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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning JULY 1, 2009, and ending JUNE 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		ROTARY INTERNATIONAL # 597		42-0621483
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		PO BOX 813		563-590-5616
City or town, state or country, and ZIP + 4		F Group Exemption Number . . . ▶ 2025		
DUBUQUE, IA 52004				

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ WWW.DUBUQUEROTARY.ORG

J Tax-exempt status (check only one) - ☒ 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 145,937

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	6,068
	2	Program service revenue including government fees and contracts	2	1,576
	3	Membership dues and assessments	3	44,503
	4	Investment income	4	326
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including 6,068 of contributions reported on line 1)	6a	50,806
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	28,020
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	22,786
	7a	Gross sales of inventory, less returns and allowances	7a	42,058
	7b	Less: cost of goods sold	7b	15,077
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	26,981
	8	Other revenue (describe ▶ shirt sales to members)	8	600
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	102,840
	10	Grants and similar amounts paid (attach schedule)	10	121,515
	11	Benefits paid to or for members	11	0
Net Assets	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	1,000
	14	Occupancy, rent, utilities, and maintenance	14	7
	15	Printing, publications, postage, and shipping	15	11,314
	16	Other expenses (describe ▶ see schedule)	16	21,212
	17	Total expenses. Add lines 10 through 16	17	155,048
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(52,208)
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	92,796	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	40,588	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	108,092	51,170
23	Land and buildings	0	
24	Other assets (describe ▶ PREPAID DUES)	(14,750)	400
25	Total assets	93,342	51,570
26	Total liabilities (describe ▶ SEE ATTACHED)	546	10,982
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,796	40,588

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? HUMANITARIAN SERVICE ORGANIZATION
 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.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 OPERATE LOCAL ROTARY INTERNATIONAL CHAPTER TO PROMOTE COMMUNITY SERVICE AND HUMAN DEVELOPMENT PROJECTS

(Grants \$ 37,333) If this amount includes foreign grants, check here ☐

28a

37,333

29 OPERATE AN ANNUAL SCHOLARSHIP FUND FOR LOCAL HIGH SCHOOL STUDENTS PLANNING TO ATTEND COLLEGE

(Grants \$ 7,500) If this amount includes foreign grants, check here ☐

29a

7,950

30 FUND ROTARY 501(c)(3) FOUNDATION FOR HUMANITARIAN PROJECTS

(Grants \$ 76,232) If this amount includes foreign grants, check here ☐

30a

76,232

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a**32 Total program service expenses (add lines 28a through 31a)****32**

121,515

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
DOUG PEARCE	PRESIDENT			
DUBUQUE, IA	6	0	0	0
TANYA BOTTOMLEY	VICE-PRES			
DUBUQUE, IA	3	0	0	0
KENT RENIER	VICE-PRES			
DUBUQUE, IA	3	0	0	0
CHARLIE GREEN	TREASURER			
DUBUQUE, IA	8	200	0	200
LORI BAHL	SECRETARY			
DUBUQUE, IA	6	200	0	200
CHUCK ANDRACCHIO	DIRECTOR			
DUBUQUE, IA	2	0	0	0
DOUG STILLINGS	DIRECTOR			
DUBUQUE, IA	2	0	0	0
TOM GRAHAM	DIRECTOR			
DUBUQUE, IA	2	0	0	0
TOM JAEGER	DIRECTOR			
DUBUQUE, IA	2	0	0	0
AMY WEBER	DIRECTOR			
EAST DUBUQUE, IL	2	0	0	0
JON LUCKSTEAD	DIRECTOR			
DUBUQUE, IA	2	0	0	0
GERI SHAFER	DIRECTOR			
DUBUQUE, IA	2	0	0	0
GERY KRAMER	DIRECTOR			
DUBUQUE, IA	2	0	0	0
JIM SCHILLING	DIRECTOR			
DUBUQUE, IA	2	0	0	0
JIM HALLENBECK	DIRECTOR			
DUBUQUE, IA	2	0	0	0
KEN SNODGRASS	DIRECTOR			
DUBUQUE, IA	2	0	0	0
KIM TULLY	DIRECTOR			
DUBUQUE, IA	2	0	0	0
SCOTT SCHNEIDER	DIRECTOR			
DUBUQUE, IA	2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
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 ▶		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 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		X
41	List the states with which a copy of this return is filed ▶ <u>IOWA</u>		
42a	The organization's books are in care of ▶ <u>CHARLIE GREEN</u> Telephone no ▶ <u>52001</u> Located at ▶ <u>DUBUQUE, IA</u> ZIP + 4 ▶ <u>52001</u>		
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)?	Yes	No
	If "Yes," enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	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. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

