Short Form $\mathcal{D}\mathcal{U}$ Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public

For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 3, 2020			enue Service			mspection		
ROTARY CLUB OF BUCKHANNON UPSHUR								
ROTARY CLUB OF BUCKHANNON UPSHUR	B	Check if	ple	C Name of organization	Employer identification number			
Number and street (or P.O. box of mails not delivered to street address) Room/sute Telephone number 30.4 - 4.39 - 84.21		Addr	ess change					
Po BOX 2573		Name	e change	84-3764371				
Box 2573 304 - 439 - 8421	X	Initia	l return	Telephone	e number			
Inspiration plants BUCKHANNON WY 26201		Final	return/	304-	439-8421			
Springer period BUCKHANNON WY 26201 Number 0573		Amer	nded return	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption		
8 Accounting Method:		–				•		
Website: N/A Intercurred to attach Schedule 8 Tax-exempt status (check only one)	G					_		
Taxexempt status (check only one) 501(x)3) X 501(x)4 4 49x1(a)(1) or 527 (Form 990, 990 EZ, or 990 PF).			-			-		
Column (B) are \$50,60, and 7 to to line 9 to determine gross recepts. If gross recepts are \$200,000 or more, of 1 total assets (Part II, column (B)) are \$50,000 or more, like Form 990 instead of Form 990-£7. Check if the organization used Schedule O to respond to any question in this 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 Christian (Changes) C					-			
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, his Form 950 instead of Form 950. ** Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I					·	<u>, </u>		
Part			•					
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LHA For Paperwork Reduction Act Notice, see the separate instructions



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P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any que	estion in this Part II			
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		0	. 22		46,227.
23				23		
24				24		
25			0	-		46,227.
26			0	. 26		0.
27			0.	1 1		46,227.
_	art III Statement of Program Service Accomplishmen	nts (see the insti		• •	Ey	penses
<u></u>	Check if the organization used Schedule O to res	•	•	☞		for section
\A/b	at is the organization's primary exempt purpose? SEE SCHEDULE O		bottom in this r art in	۳	501(c)(3)	and 501(c)(4)
				-	organization others.)	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program iner, describe the services provided, the number of persons benefited, and other relevant inform		xpenses in a clear and concise		Othors.,	
	SUPPORT OF VARIOUS COMMUNITY SERVICE	-				
20	SUPPORT OF VARIOUS COMMONITY SERVICE	<u> </u>	<u> </u>	-		
				—		
	(Out 10					0 640
	(Grants \$ 6,629.) If this amount includes foreign g	rants, check here	<u> </u>		28a	9,648.
29				—	į	
				—		
						
