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# **990-EZ**

# 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 \$5,00,000 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

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public** Inspection

A	For the	e 2009 calend	ar year,	or tax year beginning	July 1	, 2009,	and ending	J	une 30	)	, 20 10	<u> </u>
В	Check if	applicable	Please	C Name of organization				D Emple	yer id	entification n	umber	
	Address	change	thange label or print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tel			39-1443184						
Ц	Name cl	•				E Telepi	Telephone number					
片	Initial ref		In 100 Pay 5221				ł	920-339-2661				
片		ed return	Specific	City or town, state or country, and	ZIP + 4			F Grou	n Exe	motion		_
H		tion pending	Instruc- tions.	DePere, WI 54115					ber 🕨	•		
_			organia	zations and 4947(a)(1) nonexen	not charitable tru	ete muet attach	G Acco			☐ Cash [	7 Accr	l
	<b>■</b> 360	<i>cuon 301 (c)(3)</i>		mpleted Schedule A (Form 990		sis musi attacm		r (specify)		□ Çasıı ı		Jui
_						<del></del>						
	H Check ► ✓									_		
I Website: ► required to a  J Tax-exempt status (check only one) — ✓ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527  990-EZ, or 9									cheaule B (F	orm 990	ν,	
											<del></del>	
K	Check		•	zation is not a section 509(a)(3) s		•	•				,000. A	
				turn is not required, but if the or	<del></del>					turn		
				e 9 to determine gross receipts, if s						( B : I	85,2	202
	Part I	•		enses, and Changes in I			-	e instruc	ctions	s for Part	i.)	
	1		_	ts, grants, and similar amoun					1			
	2	Program s	ervice r	revenue including governmer	nt fees and contr	acts		. [	2			0
	3	Membersh	ip dues	s and assessments				[	3		21,8	308
€	4	Investmen	t incom	ne				[	4		1	131
<b>=</b>	5a	Gross amo	ount fro	m sale of assets other than in	nventory	5a		0	- 1			
dessail	b	Less: cost	or othe	er basis and sales expenses		5b		0				
	c	Gain or (lo	ss) fron	n sale of assets other than in	ventory (Subtrac	t line 5b from li	ine 5a)		5c			0
	6	Special event	ts and act	tivities (complete applicable parts of	Schedule G). If any ar	mount is from gam	ing, check here	e▶ 🔲 🥤			•	
ن ا	a	Gross reve	enue (no	ot including \$	of contri	butions		1				
Oź	5			)				63,263				
	· l	-		nses other than fundraising e				14,655	l			
SCANNED OCT 0				ss) from special events and a	•	<u> </u>	line 6a)		6c		48,6	808
	7a		-	ventory, less returns and allow	•	1	 	0				
\$	'b			=		7b		0				
8				ss) from sales of inventory (S	 Subtract line 7h f	· · · · · · · · · · · · · · · · · · ·	L		7c			0
•	8	Other reve			ABUACUM TO T	ioni inici raj .			8			<u> </u>
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8				9		70,5	547
	10			ir amounts paid (attach sche		DEOE		<del>,                                    </del>	10		42,3	
	11			or for members		RECEI	VED	1	11		72,0	
u	l l				1 W			1	12			
0000	12	Drofosson	al food	empensation, and employee to	pendent centres	SFP 2.7	2010	1	13			
ğ	13	Occupance	iai iees	and other payments to indep	Jendent Configer	1015 Y = 1.	2010 . [9	1				
Ž Ž	14	Occupano	y, r <del>e</del> nt,	diffices, and maintenance		<del></del>	<u>···</u> ]₩	1	14			—
_	.•	Printing, p	ublicati	ions, postage, and shipping describe Meals, member  Add lines 10 through 16	dues and Others	UGUEN	IIT.	1 : : 1	15		22 (	201
	16	Other expe	enses (	Describe   Wears, member	dues, and Other C	Jubenses		<u>├</u> _`	16		22,2	
	17	TOTAL CAP	<del></del>	ridd iiriod fo tiffodgir fo .	<del></del>	<del></del>		. •	17		64,6	
Not Accete	18			) for the year (Subtract line 1)					18			875
9	19			nd balances at beginning of			_					
Š	<u>.</u>	•	_	e reported on prior year's ret	•			}	19		37,5	570
Ž	20		-	net assets or fund balances					20			
_	_  21			d balances at end of year. Co				. ▶	21	<del> </del>	43,4	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990							<u></u>					
				(See the instructions for P	•		(A) Be	ginning of	·	(B) End		
		_		nvestments				3	2,548		36,5	<u>509</u>
		and and buil-								23		
		Other assets (	(describ	De ► Accounts Receivable		<del> </del>	)	•	5,022		6,9	936
		Total assets					.	3	7,570		43,4	445
2	26 1	Γotal liabilitie	es (desc	cribe ►			)			26		
_2	27	Net assets or	r fund l	balances (line 27 of column (	(B) must agree w	uth line 21)	<u> </u>	3	7,570	27	43,4	445