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 46-49b and complete the tables for lines 50 and 51

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ **Yes** ☐ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☐ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☐ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☐ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 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 "

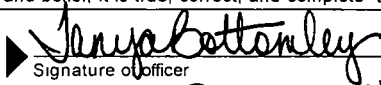
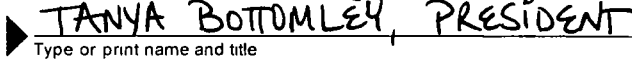

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **f**

- 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 receiving over \$100,000 **d**

Sign Here	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.		
	 Signature of officer	11-12-10 Date	
Paid Preparer's Use Only	 Type or print name and title		
	 Preparer's signature	NOV 12 2010 Date	<input type="checkbox"/> Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4 CONNOR, BROOKS & CO., P.C. P.O. BOX 743, DUBUQUE, IA 52004-0743		
		EIN 42-1302327	Preparer's identifying number (See instructions) 563-582-7224
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>GOLF EVENT</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col (a) through col (c))
	Revenue			
1 Gross receipts	12,671			12,671
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	12,671			12,671
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	6,088			6,088
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				(6,088)
11 Net income summary. Combine line 3, column (d), and line 10				6,583

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue			22,811	22,811
Direct Expenses				
2 Cash prizes			9,300	9,300
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses			1,492	1,492
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes 100 % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(10,792)
8 Net gaming income summary. Combine line 1, column d, and line 7				12,019

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities <u>IOWA</u>		
a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," explain		
11 Does the organization operate gaming activities with nonmembers?		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a 100.0000 %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ► <u>CHARLIE GREEN</u>		
	Address ► <u>DUBUQUE, IA</u>		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address of the third party		
	Name ► _____		
	Address ► _____		
16	Gaming manager information		
	Name ► <u>CHARLIE GREEN</u>		
	Gaming manager compensation ► \$ <u>0</u>		
	Description of services provided ► <u>RECORDKEEPING</u>		
	<input checked="" type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Attachment to Form 990-EZ

ROTARY INTERNATIONAL # 597

PART 1 LINE 16 OTHER EXPENSES

ADVERTISING	\$	424
INSURANCE		144
MEMBERSHIPS & DUES		17,836
CONFERENCES & MEETINGS		605
OFFICER TRAINING		2,203

		21,212
		=====

PART 2 LINE 24 OTHER ASSETS

PREPAID EXPENSES	\$	400
		=====

PART 2 LINE 26 TOTAL LIABILITIES

PREPAID DUES	\$	8,170
ACCOUNTS PAYABLE		200
CREDIT CARD PAYABLE		412
ADVANCE EVENT DEPOSITS		2,200

		10,982
		=====

Rotary Club of Dubuque
Transaction Detail by Account
July 2009 through June 2010

Page 1 of 1

Rotary Club of Dubuque Transaction Detail by Account July 2009 through June 2010

				Type	Date	Num	Name	Memo	Debit	Credit	Balance
Awards and Grants											
Specific Assist to Individuals											
	Check	07/23/2009	2349	Sue Freisinger					1,500		1,500
	Check	08/13/2009	2390	Dana Zewen				Scholarship to Mt. Mercy	1,500		3,000
	Check	09/01/2009	2400	Lindsay Schueller				Scholarship to Clarke	1,500		4,500
	Check	10/06/2009	2366	Andrew Schmidt				For Eagle Scout Project Expenses	0		4,500
	Check	10/12/2009	2371	Andrew Schmidt				Eagle Scout Project	450		4,950
	Check	11/24/2009	2412	Darrn Schultz				Scholarship for Central College	1,500		6,450
	Check	12/15/2009	2416	Schoenberger, Emily					1,500		7,950
Total Specific Assist to Individuals									<u>7,950</u>	<u>0</u>	<u>7,950</u>
Total Awards and Grants									<u>7,950</u>	<u>0</u>	<u>7,950</u>
TOTAL									<u>7,950</u>	<u>0</u>	<u>7,950</u>