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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 627, 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. 1545-1150

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning**

JULY 1

, 2011, and ending

JUNE 30 , 20 12

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

ROTARY INTERNATIONAL - LA CROSSE VALLEY VIEW

Number and street (or P.O. box, if mail is not delivered to street address)

D Employer identification number

39-1436076

PO BOX 545

Room/suite

E Telephone number

City or town, state or country, and ZIP + 4

NONE

LA CROSSE, WI 54602-0545

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:** ►**J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527**

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 72037

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	1 106
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 28254
	4 Investment income	4
	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)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 41127
Expenses	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 2550
	c Less: direct expenses from gaming and fundraising events	6c 17113
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 26564
	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 in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 54924
	10 Grants and similar amounts paid (list in Schedule O)	10 23822
Net Assets	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 11
	16 Other expenses (describe in Schedule O)	16 24919
	17 Total expenses. Add lines 10 through 16 ►	17 48752
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6172
	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 40356
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 6356
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 52884

4 P

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Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
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	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 requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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		
d Section 501(c)(3) and 501(c)(4) organizations. 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 organization's books are in care of ► JIM WARREN	Telephone no. ► 608-783-0719	
Located at ► 2236 EVENSON DRIVE, ONALASKA, WI	ZIP + 4 ► 54650	
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.	Yes	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42b	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

48 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		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																			
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.		48 <input type="checkbox"/>																																			
Check if the organization used Schedule O to respond to any question in this Part VI		<input type="checkbox"/>																																			
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		Yes <input type="checkbox"/> No <input type="checkbox"/>																																			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48 <input type="checkbox"/>																																			
49a Did the organization make any transfers to an exempt non-charitable related organization?		49a <input type="checkbox"/>																																			
b If "Yes," was the related organization a section 527 organization?		49b <input type="checkbox"/>																																			
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."		Yes <input type="checkbox"/> No <input type="checkbox"/>																																			
<table border="1"> <tr> <td>(a) Name and address of each employee paid more than \$100,000</td> <td>(b) Title and average hours per week devoted to position</td> <td>(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td>(e) Estimated amount of other compensation</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																															47 <input type="checkbox"/>
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																																	
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."																																					
<table border="1"> <tr> <td>(a) Name and address of each independent contractor paid more than \$100,000</td> <td>(b) Type of service</td> <td>(c) Compensation</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>		(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation																																	
(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 <input type="checkbox"/> No <input checked="" type="checkbox"/>																																			
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 JAMES R WARREN, TREASURER Type or print name and title	Date 11-12-2012																																			
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► Firm's address ►	Preparer's signature Date Check <input type="checkbox"/> If self-employed PTIN Firm's EIN ► Phone no.																																			
May the IRS discuss this return with the preparer shown above? See instructions ► Yes <input type="checkbox"/> No <input type="checkbox"/>																																					

SCHEDULE G
(Form 990 or 990-EZ)

**Department of the Treasury
Internal Revenue Service**

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL - LA CROSSE VALLEY VIEW

Employer identification number

39-1436076

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?	(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

	(a) Event #1 BREAKFAST (event type)	(b) Event #2 BANQUET (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1	Gross receipts	1556	994	2550
2	Less: Charitable contributions	0	0	0
3	Gross Income (line 1 minus line 2)	1556	994	2550
Direct Expenses				
4	Cash prizes	0	0	0
5	Noncash prizes	0	0	0
6	Rent/facility costs	0	0	0
7	Food and beverages	0	0	0
8	Entertainment	0	0	0
9	Other direct expenses	0	0	0
10	Direct expense summary. Add lines 4 through 9 in column (d) ►			(0)
11	Net income summary. Combine line 3, column (d), and line 10 ►			2550

Part 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))
Revenue				
1	Gross revenue		41127	41127
Direct Expenses				
2	Cash prizes		750	750
3	Noncash prizes		10749	10749
4	Rent/facility costs		813	813
5	Other direct expenses		4801	4801
6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ►			(17113)
8	Net gaming income summary. Combine line 1, column d, and line 7 ►			24014

9 Enter the state(s) in which the organization operates gaming activities: **WISCONSIN**

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes 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 No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	0 %
13b	100 %

Name ► JIM WARREN, TREASURER

Address ► 2236 EVENSON DRIVE, ONALASKA, WI

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► NONE

Gaming manager compensation ► \$ _____

Description of services provided ► _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is 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 organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

