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Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **July 1**, 2013, and ending **June 30**, 2014

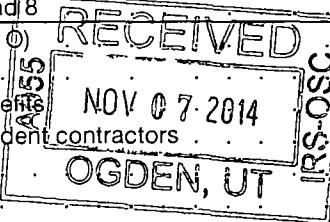
B Check if applicable	C Name of organization Rotary International Eau Claire	D Employer identification number 39-0886483
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) P.O. Box 671	E Telephone number 715-838-7640
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Eau Claire, WI 54702-0671	F Group Exemption Number ► 0573
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method Cash Accrual Other (specify) ► _____I Website: ► www.eauclairerotary.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other **Service Club**

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **38,692****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 . . .

1 Contributions, gifts, grants, and similar amounts received	1	7,469
2 Program service revenue including government fees and contracts	2	-0-
3 Membership dues and assessments	3	22,070
4 Investment income	4	37
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 \$ -0- 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	9,116
c Less: direct expenses from gaming and fundraising events	6c	4,983
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,133
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	33,709
10 Grants and similar amounts paid (list in Schedule O)	10	11,221
11 Benefits paid to or for members	11	6,020
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	582
16 Other expenses (describe in Schedule O)	16	20,124
17 Total expenses. Add lines 10 through 16 ►	17	37,947
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,238)
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	29,854
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	25,616



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	23,701	22	21,776
23	Land and buildings	- 0	23	- 0
24	Other assets (describe in Schedule O)	7,008	24	6,177
25	Total assets	30,709	25	27,953
26	Total liabilities (describe in Schedule O)	855	26	2,337
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,854	27	25,616

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

What is the organization's primary exempt purpose? **Community and international service**

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

Expenses

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

28			
			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a		
29			
			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a		
30			
			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a		
31	Other program services (describe in Schedule O)			
	(Grants \$ 11,221) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	11,221	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32	11,221

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
Patrick S Thoney President	10	- 0 -	- 0 -	- 0 -
Steven M Hill President Elect	5	- 0 -	- 0 -	- 0 -
Jerome H Kuehl Vice President	1	- 0 -	- 0 -	- 0 -
John A Stoneberg Secretary	5	- 0 -	- 0 -	- 0 -
Jerome A Reinecke Executive Secretary & Treasurer	15	- 0 -	- 0 -	- 0 -
William J Klish Director	1	- 0 -	- 0 -	- 0 -
Shery Mohr Director	1	- 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 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	37a	
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:	39a	
a Initiation fees and capital contributions included on line 9	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 ►	40a	
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	40c	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0	40d	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 Avenue, 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)? 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.	42b	✓
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: ►	42c	✓
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	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	✓

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 ✓

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

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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 business address of each independent contractor	(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		11 / 3 / 2014
	Signature of officer	Date
	Jerome A Reinecke, Executive Secretary & Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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.

OMB No 1545-0047

~~2014~~
2013**Open to Public
Inspection**► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Rotary International Eau Claire

Employer identification number

39-0886483

Part I -- Line 10 -- Grants and similar amounts paid, andPart 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
Donation to area Technical College Foundation to be used for Scholarships to at-risk students	1,000
Rotary International Programs Fund	1,000
Donation to provide Financial Education Curriculum for seniors at area high school	1,916
Rotary International Polio Plus program -- long term project for world wide eradication of polio	455
Donation to support cleft palate surgery program in Columbia	500
Donations to local school activities and events	500
Donations to community based historical museum	400
Donations to other local organizations made in response to various individual and group requests	450
Total grants and similar amounts paid	<u>11,221</u>

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	13,380
Student exchange programs	2,107
Rotary Youth Leadership program	2,458
Rotary Interact Clubs	1,500
Club website	579
Other	100
Total other expenses	<u>20,124</u>

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

Accounts receivable from members for dues and meals	<u>6,177</u>
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Part II -- Line 26 -- Total liabilities (description)

Accounts payable to restaurant for meals	1,223
Deferred income related to 2014-15 student exchange program	1,000
Other	114
Total liabilities	<u>2,337</u>