check here ☐	29a	
30a	(Grants \$ _____) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Martin Shaffer, President		0.00		
JoEllen Crowley - President Elect		0.00		
Marina Hill - Secretary		0.00		
Cythia Hill - Treasurer		0.00		
Curtis Edwards, Director		0.00		
Joshua Stear, Director		0.00		
Meredith Hill, Director		0.00		
Kelly Heal-Ortiz, Director		0.00		
Ronald W. Hill, Director		0.00		
Nathan Nardella, Director		0.00		

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	33	✓
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	✓
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	✓
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	35b	✓
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	35c	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b	39b	
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), 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	✓
c 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 sections 4912, 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 ▶		
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	✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	✓
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
b 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	✓

	Yes	No
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	☐	☒

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations 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 ☐

	Yes	No
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."

(a) Name and title of each employee	(b) 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

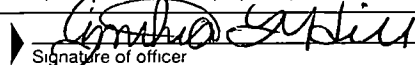
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(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 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		Date <u>11-10-20</u>
	Cynthia Hill, Treasurer	November 10, 2020

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

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

Rotary Club of Clarksburg

Supplemental Information to Form 990 or 990-EZ

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

55-60288

#10

Bridgeport High School Theatre - \$100 00

Clarksburg Police Department - 1,700 00

Harrison County Student Achievement Scholarships - \$1,000 00

Liberty High School Theatre Department - \$50 00

South Harrison Theatre Department - \$100 00

Heavenly Peace Beds - \$1,400 00

Kiwanis Club - United Way - \$100 00

Robert C. Byrd Theatre - \$100 00

WI Middle School - \$450 00

Harrison County YMCA - \$1,000 00

Total Donations - \$6,000 00

#16 - Other Expenses

Rotary International Dues - \$4,254 68

Meetings & Lunches - \$5,738 40

Total Expenses - \$9,993 08