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# Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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

Open to Public inspection

Α	For the 2009 calendar year, or tax year beginning //UI , 2009, and ending 6/30	, 2010
B	Officer if applicable	Employer identification number
	Address change   Please use IRS   ROTARY CLUB OF WAUSAU	39-0892151
	lighter and the contract of th	Telephone number
	Initial return   Type.   WAUSAU, WI 54402-1503	(715) 393-2539
	Termination See Specific	(713) 393 2339
		Group Exemption
	Application pending	Number
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting m	nethod. Cash X Accrual
	• 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 m	y) <b>&gt;</b>
	H Check► X	
ı		ttach Schedule B (Form 990,
J	Tax-exempt status (check only one) —   X   501(c) ( 4 ) ◀ (insert no )   4947(a)(1) or   527   990-EZ, or 99	<del>3</del> 0-PF)
$\overline{K}$	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are	e normally <b>not</b> more than
	\$25,000 A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990	
	instead of Form 990-EZ	<b>►</b> \$ 86,263.
Pa	artil Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in	nstructions for Part I)
	1 Contributions, gifts, grants, and similar amounts received .	1 6,112.
	2 Program service revenue including government fees and contracts	2 1,596.
	3 Membership dues and assessments .	3 58,684.
	4 Investment income	4 15.
	5a Gross amount from sale of assets other than inventory 5a	
	<b>b</b> Less: cost or other basis and sales expenses 5b	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5 c
E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	201
REVENUE	a Gross revenue (not including \$ of contributions	
ÿ	reported on line 1) 6a 19,85	66
-	b Less direct expenses other than fundraising expenses . 6b 7,80	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 12,053.
	7a Gross sales of inventory, less returns and allowances	<b>銀製</b> な
	· · · · · · · · · · · · · · · · · · ·	
		7c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	) 8
	8 Other revenue (describe	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	70,400.
	10 Grants and similar amounts paid (attach schedule)	10
Ε	11 Benefits paid to or for members.	11
E X P	12 Salaries, other compensation, and employee benefits NOV 0 5 2010	12
Ē	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance	. 13 390.
E N S E	14 Occupancy, rent, utilities, and maintenance	14
S	15 Printing, publications, postage, and shipping OGDEN, UT	15 135.
	16 Other expenses (describe > SEE STATEMENT 1	16 60,404.
	17 Total expenses. Add lines 10 through 16	► 17 60,929.
3	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 17,531.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	/ear المارية (١٥٠)
Ęį	figure reported on prior year's return).	19 20,633.
ئِ بحو	20 Other changes in net assets or fund balances (attach explanation) .	20
. <b>4</b> ,	21 Net assets or fund balances at end of year Combine lines 18 through 20	► 21 38,164.
P.ä	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990	instead of Form 990-EZ
ź	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 (See the instructions for Part II)  (A) Beginning of	of year (B) End of year
	Cash, savings, and investments 19, 2	232. 22 37,168.
	Land and buildings	23
24	1 4	
25		33. <b>25</b> 38,164.
26	Total liabilities (describe	0. 26 0.
	Net assets or fund balances (line 27 of column (B) must agree with line 21) 20, 6	33. 27 38, 164.
_	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Form <b>990-EZ</b> (2009)

Form	990-EZ (2009) ROTARY CLUB OF	WAUSAU			-089	2151 Page <b>2</b>
Par	t III . Statement of Program Se	ervice Accomplishments	(See the instruction	ons.)	/D	Expenses
Desc	s the organization's primary exempt purpose? SE ribe what was achieved in carrying out to ribe the services provided, the number of ram title	E STATEMENT 3  the organization's exempt purp of persons benefited, or other	poses. In a clear and corelevant information for	oncise manner, each	501 (congains) 4947 for o	uired for section (3) and (4) hizations and section (a)(1) trusts, optional thers)
	SUPPORT COMMUNITY IN DIF	FERENT AREAS				
29	(Grants \$ ) If t	his amount includes foreign g	rants, check here	<u> </u>	28 a	57,550.
	(Grants \$ ) If t	his amount includes foreign g	rants, check here	<u> </u>	29 a	3,379.
30						
	(Grants \$ ) If t	his amount includes foreign g	rants, check here	<u>-</u> -	30 a	
31	Other program services (attach schedu (Grants \$ ) If t	le) his amount includes foreign g	rants, check here	▶ ∏	31 a	
32	Total program service expenses (add	lines 28a through 31a)		<b>•</b>	32	60,929.
	t IV List of Officers, Directors		ployees. List each or	ne even if not con	npens	ated (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	(e) Expense account and other allowances
		_				
SEE	STATEMENT 4		0.		0.	0.
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TEEA0812L 01/30/10

