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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

▶ 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. 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

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**EUGENE ROTARY CLUB**

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

1574 COBURG ROAD

Room/suite

865

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

EUGENE, OR 97401**D** Employer identification number**93-0340324****E** Telephone number**(541) 485-5983****F** Group Exemption Number ▶**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **WWW.EUGENEROTARY.ORG****H** Check ☒ if the organization is not required to attach Schedule B**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF)

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,

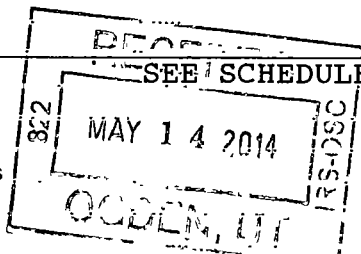
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **89,996.****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	
	2	Program service revenue including government fees and contracts	2	1,703.
	3	Membership dues and assessments	3	87,765.
	4	Investment income	4	70.
	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	
	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	458.
c	Less direct expenses from gaming and fundraising events	6c	408.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	50.	
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	89,588.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	35,398.
	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	25,800.
	14	Occupancy, rent, utilities, and maintenance	14	2,065.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	11,886.
	17	Total expenses. Add lines 10 through 16	17	75,149.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,439.
	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	68,107.
	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	82,546.

**LHA** For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2012)

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

☒ X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	75,812.	80,446.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	0.	2,100.
25 Total assets	75,812.	82,546.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	7,705.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,107.	82,546.

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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 INTERNATIONAL YOUTH EXCHANGE - MONTHLY ALLOWANCE, SPECIAL YOUTH RECOGNITION, MEDICAL EXPENSES(Grants \$ 3,546.) If this amount includes foreign grants, check here ☐ 28a 3,546.

29 _____

(Grants \$ _____) If this amount includes foreign grants, check here ☐ 29a

30 _____

(Grants \$ _____) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O) SEE SCHEDULE O

(Grants \$ 4,249.) If this amount includes foreign grants, check here ☐ 31a 4,249.

32 Total program service expenses (add lines 28a through 31a) ☐ 32 7,795.**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD OLSON				
PRESIDENT	5.00	0.	0.	0.
PATRICIA MCCONNEL				
PRESIDENT ELECT	2.00	0.	0.	0.
RONALD GIETTER				
SECRETARY	2.00	0.	0.	0.
KERRY RASMUSSEN				
TREASURER	2.00	0.	0.	0.
LIZ CAWOOD				
PAST PRESIDENT	2.00	0.	0.	0.
GWEN O'CONNELL				
DIRECTOR	2.00	0.	0.	0.
JAY SILVERMAN				
DIRECTOR	2.00	0.	0.	0.
MICHAEL SYMAN-DEGLER				
DIRECTOR	2.00	0.	0.	0.
JAN STAFL				
DIRECTOR	2.00	0.	0.	0.
VICTORIA WHITMAN				
DIRECTOR	2.00	0.	0.	0.
KURT COREY				
DIRECTOR	2.00	0.	0.	0.

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 Sch. 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		X
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)		X
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)?		X
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	N/A	
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		X
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		X
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	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
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	X
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	X
41 List the states with which a copy of this return is filed <u>NONE</u>		
42a The organization's books are in care of <u>EUGENE ROTARY CLUB</u> Telephone no <u>541-485-5983</u> Located at <u>1574 COBURG ROAD, #865, EUGENE, OR</u> ZIP + 4 <u>97401</u>		
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: <u></u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <u></u>	42c	X
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	N/A
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? 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 title of each employee paid more than \$100,000	(b) 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
N/A				

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." N/A

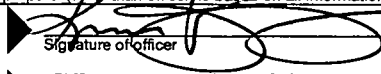
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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  Date 3/8/2014
KERRY RASMUSSON, 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 address ▶				
				Firm's EIN ▶	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

2012

Open to Public
Inspection

Name of the organization

EUGENE ROTARY CLUB

Employer identification number
93-0340324

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

70.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY INTERNATIONAL

AFFILIATE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201

PURPOSE OF PAYMENT: DUES & SUBSCRIPTIONS

AMOUNT OF PAYMENT:

17,495.

AFFILIATE NAME: ROTARY DISTRICT 5110

AFFILIATE ADDRESS: 1574 COBURG ROAD, #865 EUGENE, OR 97401

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT:

8,658.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

26,153.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: INTERNATIONAL YOUTH EXCHANGE STUDENT PROGRAM

GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

3,546.

ACTIVITY CLASSIFICATION: HUMANITARIAN SERVICES

GRANTEE NAME: ROTARY INTERNATIONAL FOUNDATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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

2012

Open to Public
Inspection

Name of the organization

EUGENE ROTARY CLUB

Employer identification number
93-0340324

GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 3,500.

ACTIVITY CLASSIFICATION: SKINNER BUTTE PARK

GRANTEE NAME: CITY OF EUGENE

GRANTEE ADDRESS: 125 E 8TH AVENUE, 2ND FLOOR EUGENE, OR 97401

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 749.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: EUGENE ROTARY SCHOLARSHIP FOUNDATION

GRANTEE ADDRESS: 1574 COBURG ROAD, #865 EUGENE, OR 97401

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,450.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,245.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

OFFICE EXPENSE 8,011.

CONFERENCES, CONVENTIONS, MEETINGS 2,428.

TRAVEL 846.

GUEST MEALS 601.

TOTAL TO FORM 990-EZ, LINE 16 11,886.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

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

2012

Open to Public
Inspection

Name of the organization

EUGENE ROTARY CLUB

Employer identification number
93-0340324

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	0.	2,100.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID DUES	7,000.	0.
ACCOUNTS PAYABLE	705.	0.
TOTAL TO FORM 990-EZ, LINE 26	7,705.	0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - UNCOMPENSATED SERVICE TO
OTHERS IN OUR COMMUNITY, OUR NATION AND THE WORLD.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

CONTRIBUTIONS TO ROTARY INTERNATIONAL FOUNDATION

GRANTS \$ 3,500. EXPENSES \$ 3,500.

GRANTS TO SKINNER BUTTE PARK

GRANTS \$ 749. EXPENSES \$ 749.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Enter filer's identifying number, see instructions	
Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or	
EUGENE ROTARY CLUB	93-0340324	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
1574 COBURG ROAD, NO. 865		
City, town or post office, state, and ZIP code For a foreign address, see instructions.		
EUGENE, OR 97401		

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

EUGENE ROTARY CLUB

- The books are in the care of **1574 COBURG ROAD, #865 - EUGENE, OR 97401**

Telephone No. **541-485-5983**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**

5 For calendar year ☐, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO COMPLETE AN ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title **TREASURER**

Date ☐

Form 8868 (Rev. 1-2013)