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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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. 1545-0046

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning **July 1**, 2010, and ending **June 30**, 20 **11**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Rotary International Eau Claire
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 671
 City or town, state or country, and ZIP + 4
Eau Claire, WI 54702-0671

D Employer identification number
39-0886483

E Telephone number
715-838-7640

F Group Exemption Number ► **0573**

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ► _____

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

I Website: ► **www.eauclairerotary.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 52,618**

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	1 Contributions, gifts, grants, and similar amounts received	1	10,628
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	27,776
	4 Investment income	4	276
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b 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)	6b	13,938
c Less: direct expenses from gaming and fundraising events	6c	7,085	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,853	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,533	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	12,051
	11 Benefits paid to or for members	11	7,012
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	763
	16 Other expenses (describe in Schedule O)	16	24,883
	17 Total expenses. Add lines 10 through 16	17	44,709
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	824
	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	18,727
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	19,551

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

G-5 91.9 14

SCANNED JAN 31 2013

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	15,842	22 12,334
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	9,621	24 9,137
25 Total assets	25,463	25 21,471
26 Total liabilities (describe in Schedule O)	6,736	26 1,920
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,727	27 19,551

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? **Community and international service**

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, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 Described in Section O	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Described in Section O	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Described in Section O	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$ 12,051) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 12,051
32 Total program service expenses (add lines 28a through 31a)	32 12,051

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jonathan A Niebergall 5620 McKai Dr; Eau Claire, WI 54703	President - 10 hrs	0	0	0
Sara A Antonson 3426 Patton St; Eau Claire, WI 54701	President Elect - 5 hrs	0	0	0
Mary M Knight 3517 Parkside Circle East; Eau Claire, WI 54701	Vice President - 1 hr	0	0	0
Patrick S Thoney 1703 Delrae Court; Eau Claire, WI 54703	Secretary - 1 hr	0	0	0
Jerome A Reinecke 1206 E Hamilton Ave; Eau Claire, WI 54701-7336	Exec Sec/Treas - 15 hrs	0	0	0
Jacquelyn J Lahn 301 Water St; Eau Claire, WI 54703	Past President - 1 hr	0	0	0
Robert J Schmidt 443 South Beach Dr; Altoona, WI 54720	Director - 1 hr	0	0	0
Angela Hite 4103 Liberty Court; Eau Claire, WI 54703	Director - 1 hr	0	0	0
Marcia Van Beek 406 Gilbert Ave; Eau Claire, WI 54701	Director - 1 hr	0	0	0
Mark P Morse 3928 Freedom Dr; Eau Claire, WI 54703-1315	Director - 1 hr	0	0	0

Part V Other Information (Note the 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 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	✓
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
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 0		
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		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 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) and 501(c)(4) 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) 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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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. ▶ None		
42a The organization's books are in care of ▶ Jerome A Reinecke Telephone no ▶ 715-838-7640 Located at ▶ 1206 East Hamilton Ave; Eau Claire, WI ZIP + 4 ▶ 54701-7336		
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)?	42b	✓
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.?	42c	✓
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		
	Yes	No
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	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		<input checked="" type="checkbox"/>

a 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).

45a		<input checked="" type="checkbox"/>
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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.

46		<input checked="" type="checkbox"/>
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 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

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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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

Signature of officer

Date

Jerome A Reinecke; Executive Secretary and Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

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

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Rotary International Eau Claire

Employer identification number

39-0886483

Part I -- Line 10 -- Grants and similar amounts paid, and

Part III -- Line 31 -- Statement of Program Service Accomplishments

Scholarships to area high school seniors from the four area high schools

Recipients are selected by the high schools 5,000

Boys & Girls Club 750

Junior Achievement -- fund business education in elementary classrooms 500

Rotary International water project in Ghana 2,000

Rotary International Programs Fund 1,100

Rotary International Polio Plus program -- long term project for
world wide eradication of polio 651

Donations to local school activities and events 1,050

Chamber of Commerce Youth Leadership program -- enable area high
school students to attend this year long leadership program 500

Donations to other local organizations made in response to various
individual and group requests 500

Total grants and similar amounts paid 12,051

Note All requests are initially referred to the appropriate committee. The committees
make recommendations to the Board of Directors, who in turn makes the
final grant decisions. Also, on larger projects, input and approval are obtained
from the general membership.

Part I -- Line 16 -- Other expenses:

Meals 17,839

Student exchange programs 5,191

Rotary Youth Leadership program 605

Rotary Group Study Exchange program 219

Club website 579

Other 450

Total other expenses 24,883

Part II -- Line 24 -- Other assets (description)

Accounts receivable from members for dues and meals 9,137

Part II -- Line 26 -- Total liabilities (description)

Accounts payable to restaurant for meals 1,920