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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning July 1 , 2008, and ending June 30 , 20 09										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td>C Name of organization Rotary Club of Stevens Point</td> <td>D Employer identification number 39 6074745</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 908</td> <td>E Telephone number (715) 344-5522</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Stevens Point, WI 54481</td> <td>F Group Exemption Number ►</td> </tr> <tr> <td colspan="2"></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Rotary Club of Stevens Point	D Employer identification number 39 6074745	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 908	E Telephone number (715) 344-5522	City or town, state or country, and ZIP + 4 Stevens Point, WI 54481	F Group Exemption Number ►		
Please use IRS label or print or type. See Specific Instructions.	C Name of organization Rotary Club of Stevens Point		D Employer identification number 39 6074745							
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	City or town, state or country, and ZIP + 4 Stevens Point, WI 54481		F Group Exemption Number ►							

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — ☒ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **77,536.03**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5,956.00
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	32,730.73
	4 Investment income	4	66.24
	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) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	31,514.36
	b Less: direct expenses other than fundraising expenses	6b	13,446.63
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,067.73	
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 ► See Statement 2)	8	7,268.70	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,089.40	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	26,408.31
	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	237.17
	16 Other expenses (describe ► See Statement 1)	16	33,846.67
	17 Total expenses. Add lines 10 through 16	17	60,492.15
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,597.25
	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	48,590.53
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,187.78

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

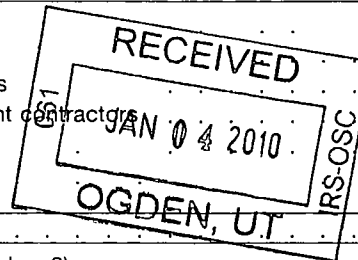
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,590.53	52,187.78
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	48,590.53	52,187.78
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,590.53	52,187.78

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

SCANNED JAN 4 2010



15-8

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose? Refer to Schedule 5

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Provide contributions to international organizations - Rotary International

(Grants \$ _____) If this amount includes foreign grants, check here

28a	9,600.00
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29 Provide grants for youth programs

Provide youth scholarships

(Grants \$ _____) If this amount includes foreign grants, check here

29a	13,783.31
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30 Provide grants for community programs

(Grants \$) If this amount includes foreign grants, check here

30a	2,225.00
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31 Other program services (attach schedule).

(Grants \$) If this amount includes foreign grants, check here

31a	800
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32 Total program service expenses (add lines 28a through 31a)

32	26,408.31
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
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?		✓
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 unpaid at the start of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9		
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: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d 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.		✓
41 List the states with which a copy of this return is filed ▶		
42a The 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. ▶		
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 of the U.S.?		✓
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 . ▶ 43		☐
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

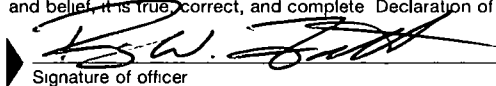
- | | Yes | No |
|--|-----|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | <input checked="" type="checkbox"/> |
| 49b If "Yes," was the related organization(s) a section 527 organization? | | |
- 50** Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶				

- 51** Complete this table for the 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
N/A		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here 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.

Signature of officer:  Date: 12-29-09

Type or print name and title: **Randall W. Zietlow, Treasurer**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed ☐ Preparer's Identifying Number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: () _____

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☐ No

Rotary Club of Stevens Point 2008-09

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
Description		Amount
Meals for members		20,643.41
International/District Dues		6,632.44
PETS Training and District Conf		320.00
Rotary Foundation Transfer		4,624.00
Office Supplies		251.01
Bulletin		-
Miscellaneous		112.00
Public Relations		-
Special events		-
Seed a Future Transfer		-
Misc Sales Expense		1,263.81
Statement 1 Total -> Line 16		33,846.67

FORM 990-EZ	OTHER REVENUE	STATEMENT 2
Description		Amount
Guest Meals		1,598.00
New Member Fee		25.00
Special Events		-
Other Income		5,645.70
Statement 2 Total -> Line 8		7,268.70

FORM 990-EZ	SPECIAL FUNDRAISING EVENTS		STATEMENT 3
Description	Income	Expense	Net
Raffle	1,116 00	260 50	855.50
Rose Sale	22,669 50	9,950 00	12,719 50
Riverfront Booth	7,728 86	3,236 13	4,492 73
Statement 3 Total -> Line 6	31,514 36	13,446 63	18,067 73

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS			SCHEDULE 4
Description	Donees	Donees Address	Donees Relationship	Amount
International	Various	Various	Various	9,600 00
Youth	Various	Various	Various	6,240 00
Community	Various	Various	Various	2,225 00
Scholarships	Various	Various	Various	8,343 31
Schedule 4 Total				26,408 31

FORM 990-EZ	PART III - STATEMENT OF ORANIZATIONS	SCHEDULE 5
	PRIMARY EXEMPT PURPOSE	
Primary exempt purpose		
Support humanitarian activities of Rotary International and local Rotary district 6220		