om	990-EZ (2009)					Page 🕹
Par	t III Statement of Program Service Accomp	plishments (See the instr	uctions for Part I	II.)		Expenses
Vha	t is the organization's primary exempt purpose?	_	(Requ	ured for section		
	cribe what was achieved in carrying out the org	nd concise		)(3) and 501(c)(4)		
	ner, describe the services provided, the number o			nizations and section		
ach	for ot	(a)(1) trusts, optional hers )				
	· •	a cabalarabine to local veuti	<u> </u>		10.0	I
28	Grant given to another exempt organization providin	g scholarships to local youti	n 			
				·		
	(Grants \$ 3,000) If this amount		eck here	. ▶ 🗆	28a	3,000
29	Grants provided to 2 local colleges in support of their	ir athletic programs				İ
	(Grants \$ 6,450) If this amount	includes foreign grants, ch	eck here	▶ □	29a	6,450
20	Donations made within community to other local exe				Lou	
30	the betterment of the community through various eff	· .				
	the betterment of the community through various en	orts				
		includes foreign grants, ch			30a	31,931
31	, , , , , , , , , , , , , , , , , , , ,					
	(Grants \$ 1,000) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	1,000
<u>3</u> 2	Total program service expenses (add lines 28a t	hrough 31a)	· · · · · · · · ·	▶	32	42,381
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ated. (See the	ınstrud	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
See	Schedule Attached	· · · · · · · · · · · · · · · · · · ·		†		
	Scriedule Attached					
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Part	Other Information (Note the statement requirements in the instructions for Part 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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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.			
а	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?	35a		<b>√</b>
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<b>—</b>
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		1
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?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			ļ
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<u> </u>	✓
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	-		l
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 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			l
	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	40b		1
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			
	reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ► Not Applicable			
42a		920-33		1
_	Located at ► 818 Winding Waters Way DePere, WI ZIP + 4 ►	541	115	
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		V	NI.
	account)?	$\overline{}$	res	No
	If "Yes," enter the name of the foreign country: ▶	42b		<b>✓</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	 	1
-	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		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ļ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 53	140
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			<del>  •</del>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		- aar	LFZ	(2000)

Pa	a	_	Δ

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	xempt charitat table trusts mus	<b>ole trusts only.</b> A st answer questio	ll sect ns 46	tion -49t	)
46	Did the organization engage in direct or indirect	t political campaign activiti	es on behalf of o	r in opposition to	,	Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		<b>√</b>
	Did the organization engage in lobbying activitie		•		47		
	Is the organization a school as described in section				48		✓
	Did the organization make any transfers to an ex					✓_	
	If "Yes," was the related organization a section 527 organization?						
	Complete this table for the organization's five highest compensated employees (other than officers, directors, truemployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter						d key
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation.	(d) Contributions to		Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(o) Compensation	employee benefit plans & deferred compensation		ount a	nd
No Con	npensation Paid				<u> </u>		
f	Total number of other employees paid over \$100	0,000 ▶	<u> </u>				
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor			pe of service	(c) Corr	pensa	
No Cor	npensation Paid						
						-	
••							
d	Total number of other independent contractors of	each receiving over \$100,0	00▶				
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and sta pased on all information	atements, and to the bes	t of my l	knowle wledge	edge
Sign			1	9/21/2010			
Here	Signature of officer			Date			
	Type or print name and title	- Treasurer	· · · · · · · · · · · · · · · · · · ·				
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	iber (See	_ instruct	tions)
Prepare Use On	Firm's name (or yours if self-employed),						
Mav th	e IRS discuss this return with the preparer show	n above? See instructions	1 1 1	none no ►	Yes		
	The second secon			For	m <b>990</b>		

## DEPERE ROTARY CLUB SCHEDULES TO FORM 990EZ ID 39-1443184 30-Jun-10

#### PART I, LINE 6 - SPECIAL EVENTS AND ACTIVITIES

	Final	Pınk	Lee		
	Four	Flamingo	Remmel	Other	Total
Revenue	7,955	3,615	22,867	28,826	63,263
Expenses	(3,195)	(150)	(11,310)	0	(14,655)
Net Income	4,760	3,465	11,557	28,826	48,608

#### PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

DePere Rotary Foundation	3,000
St. Norbert College	2,150
University of Wisconsin - Green Bay	4,300
City of DePere	500
"Fight for Faye" campaign	21,911
DePere High School Archery Booster Club	5,480
Rotary International	1,500
DePere Girls Softball Association	500
Shelter Box	1,000
Others each under \$500	2,040
Total	42,381

#### PART III, LINE 31 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

Other Program Services.

Grants provided to Rotary International in their worldwide efforts to fight Polio

#### PART IV - LIST OF OFFICERS AND DIRECTORS

President	Peter Van Den Heuval			
Vice-President	Mark Nicholas			
Secretary	John Franken			
Treasurer	Jay DeCleene			
Director	Karen Lamperur			
Director	Rob Foytik			
Director	Jeff Franken			
Director	Dave Vande Hei			
Director	Chuck Albers			
Average time - 5 hours per week / No compensation				