BAA

10	Other information (Note the Statement requirements in the insits for rar v.)			
			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.	33	<u> </u> 	Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		مُمُ دِر	. 12 
	<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u> </u>	
	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		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37b		X
38	a 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 period covered by this return?	38 a	<u>.</u> .	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A		, 	ie <sup>T</sup>
	Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  N/A		30.5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  N/A  39a  N/A	F	1.0	
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		ight v Grane	
	section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A	ار ماد ماد	م مستحد	
	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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		х
	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			<u>.</u> د د
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	- " " = " 1	-,*	- ,
	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	40 e	~~ esi~	X
41	List the states with which a copy of this return is filed WI			
42	a The organization's books are in care of ► JAMIE SCHAEFFER Located at ► P.O. BOX 1503 WAUSAU WI  ZIP + 4 ► 54402-			<u>9</u> 
		Γ	Yes	No
	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)?	42 b		X
	If 'Yes,' enter the name of the foreign country:	į -	-,	
			·	* .
		4	1	,
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			,
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	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	ı	<b>-</b>	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44		Х
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	45		Х

•	46-49b and complete the tables	s for lines 50 and 5	1.				
46 Did I	the organization engage in direct or indire	ct political campaign ac	tivities on behalf of or	in opposition to candidates		Yes	No
for p	public office? If 'Yes,' complete Schedule (	C, Part I			46		
	the organization engage in lobbying activity			–	47		
	e organization a school as described in se		•	edule E .	48		
	the organization make any transfers to an es,' was the related organization a section	•	related organization?		49 a		
	,	3					
	plete this table for the organization's five loyees) who each received more than \$10						
	n) 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 and deferred compensation	(e) E.x	pense	
	11070 01011 \$100,000	de toted to position		deletted compensation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	-						_
			<del></del>				
( T · ·	number of other employees paid over \$1	100,000					
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated in	dependent contractor	s who each received more t	han \$10	0,000	of
	(a) Name and address of each independent contr			(b) Type of service	(c) Comp	ensatioi	
					(c) Comp	ensatioi	
					(c) Comp	ensatio	
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		actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatioi	
d Total	(a) Name and address of each independent contr	s each receiving over \$1	00,000	(b) Type of service			n
	(a) Name and address of each independent contractors	s each receiving over \$1	00,000	(b) Type of service			n
d Total	number of other independent contractors  Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of prepager (	s each receiving over \$1	00,000 Panaying schedules and state II information of which prepare	ments, and to the best of my knowleder has any knowledge			n
d Total	number of other independent contractors  Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (contractors)	s each receiving over \$1	00,000	ments, and to the best of my knowleder has any knowledge	dge and be	uef, it is	7
d Total	number of other independent contractors  Under penalties of perjury, I declare that I have examinative, correct, and complete Declaration of preparer to Signature of officer  Type or print name and title  Preparer's	s each receiving over \$1	00,000  Inpanying schedules and state information of which prepar	ments, and to the best of my knowledge Date  Check if Prepar (See in	ige and be	ring Nur	7
d Total Sign Here	number of other independent contractors  Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer to Signature of officer  Type or print name and title  Preparer's signature  KERRY L. KARNITZ	s each receiving over \$1	00,000  Inpanying schedules and state information of which prepar	ments, and to the best of my knowledge Date  Check if Prepar (See in	dge and be	ring Nur	7
d Total Sign Here Paid Pre- parer's	number of other independent contractors  Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (solution)  Signature of officer  Type or print name and title  Preparer's signature  KERRY L. KARNITZ  Firm's name (or KRAUSE, HOWARD &	s each receiving over \$1  ined this return, including accomplish than officer) is based on all the complete of	00,000  Inpanying schedules and state information of which prepar	cments, and to the best of my knowledge has any knowledge    Date   Prepare	er's Identifistructions 00269	ief, it is	7
d Total Sign Here	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer of officer  Signature of officer  Type or print name and title  Preparer's signature  KERRY L. KARNITZ  Firm's name (or yours if self-employed).  618 JACKSON STRE	s each receiving over \$1  inted this return, including accompthen than officer) is based on all the company of	00,000  Inpanying schedules and state information of which prepar	treents, and to the best of my knowledge has any knowledge  Check if self-employed P00  EIN 39	er's Identifistructions 00269	ring Nur	n
d Total Sign Here Paid Pre- parer's Use Only	number of other independent contractors  Under penalties of perjury, I declare that I have examinative, correct, and complete Declaration of preparer of the correct of the	s each receiving over \$1  integ this return, including accomplished than officer) is based on all the company of the company o	00,000  Inpanying schedules and state il information of which prepar  Date 10/14/10	Check if self-employed Prepar See in P00  EIN 39  Phone no (715)	er's Identifistructions 00269	ving Nur 5	n

### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public

								· -
	of the organization						Employer identific	
RO'.	TARY CLUB OF WAUSAU	lete if the organ	nızatıon aı	newarad 'V	es' to Form 990 Part I		39-089215	<u> </u>
Pai	Fundraising Activities. Comp t l. Form 990EZ filers are not rec	juired to comple	ete this pa	rt		10, 11110 17		
1	Indicate whether the organization	raised funds th	rough any	of the foll			• • •	
	Mail solicitations				Solicitation of non-	-		
	Internet and email solicitation	S			Solicitation of gove	_	rants	
	Phone solicitations				Special fundraising	, events		
_	In-person solicitations							
22	Did the organization have written employees listed in Form 990, Pa	or oral agreeme rt VII) or entity	ent with an in connect	ny individu: Iion with oi	al (including officers, di rofessional fundraising	irectors, t services?	rustees or key	Yes No
	If 'Yes,' list the ten highest paid in							
•	compensated at least \$5,000 by the	ne organization	tities (turie	naiscis) p	arsaant to agreements	under wi	nen the fanare	1301 13 10 50
			( ) 5 !			(v) Am	ount paid to	(4) Amount moulto
	(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	(or re fundrai	etained by) iser listed in	(vi) Amount paid to (or retained by)
				ibutions?	wom activity		col (ı)	organization
			Yes	No				
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_	Total	<del></del>		<b>&gt;</b>				
3	List all states in which the organiz or licensing	ation is register	ea or licer	nsea to so	licit runus or has been	notinea it	is exempt iro	in registration
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Page 2