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		29a	
30						
	(Grants \$) If this amount includes foreign g	rants, check here	> _		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) if this amount includes foreign of	rants, check here	<u> </u>		31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	9,648.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	none even if not compensated - s	see the I	nstructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any que	estion in this Part IV			
		(b) Average hours	S (C) Reportable	(d) неа	Ith benefits,	(e) Estimated
	(a) Name and title	per week devoted	to compensation (Forms W-2/1099-MISC)		butions to yee benefit	amount of other
	.,	position	(if not paid, enter -0-)		and deferred	a a manage a strong
R.	DANIEL MARTIN			comp	pensation	compensation
PF	RESIDENT			comp	pensation	Compensation
		5.00	0.	comp		<u> </u>
	II.TA KEEHNER	5.00	0.	comp	0 .	0 .
	JLIA KEEHNER			comp	0.	0.
	RESIDENT-ELECT	3.00	0.	comp		<u> </u>
	RESIDENT-ELECT ELEN OATES	3.00	0.	comp	0.	0.
SE	RESIDENT-ELECT ELEN OATES ECRETARY			comp	0.	0.
SE RJ	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS	3.00	0.	comp	0.	0.
SE RI TE	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER	3.00	0.	comp	0.	0.
SE RJ TF LJ	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON	3.00 5.00 3.00	0.	comp	0.	0.
SE RI TE LI	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR	3.00	0.	comp	0.	0.
RI TE LI PU	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT	3.00 5.00 3.00 2.00	0. 0. 0.	comp	0. 0. 0.	0. 0. 0.
RI TH LI PU DE ME	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR	3.00 5.00 3.00	0.	comp	0.	0.
RI TH LI PU DE ME	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT	3.00 5.00 3.00 2.00 2.00	0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0.
SE RI TE LI PU DE ME	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR	3.00 5.00 3.00 2.00	0. 0. 0.	comp	0. 0. 0.	0. 0. 0.
SE RI TF LI PU DE ME SE	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR	3.00 5.00 3.00 2.00 2.00	0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0.
RI TE LI DE ME SE SE	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS	3.00 5.00 3.00 2.00 2.00	0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0.
SE RI TH LI PU DE ME SE SU RO	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD	3.00 5.00 3.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0.
SE RJ TF LJ PU DE ME SE SU RO JA	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0. 0.
SE RJ TF LJ PU DE ME SE SU RO JA	RESIDENT-ELECT ELEN OATES ECRETARY ICHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0. 0.	0. 0. 0. 0.
SE RJ TF LJ PU DE ME SE SU RO JA	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0. 0.	0. 0. 0. 0. 0.
SE RJ TF LJ PU DE ME SE SU RO JA	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0. 0.
SE RJ TF LJ PU DE ME SE SU RO JA	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0. 0.
SE RJ TF LJ PU DE ME SE SU RO JA	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0. 0.
SE RI TE LI PU DE ME SE SU RO JA	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0.	0. 0. 0. 0. 0.
SE RI TE LI PU DE ME DE SU SU CI	RESIDENT-ELECT ELEN OATES ECRETARY CHARD CLEMENS REASURER ISA ANN WHARTON JBLIC IMAGE CHAIR EAN EVERETT EMBERSHIP CHAIR AVID LONG ERGEANT-AT-ARMS JSAN LONG, MD OTARY FOUNDATION CHAIR	3.00 5.00 3.00 2.00 2.00 2.00	0. 0. 0. 0.	comp	0. 0. 0. 0. 0.	0. 0. 0. 0. 0.

Page 3

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{x} No Yes Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 34 X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported 35a 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 O N 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 X requirements during the year? If "Yes," complete Schedule C, Part III 35c 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 0. 37 a 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 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 N/A Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a 39b N/A **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: N/A; section 4912 N/A 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 X 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 0. 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 41 List the states with which a copy of this return is filed **WV** Telephone no. $\triangleright 304-439-8421$ 42a The organization's books are in care of RICHARD CLEMENS. ZIP+4 ► 26201 Located at ▶ PO BOX 2573, BUCKHANNON, WV b At any time during the calendar year, did the organization have an interest in or a signature or other authority No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes," enter the name of the foreign country 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 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 N/A Yes 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 **44**d Х 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

Form	1990-EZ (2	(019) ROTARY CLUB	<u>OF BUCKHANNON</u>	UPSHUR			84-3764	<u> 371</u>	_	Page 4
	5 1 11			1 1 16 - 6 -			hi#0		Yes	No
46		ganization engage, directly or indirectly,	, in political campaign activitie	s on benait of or	in oppositio	on to candidates for pi	TOUC OUICE?	40		v
De		omplete Schedule C, Part I	tions Only					46	l	X
Pa		Section 501(c)(3) Organiza	-	101 150			- 50 51			
		All section 501(c)(3) organizations in	•	•	•	e the tables for line	is 50 and 51			
		Check if the organization used Sch	edule O to respond to any	question in thi	s Part VI				Vaa	
						0. 44 m.4 m			Yes	No
47		ganization engage in lobbying activities	• •			ear? If "Yes," complete	e Sch. C, Part II	47	-	
48	_	anization a school as described in section			e E			48		
49 a		ganization make any transfers to an exe		ganization?				49a		
b		as the related organization a section 52	·					49b	Щ.	
50	-	this table for the organization's five high		•	ers, director	s, trustees, and key e	mployees) who	each re	ceived	more
	than \$100	0,000 of compensation from the organiz					1	_		
		(a) Name and title of each emp	loyee	(b) Average		(C) Reportable compensation (Forms	(d) Health benefit contributions to) Estim	
				per week devoted to position		W-2/1099-MISC)	employee benefi	t am		nt of other pensation
		<u> </u>	N/A	position			compensation	Compens		
		····								
		ber of other employees paid over \$100,					000			
51	=	this table for the organization's five high		it contractors wh	o each rece	ived more than \$100,	000 of compens	ation t	rom the	:
		·········	N/A							
	(a) N	ame and business address of each inde	pendent contractor	+	(D	Type of service	(c)	Comp	ensatio	<u>1</u>
										
