

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
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 (see instructions)
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

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: ROTARY CLUB OF EAU GALLIE FL INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: P O BOX 360501
City or town, state or country, and ZIP + 4: MELBOURNE, FL 32936

D Employer identification number: 59-2590472
E Telephone number: (321) 259-9191
F Group Exemption Number: 0573

G Accounting method: [] Cash [x] Accrual Other (specify) _____

I Website: N/A

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): [] 501(c)(3) [x] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting 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. \$ 26,794

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 [x]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 26,794). Rows 10-17: Expenses (Total expenses: 31,833). Rows 18-21: Net Assets (Total net assets at end of year: 28,521).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,203	22 19,593
23 Land and buildings		23
24 Other assets (describe in Schedule O)	10,085	24 9,078
25 Total assets	35,288	25 28,671
26 Total liabilities (describe in Schedule O)	1,728	26 150
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,560	27 28,521

Part III Statement of Program Service Accomplishments

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?
FELLOWSHIP, COMMUNITY & INTERNATIONAL SERVICES
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 ROTARY FOUNDATION (Grants \$ 2,000)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	6,517
29 WEEKLY LUNCH MEETING AND PROGRAM PRESENTATION (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22,493
30 VARIOUS ORGANIZED CHARITIES (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,395
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	30,405

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
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)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	b Did the organization file Form 1120-POL for this year?		No
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?		No
38b	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	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	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		
40b	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		No
40c	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		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of ROTROFF FISHER CO PA Telephone no (321) 259-9191 2401 W EAU GALLIE BLVD SUITE 1 Located at MELBOURNE, FL ZIP + 4 32935		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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		No
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	

		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		No
44b	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		No
44c	c Did the organization receive any payments for indoor tanning services during the year?		No
44d	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		

	Yes	No
45		No
45a		No
46		No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*

45a 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 must be completed instead of Form 990-EZ*

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 and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*

48 Is the organization a school 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"*

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

51(d) Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) must attach a completed Schedule A

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 taxpayer) is based on preparer's knowledge.

Sign Here	***** Signature of officer
	RICHARD SUTTER, TREASURER Type or print name and title
Paid Preparer's Use Only	Preparer's signature <input type="text"/> BRIAN G FISHER CPA
	Date 2011-12-05
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> ROTROFF FISHER & CO PA <input type="text"/> 2401 W EAU GALLIE BLVD SUITE 1 <input type="text"/> MELBOURNE, FL 32935

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data





Software ID:

Software Version:

EIN: 59-2590472

Name: ROTARY CLUB OF EAU GALLIE FL INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD ROACH  1225 WINDING MEADOWS ROAD ROCKLEDGE, FL 32955	PRESIDENT 10 00	0		
MARY BONHOMME  295 HIGHWAY A1A APT 501 SATELLITE BEACH, FL 32937	PRESIDENT EL 10 00	0		
VINCE DONATO  P O BOX 61611 PALM BAY, FL 32906	SECRETARY 10 00	0		
RICHARD SUTTER  4900 WILD GRAPE WAY MELBOURNE, FL 32940	TREASURER 10 00	0		

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 to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

2010

Open to Public Inspection

Name of the organization
ROTARY CLUB OF EAU GALLIE FL INC

Employer identification number

59-2590472

Identifier	Return Reference	Explanation
DOING BUSINESS AS		EAU GALLIE ROTARY CLUB INC

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	INITIATION FEES 300 TOTAL 300

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 478 CONFERENCES/MEETINGS 1,385 LUNCHEON/PROGRAM SVC COST 18,288 DUES 3,518 DINNERS & EVENTS 3,566 BANK FEES 168 RYLA 895 INTERACT 753 TOTAL 29,051

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 10,085 9,078 TOTAL 10,085 9,078

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,728 150

TY 2010 Compensation Explanation

Name: ROTARY CLUB OF EAU GALLIE FL INC

EIN: 59-2590472

Person Name	Explanation
RICHARD ROACH	
MARY BONHOMME	
VINCE DONATO	
RICHARD SUTTER	