

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

- 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): 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 [] Accrual [x] Other (specify) []

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

I Website: N/A

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

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 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. \$ 31,898

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 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for gaming and fundraising events, and inventory sales.

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	19,593	22 16,266
23 Land and buildings		23
24 Other assets (describe in Schedule O)	9,078	24 10,239
25 Total assets	28,671	25 26,505
26 Total liabilities (describe in Schedule O)	150	26 400
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,521	27 26,105

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 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

28 ROTARY FOUNDATION (Grants \$ 1,100)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	6,371
29 WEEKLY LUNCH MEETINGS, SPECIAL EVENTS AND PROGRAM PRESENTATIONS (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	24,267
30 VARIOUS ORGANIZED CHARITIES (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,000
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	32,638

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 significant 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	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)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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		No
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 <input type="checkbox"/> 37a _____		
37b	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	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> 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 <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> <u>ROTROFF FISHER CO PA</u> Telephone no <input type="checkbox"/> <u>(321) 259-9191</u> 2401 W EAU GALLIE BLVD SUITE 1 Located at <input type="checkbox"/> <u>MELBOURNE, FL</u> ZIP + 4 <input type="checkbox"/> <u>32935</u>		
42b	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 <input type="checkbox"/> _____ 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	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 <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	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	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)		

	Yes	No
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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

46		No
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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
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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 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?

49b 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

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

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 ▶ _____

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 the taxpayer) is based on all information of which preparer has knowledge.

Sign Here	***** Signature of officer								
	RICHARD SUTTER TREASURER Type or print name and title								
Paid Preparer's Use Only	<table style="width: 100%;"> <tr> <td style="width: 30%;">Preparer's signature</td> <td style="width: 40%;">BRIAN G FISHER CPA</td> <td style="width: 30%;">Date</td> <td>2012-09-24</td> </tr> <tr> <td>Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td colspan="3"> ROTROFF FISHER & CO PA 2401 W EAU GALLIE BLVD SUITE 1 MELBOURNE, FL 32935 </td> </tr> </table>	Preparer's signature	BRIAN G FISHER CPA	Date	2012-09-24	Firm's name (or yours if self-employed), address, and ZIP + 4	ROTROFF FISHER & CO PA 2401 W EAU GALLIE BLVD SUITE 1 MELBOURNE, FL 32935		
Preparer's signature	BRIAN G FISHER CPA	Date	2012-09-24						
Firm's name (or yours if self-employed), address, and ZIP + 4	ROTROFF FISHER & CO PA 2401 W EAU GALLIE BLVD SUITE 1 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 990-EZ, Special Condition Description:

Special Condition Description

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
MARY BONHOMME  295 HIGHWAY A1A SATELLITE BEACH, FL 32937	PRESIDENT 2 00	0		
ERIC TURNER  610 YOUNG STREET MELBOURNE, FL 32935	PRESIDENT EL 2 00	0		
VINCE DONATO  P O BOX 61611 PALM BAY, FL 32906	SECRETARY 2 00	0		
RICHARD SUTTER  1692 WHIBISCUS BLVD MELBOURNE, FL 32901	TREASURER 2 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.**

OMB No 1545-0047

2011

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
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 1,031 CONFERENCES/MEETINGS 1,364 LUNCHEON/PROGRAM SVC COST 17,279 DUES 4,881 SPECIAL EVENTS & PROGRAMS 5,925 BANK FEES 72 RYLA 2,000 INTERACT 89 TOTAL 32,641
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 9,078 10,239 TOTAL 9,078 10,239
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 150 400

TY 2011 Compensation Explanation

Name: ROTARY CLUB OF EAU GALLIE FL INC

EIN: 59-2590472

Person Name	Explanation
MARY BONHOMME	
ERIC TURNER	
VINCE DONATO	
RICHARD SUTTER	