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## Return of Organization Exempt From Income Tax

2016

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](http://www.irs.gov/form990).

A For the 2016 calendar year, or tax year beginning

July 1

, 2016, and ending

June 30

, 20 17

B Check if applicable:

Address change  
 Name change  
 Initial return  
 Final 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)

P.O. Box 671

D Employer identification number

39-0886483

City or town, state or province, country, and ZIP or foreign postal code

Eau Claire, WI 54702-0671

E Telephone number

715-829-5325

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [www.eaucclairerotary.org](http://www.eaucclairerotary.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) ▲ (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K 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 ► \$ 163,561

## 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	132,287
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	22,615
	4 Investment income . . . . .	4	104
	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 . . . . .	6d	3,897
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
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	8,555
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	-4,658
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	3,897
	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	158,903
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	144,143
Net Assets	11 Benefits paid to or for members . . . . .	11	5,494
	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	629
	16 Other expenses (describe in Schedule O) . . . . .	16	19,823
	17 Total expenses. Add lines 10 through 16 ►	17	170,089
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-11,186
	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	53,164
	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	41,978

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2016)

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## 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
<b>22</b>	Cash, savings, and investments . . . . .	<b>46,837</b>	<b>22</b> <b>35,428</b>
<b>23</b>	Land and buildings . . . . .	<b>0</b>	<b>23</b> <b>0</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .	<b>7,772</b>	<b>24</b> <b>7,612</b>
<b>25</b>	<b>Total assets</b> . . . . .	<b>54,609</b>	<b>25</b> <b>43,040</b>
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>1,445</b>	<b>26</b> <b>1,062</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>53,164</b>	<b>27</b> <b>41,978</b>

**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?

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; optional for  
others.)

28	_____		
	<hr/>		
29	_____		
	<hr/>		
30	_____		
	<hr/>		
31	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
	Other program services (describe in Schedule O) . . . . .		
	<hr/>		
	<hr/>		
32	(Grants \$ 144,143) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		
	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>		

**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
<b>Hannah E Walsh</b>	10	0	0	0
<b>President</b>	10	0	0	0
<b>Wesley R Escondo</b>	5	0	0	0
<b>President Elect</b>	5	0	0	0
<b>Stephen C Nick</b>	1	0	0	0
<b>Vice President</b>	5	0	0	0
<b>Charlotte K Gurney</b>	15	0	0	0
<b>Secretary</b>	15	0	0	0
<b>Jerome A Reinecke</b>	15	0	0	0
<b>Executive Secretary and Treasurer</b>	15	0	0	0
<b>Jerome H Kuehl</b>	15	0	0	0
<b>Past President</b>	15	0	0	0
<b>William J Klish</b>	1	0	0	0
<b>Director</b>	5	0	0	0
<b>Patrick S Thoney</b>	5	0	0	0
<b>Director</b>				

**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 ► <b>37a</b> 0	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	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 ► <b>None</b>		
42a The organization's books are in care of ► Jerome A Reinecke	Telephone no. ► 715-829-5325	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? 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 ► <b>43</b> □		
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	✓
b 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**

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 . . . . .

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

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

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

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."

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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.

10/30/2017

**Sign**  **Date** 

Here Jerome A Reinecke, Executive Secretary and Treasurer

Type or print name and title

Print/type preparer's name Preparer's signature Date Check  or PTIN

**Paid**  I am a self-employed contractor  
**Business owner**  I am a self-employed business owner  
**Check  if self-employed**

Employer's name \_\_\_\_\_ Employer's EIN \_\_\_\_\_

**Use Only**  **FIRM'S NAME**  **FIRM'S EIN**

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

Form 990-EZ (2013)

**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

**2016****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, 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

Rotary International Programs Fund 1,000

Rotary International Polio Plus program -- long term project for  
world wide eradication of polio 443

Club project to install "performance" lighting on the 526 foot Phoenix Park

railway / footbridge in downtown Eau Claire 135,127

Chamber of Commerce Youth Leadership program -- enable area high  
school students to attend this year long leadership program 500Club project to build a decorative garden at the entrance to one of the  
Eau Claire high schools 723

Donations to other local organizations made in response to various

individual and group requests (each grant is \$250 or less) 1,350

Total grants and similar amounts paid 144,143

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 14,105

Youth (student) Exchange program 3,085

Rotary Youth Leadership Awards (RYLA) program 450

Rotary Interact Clubs 1,500

Club website 579

Other 104

Total other expenses 19,823

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

Accounts receivable from members for dues and meals 7,612

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

Accounts payable to restaurant for meals 1,062

Other 0

Total liabilities 1,062