										
_										
							İ			
				-						
			····-							
	T - 1 - 1	han of all and all and all all all all all all all all all al								
		ber of other independent contractors ea	• • •		•			-		
52		ganization complete Schedule A? Note:	All section 501(c)(3) organiza	itions must attac	n a		. □	-		٦
		1 Schedule A					<u> </u>		es <u>L</u>	No
		of perjury, I declare that I have examine						dge an	d belief	, it is
true,	correct, an	d complete Declaration of preparer (ot	Mer than officer) is based on a	Il information of v	which prepa	irer has any knowledg	e.	/-		6
٠.		Signature of officer	muci				Date / / / 2	-/ _	0,7	<u>-/U</u>
Sig He								•		
nei		RICHARD CLEMENS, Type or print name and title	TREASURER							
					1 =		T (Leek)			
		Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN			
Pai	d		11/2/1	11	1.1.	self- employ				
	parer	WANDA J BAILEY	Mande 11.	Tolley	<u> 111/12</u>	120			<u>716</u>	
	Only		rbis toothman	LLP_/	1 7	Firm's EIN	▶ 55-04	866	67	
	··· ·	Firm's address ► PO BOX 2	407 PROFESSIO	NAL ARTS	PLZ	Phone no.	(304)	472	-55	50
_		BUCKHANN	ON, WV 26201							
Мау	the IRS dis	cuss this return with the preparer show	n above? See instructions				<u> </u>	X Y	es 🗀	No
		:- 	,				<u> </u>	Form §	90-EZ	(2019)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Schedule G (Form 990 or 990-EZ) 2019

Name of the organization						Employer ide	ntification number
ROTARY	CLUB OF BUCKHANNON	<u>UP</u>	SHU	R		84-3764	371
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	sed funds through any of the following Solicitations of Solicitations of Solicitations of Special Special Special Part VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<u> </u>				
3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notified	d nt is	exempt from re	egistration
			· · ·				
							
							
	-						
	-						
							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events BLOOD NONE (add col (a) through SCREENING col (c)) (event type) (total number) (event type) Revenue 82,540. 82,540. 1 Gross receipts 2 Less Contributions 82,540 82,540. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 52,473. 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col (c)) bingo/progressive bingo Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor No No 6 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? J Yes ∐ No **b** If "Yes," explain.

Schedule G (Form 990 or 990-EZ) 2019 ROTARY CLUB OF BUCKHANNON UPSHUR

84-3764371 Page 2

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 ROTARY CLUB OF BUCKHANNON UPSHUR 84-	<u>3764371</u>	<u>Page 3</u>
11	Does the organization conduct gaming activities with nonmembers?	Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of gaming revenue retained by the third party \$\bigseleft\sigma(\text{s}) \text{ f"Yes," enter the amount of gaming revenue received by the organization } \bigseleft\sigma(\text{s}) \text{ and the amount of gaming revenue retained by the third party } \bigseleft\sigma(\text{s})		
c	e If "Yes," enter name and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
		-	
	Director/officer Employee Independent contractor		
	Mandatory distributions		
а	als the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
			-
9320	983 09-11-19 Schedule G (For	m 990 or 990)-EZ) 2019

Schedule G	(Form 990 or 990-EZ)	ROTARY	CLUB	OF	BUCKHANNON	UPSHUR	84-37643	71 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (cont	tinued)					
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SCHEDULE O (Form 990 or 990-EZ)

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.

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization ROTARY CLUB OF BUCKHANNON UPSHUR 84-3764371 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 456. MEAL SERVICE 81. TAXES 1,209. ROTARY INTERNATIONAL 585. MISC EXPENSE 2,331. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO BRING TOGETHER BUSINESS AND PROFESSIONAL LEADERS IN ORDER TO PROVIDE HUMANITARIAN SERVICE AND TO ADVANCE GOODWILL AND PEACE AROUND THE WORLD. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY. TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.