

## Short Form

2949227101620 9

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

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

2018

► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. (906)Open to Public  
Inspection

A For the 2018 calendar year, or tax year beginning

July 1

, 2018, and ending

June 30

, 20 19

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)

Room/suite

P.O. Box 671

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

Eau Claire, WI 54702-0671

D Employer identification number

39-0886483

E Telephone number

715-829-5325

F Group Exemption  
Number ►

0573

G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [www.eaucielerotary.org](http://www.eaucielerotary.org)J 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

29,446

## 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	13,601
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	3,469
	4 Investment income . . . . .	4	160
	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	12,216
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	-6,798
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	5,418
	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 C) . . . . .	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,648
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	9,606
	11 Benefits paid to or for members . . . . .	11	0
	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	1,117
	16 Other expenses (describe in Schedule O) . . . . .	16	3,676
	17 Total expenses. Add lines 10 through 16	17	14,399
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	8,249
	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	19,163
	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	27,412

**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 . . . . .	13,218	22 20,114
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	7,114	24 8,848
25	<b>Total assets</b> . . . . .	20,232	25 28,962
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	1,169	26 1,550
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	19,163	27 27,412

**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 Services**

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	-----		
	(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 \$ 9,606) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	31a	9,606
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	► <input type="checkbox"/>	32 9,606

**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
Stephen C Nick				
President	10	0	0	0
Howard Ludwigson				
President Elect	5	0	0	0
Dennis R Vanden Bloomen				
Vice President	1	0	0	0
Charlotte K Gurney				
Secretary	5	0	0	0
Jerome A Reinecke				
Treasurer	20	0	0	0
Wesley R Escondo				
Past President	1	0	0	0
William J Klish				
Director	1	0	0	0
Patrick S Thoney				
Director	5	0	0	0
Scott A Rannila				
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 ► <b>37a</b> 0	37a	0
b Did the organization file <b>Form 1120-POL</b> 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), 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	40b	✓
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 ► <b>Jerome A Reinecke</b> Telephone no. ► <b>715-829-5325</b> Located at ► <b>1206 E Hamilton Ave, Eau Claire, WI</b> ZIP + 4 ► <b>54701-7336</b>		
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 <b>Form 1041</b> —Check here ► <input type="checkbox"/> 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

**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 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, Treasurer  
Type or print name and title

<b>Paid Preparer Use Only</b>	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.

► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**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	4,500
Rotary International Programs Fund	1,000
Rotary International Polio Plus program -- long term project for world wide eradication of polio	506
Chamber of Commerce Youth Leadership program -- enable area high school students to attend this year long leadership program	500
Grant to Big Brothers Big Sisters	500
Grant to Boy Scouts of America in support of annual Easter egg hunt	500
Grant to Downtown Eau Claire, Inc. in support of "Jump-Start" Downtown program	500
Grant to Junior Achievement	500
Grant to Kids Against Hunger (iFeed) program	600
Grants to other local organizations made in response to various individual and group requests (each grant is \$250 or less)	500
<b>Total grants and similar amounts paid</b>	<b><u>9,606</u></b>

Note: All grant requests are reviewed and considered by the Board of Directors.

The Board makes the final grant decisions. Also, for larger requests, input and approval are obtained from the general membership.

Part I -- Line 16 -- Other expenses:

Rotary Interact Clubs	1,500
Club website	314
Training, seminars and meetings	1,823
Other	39
<b>Total other expenses</b>	<b><u>3,676</u></b>

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

Accounts receivable from members for dues and meals	<u>8,848</u>
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Part II -- Line 26 -- Total liabilities (description)

Accounts payable to restaurant for meals	<u>1,550</u>
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