VALLEY VIEW ROTARY CLUB

June 30, 2011

990-EZ SCHEDULE O (substitute)

39-1436076

CONTRIBUTIONS - PART 1 LINE 1

MCKINNEY MEMORIAL CONTRIBUTIONS-NET	(\$157)
KWIK TRIP REBATE DONATED	\$263
TOTAL - LINE 1	\$106

DUES & ASSESSMENTS - PART 1 LINE 3

DUES	\$25,786
VISITORS	357
ASSESSMENTS	2,111
TOTAL - LINE 3	\$28,254

FUND RAISERS - PART 1 LINE 6a

CAR RAFFLE REVENUE	\$41,127
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FUND RAISERS - PART 1 LINE 6b

WAFFLE BREAKFAST REVENUE	1,556
FOUR WAY TEST BANQUET	994
TOTAL - LINE 6b	\$2,550

FUND RAISERS - PART 1 LINE 6c

CAR RAFFLE EXP	\$17,113
FOUR WAY TEST BANQUET	\$0
TOTAL - LINE 6c	\$17,113

MISCELLANEOUS - PART 1 LINE 8

PINS & OTHER MISC	\$0
TOTAL - LINE 8	\$0

GRANTS AND SIMILAR AMOUNTS PAID - PART 1 LINE 10

COMMUNITY SERVICE DONATIONS		
ROTARY INTERNATIONAL FOUNDATION - UNDESIGNATED	\$2,000	ROTARY CLUB OR FOUNDATION
ROTARY INTERNATIONAL - DISTRICT 6250	\$150	ROTARY CLUB OR FOUNDATION
LA CROSSE ROTARY WORKS FOUNDATION	\$4,500	ROTARY CLUB OR FOUNDATION
LA CROSSE ROTARY FRIENDSHIP EXCHANGE	\$163	ROTARY CLUB OR FOUNDATION
FREEDOM HONOR FLIGHT - LA CROSSE	\$3,500	NO RELATIONSHIP
OPERATION HOMEFRONT - LA CROSSE	\$2,500	NO RELATIONSHIP
MYRICK HIXON ECOPARK / LOGAN BAND PARENTS	\$1,125	NO RELATIONSHIP
WAFER - LA CROSSE	\$2,921	NO RELATIONSHIP
RIVERFRONT INC	\$1,000	NO RELATIONSHIP
LA CROSSE CHILDREN'S MUSEUM	\$500	NO RELATIONSHIP
COULEE JUBILEE / ROTARY LIGHTS	1,500	NO RELATIONSHIP
LA CROSSE COMMUNITY THANKSGIVING DINNER	250	NO RELATIONSHIP
GROUP SERVICE EXCHANGE SPONSORSHIP	300	NO RELATIONSHIP
LA CROSSE CAREER CHOICES DAY	1,000	NO RELATIONSHIP
LA CROSSE COUNTY FOSTER CHILDREN PROGRAM	152	NO RELATIONSHIP
LA CROSSE ROADS SCHOOL PROGRAM	1,261	NO RELATIONSHIP
NOON TUNES SPONSORSHIP	500	NO RELATIONSHIP
JUNIOR ACHIEVEMENT OF LA CROSSE	500	NO RELATIONSHIP
TOTAL - LINE 10	\$23,822	

OTHER EXPENSES - PART 1 LINE 16

MEETING MEALS	\$14,060
CLUB ADMINISTRATION	556
Less. Postage, Printing - Part 1 Line 15	(11)
INTERNATIONAL YOUTH EXCHANGE	0
ROTARY FEES	
ROTARY INTERNATIONAL	4,546
ROTARY DISTRICT 6250	2,485
EQUIPMENT	632
CLUB SERVICE	
OTHER MISC.	(42)
WEBSITE	422
PETS CONFERENCE	583
CHARTER CLUB SPONSORSHIP/EVENT	325
PARADE FLOAT	358
CHRISTMAS PARTY	300
FAMILY PICNIC/FAMILY NIGHT	705
TOTAL - LINE 16	\$24,919

OTHER CHANGES IN NET ASSETS - PART 1 LINE 20

UNREALIZED GAIN (LOSS) ON INVESTMENTS	\$5,095
MISC ROUNDING DIFFERENCE	\$0
VOIDED PRIOR YEAR TRANSACTIONS (net)	\$1,261
TOTAL - LINE 20	\$6,356