WRUT N RUN (seest type) (cheest type) (chees			reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts gre	ater than \$5,000.
1 Gross receipts 18,385. 18,38				1 1	(b) Event #2	(c) Other Events	(Add col (a) through
2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 18,385.  18,285.  18,285	REV			(event type)	(event type)	(total number)	
2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 18,385.  18,285.  18,285	ENU	1	Gross receipts	18,385.			18,385.
4 Cash prizes 5 Noncash prizes 6 Rentifacility costs 7 Food and beverages 8 Enfertamment 9 Other direct expenses summary Add lines 4- through 9 in column (d) 1 Not income summary Combine lines 3, column (d) and line 10  Part IIIII Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$11, 232  Part IIIII Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$11, 232  Part IIIII Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingoprogressive bingoprogressive bingoprogressive bingoprogressive col (d) Horough col (d) H	£	2	Less Charitable contributions .				
5 Noncash prizes 429. 429. 429 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d)		3	Gross income (line 1 minus line 2)	18,385.			18,385.
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses		4	Cash prizes				
8 Entertainment 9 Other direct expenses 6,724. 10 Direct expense summary Add lines 4- through 9 in column (d) 11 Net income summary Combine lines 3, column (d) and line 10 11,232  Paint.IIII Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (Add col (a) through 2 col (a) through 5 in Column (d) and line 7  1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operate gaming activities in each of these states? b) If No, 'explain'  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities of a trust or a member of a partnership or other entity formed to administer the formatible gaming?	٥	5	Noncash prizes	429.			429.
8 Entertainment 9 Other direct expenses 6,724. 10 Direct expense summary Add lines 4- through 9 in column (d) 11 Net income summary Combine lines 3, column (d) and line 10 11,232  Paint.IIII Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (Add col (a) through 2 col (a) through 5 in Column (d) and line 7  1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operate gaming activities in each of these states? b) If No, 'explain'  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a Were any of the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities of a trust or a member of a partnership or other entity formed to administer the formatible gaming?	RE	6	Rent/facility costs .				<u> </u>
To Direct expense summary Add lines 4: through 9 in column (d)  Pairt.III Saming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pulit labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) through col (c))  To Gross revenue  Cash prizes  A Rent/facility costs  Other direct expenses  Ves		7	Food and beverages				
To Direct expense summary Add lines 4: through 9 in column (d)  Pairt.III Saming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pulit labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) through col (c))  To Gross revenue  Cash prizes  A Rent/facility costs  Other direct expenses  Ves	X P E	8	Entertainment .				
To Direct expense summary Add lines 4: through 9 in column (d)  Pairt.III Saming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pulit labs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) through col (c))  To Gross revenue  Cash prizes  A Rent/facility costs  Other direct expenses  Ves	N S E	9	Other direct expenses	6,724.			6,724.
### Park.III   Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming (Add col (a) through col (c))	•					•	7,153.
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (cd Other gaming (add col (a) through col (cd))  1 Gross revenue 2 2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor No	Päi				s' to Form 000 Pa	rt IV Juno 19 or ro	
bingo col (c)  1 Gross revenue  1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states?  b If "No," explain:  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  11 Does the organization operate gaming activities with nonnembers?  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?  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?	-i-ai	{L: 1115	\$15,000 on Form 990-EZ, line 6a	ation answered Te	:S 10 FOITH 990, Pai		porteu more than
1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain'  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' explain'  11 Does the organization operate gaming activities with nonmembers? 11 List the organization operate gaming activities with nonmembers? 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?	~ w> u			(a) Bingo	bingo/progressive	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1 Gross revenue  2 Cash prizes  3 Non-cash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain'  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' explain'  11 Does the organization operate gaming activities with nonmembers? 11 List the organization operate gaming activities with nonmembers? 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?	NUE						-
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a ls the organization licensed to operate gaming activities in each of these states?  b if 'No,' explain:  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain:  11 Does the organization operate gaming activities with nonmembers?  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?		1	Gross revenue .				
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a ls the organization licensed to operate gaming activities in each of these states?  b if 'No,' explain:  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain:  11 Does the organization operate gaming activities with nonmembers?  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?	D X	2	Cash prizes				
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a ls the organization licensed to operate gaming activities in each of these states?  b if 'No,' explain:  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain:  11 Does the organization operate gaming activities with nonmembers?  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?	RENCES	3	Non-cash prizes .				
7 Direct expense summary Add lines 2 through 5 in column (d).  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a ls the organization licensed to operate gaming activities in each of these states?  9 In a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  11 Does the organization operate gaming activities with nonmembers?  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?	Š	4	Rent/facility costs				
6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d).  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain:  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain:  11 Does the organization operate gaming activities with nonmembers? 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?		5	Other direct expenses				
7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Combine lines 1, column (d) and line 7  9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9				Yes%	<del> -                                   </del>	<del></del>	
8 Net gaming income summary Combine lines 1, column (d) and line 7  PEnter the state(s) in which the organization operates gaming activities a list he organization licensed to operate gaming activities in each of these states? b If 'No,' explain:  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain:  11 Does the organization operate gaming activities with nonmembers? 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?		6	Volunteer labor	No	No	No	
9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b if 'No,' explain'  10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' explain'  11 Does the organization operate gaming activities with nonmembers? 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?		7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
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11 Does the organization operate gaming activities with nonmembers?  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?	10 a	Were	e any of the organization's gaming license	s revoked, suspended	or terminated during the	e tax year?	10 a
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?	b	If 'Ye	es,' explain'				
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?		 			·		
administer charitable gaming?					anh an af a an aideanah		13. 1 met 2 met
		admi	e organization a grantor, beneficiary or tri inister charitable gaming?	<del></del>			12

Schedule G (Form 990 or 990-EZ) 2009 ROTARY CLUB OF WAUSAU	39-089215	1	Р	age 3°
•			YES	NO
13. Indicate the percentage of gaming activity operated in				ĺ
a The organization's facility	13a %	]		'
<b>b</b> An outside facility	13b %	] . [		-
14 Enter the name and address of the person who prepares the organization's gaming/spi	ecial events books and records	<i>:</i> ,		. 1
		`:	-	e .
Name: <b>&gt;</b>				. 3
A.1.1		- 1	4	
Address				
15 a Does the organization have a contact with a third party from whom the organization red	anivos gaming rayanija?	15a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$		134	-3.,	ا ريو ز
of gaming revenue retained by the third party \$	and the amount	- 		. 7. 2
c if 'Yes,' enter name and address of the third party		·.  .		72.
The state of the s				
Name •		J	7	1
		3.3		1 F - 1
Address -				
			17	}
16 Gaming manager information		1.91	, ,	" " " "
<b>.</b>				١, ١, ١, ١
Name •		1 2		15 mg - 3
Coming manager companyation > ¢		3-3-1	7	
Gaming manager compensation ► \$		1.45		1
Description of services provided >			ot ,-	~ %*
Description of Services provided			5,	<b>34:</b> 1
Director/officer Employee Independent cont	ractor			*21.54 20.54
		4	100	a
17 Mandatory distributions			i de la	\$ 240°
a Is the organization required under state law to make charitable distributions from the g	aming proceeds to retain the	200		2
state gaming license?	•	17a	307	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exe	empt organizations or spent in the	1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	- T
organization's own exempt activities during the tax year ► \$		14.0°; 3-1-2	27.3 	
BAA TEEA3703L 02/05/10	Schedule G (Form 990	J or 99(	J-EZ)	2009

