

Form 990-EZ

OMB No 1545-0047

Short Form

Return of Organization Exempt From Income Tax

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

2019

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning

July 1

, 2019, and ending

June 30

, 20 20

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)

PO Box 671

Room/suite

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

Eau Claire, WI 54702-0671

04

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.eauclairerotary.orgJ 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 28,161

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 12,723
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 3,907
	4 Investment income	4 173
	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 11,358
	c Less: direct expenses from gaming and fundraising events	6c 6,449
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 4,909
	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 21,712
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 14,265
	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 <i>Internal Revenue Service Received US Bank - USB</i>	13 0
	14 Occupancy, rent, utilities, and maintenance	14 0
	15 Printing, publications, postage, and shipping	15 458
	16 Other expenses (describe in Schedule O)	16 3,477
	17 Total expenses. Add lines 10 through 16 ►	17 18,200
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 3,512
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) <i>10/1/18</i> must agree with end-of-year figure reported on prior year's return)	19 27,412
	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 30,924

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2019)

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	20,114	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	8,848	24
25	Total assets	28,962	25
26	Total liabilities (describe in Schedule O)	1,550	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,412	27
			30,924

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 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, 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 \$ 14,265) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	14,265
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 14,265

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
Howard Ludwigson				
President	10	0	0	0
Dennis R Vanden Bloomen				
President Elect	5	0	0	0
Charlotte K Gurney				
President Elect Nominee	1	0	0	0
Sammie L Bostrom				
Secretary	5	0	0	0
Jerome A Reinecke				
Treasurer	20	0	0	0
Stephen C Nick				
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 ► 37a 0	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:	39a	
a Initiation fees and capital contributions included on line 9	39b	
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40c	0
c 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. ► 715-829-5325 Located at ► 1206 E Hamilton Ave; Eau Claire, WI ZIP + 4 ► 54701-7336	42b	
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).	42c	✓
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 ►		
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		
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

	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."		

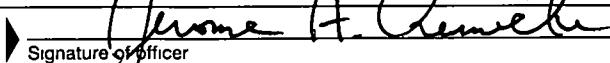
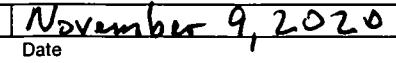
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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	

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

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 for the latest information.

Name of the organization	Employer identification number
Rotary International Eau Claire	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	4,000
Rotary International Programs Fund	500
Rotary International Polio Plus program -- long term project for world-wide eradication of polio	515
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 Catholic Charities of La Crosse for the benefit of The Sojourner House community homeless facility	500
Grant to Downtown Eau Claire, Inc. in support of "Jump-Start Downtown program	500
Grant to Drug Endangered Children Initiative	500
Grant to Eau Claire Firefighters Community Charity in support of their "Coats for Kids" program	500
Grant to Friends of the LE Phillips Memorial Library "Books for Babies" early literacy kits	500
Grant to Helping Hands for Our Children of the Chippewa Valley	400
Grant to Hope Gospel Mission to build a playground for their Hope Renewal Center for Women and Children	3,000
Grant to Literacy Chippewa Valley	500
Grant to "Together Chippewa Valley" ... a community-wide response to support nonprofit organizations impacted by the pandemic	500
Grants to other local organizations made in response to various individual and group requests (each grant is \$250 or less)	850
Total grants and similar amounts paid	14,265

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	1,000
Club website	608
Training, seminars and meetings	1,657
Other	212
Total other expenses	3,477

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

Accounts receivable from members for dues and meals	4,458
---	-------

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

Various	839
---------	-----