		<del> </del>	· ·	
2009. F	EDERAL STATEMENTS			PAGE 1
CLIENT 675	ROTARY CLUB OF WAUSAU			39-0892151
10/14/10 STATEMENT 1				04 36PM
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES				
MEALS OFFICE EXPENSES OTHER PROGRAM ROTARY DISITRICT DUES ROTARY FOUNDATION ROTARY INTERNAT DUES		,	\$ TOTAL \$	34,842. 1,389. 7,401. 4,725. 6,212. 5,835. 60,404.
			TOTAL Q	00,404.
STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS				
ACCOUNTS RECEIVABLE	TO	<u>BE(</u> \$	3INNING 1,401. \$ 1,401. \$	ENDING 996. 996.
STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PROVIDE SCHOLARSHIPS AND ASSIS		OGRAM		
STATEMENT 4 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRI	USTEES, AND KEY EMPLOYEES			
NAME AND ADDRESS		MPEN-	CONTRI- BUTION TO EBP & DC	
JAMIE SCHAEFER 302 BAY PARK CT. WAUSAU, WI 54401	TREASURER \$	0.		
DEBRA TRAEDER 2706 PLEASANT VIEW WESTON, WI 54476	SECRETARY 0	0.	0.	0.
BRADLEY PECK 416 ROSS AVENUE WAUSAU, WI 54403	DIRECTOR 0	0.	0.	0.
KIRK HOWARD 2723 GLEN DRIVE MERRILL, WI 54452	DIRECTOR 0	0.	0.	0.

PAGE 2 2009. **FEDERAL STATEMENTS** CLIENT 675 39-0892151 **ROTARY CLUB OF WAUSAU** 10/14/10

04 36PM

STATEMENT 4 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN ELDRED 4403 N LAKESHORE DRIVE WAUSAU, WI 54401	PRESIDENT :	\$ 0.	\$ 0.	\$ 0.
TERRY KITTSON 330 4TH STREET WAUSAU, WI 54403	DIRECTOR 0	0.	0.	0.
TODD TOPPEN 4500 N 60TH AVE. WAUSAU, WI 54401	DIRECTOR 0	0.	0.	0.
WILLIAM TEHAN 7806 BLUEBELL LANE WAUSAU, WI 54401	PRESIDENT ELECT 0	0.	0.	0.
DIANE POSTLER-SLATTERY 333 PINE RIDGE BLVD. WAUSAU, WI 54401	DIRECTOR 0	0.	0.	0.
JEANETTE KNAUF-MASANZ 1418 STATE ROAD 107 MARATHON, WI 54448	DIRECTOR 0	0.	0.	0.
REBECCA PILGRIM 908 6TH STREET MARATHON, WI 54448	DIRECTOR 0	0.	0.	0.
JOHN KELLY 2727 PLAZA DRIVE WAUSAU, WI 54401	DIRECTOR 0	0.	0.	0.
SANDRA SMITH 518 S. 7TH AVE. WAUSAU, WI 54401	DIRECTOR 0	0.	0.	0.
LAURIE PROCHNOW 3309 TERRACE CT. WAUSAU, WI 54401	DIRECTOR 0	0.	0.	0.
PEGGY CARRIER-DIEMER 138 VALLIE LANE MOSINEE, WI 54455	DIRECTOR 0	0.	0.	0.
MARK FOLINO 8002 SOUTHRIDGE DRIVE ROTHSCHILD, WI 54474	VICE PRESIDENT 0	0.	0.	0.
	TOTAL	<b>3</b> 0.	\$ 0.	\$ 0.