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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)

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

- 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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Jul 1 , 2009, and ending Jun 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	C Name of organization ROTARY CLUB OF MUSCATINE IOWA, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 500 CEDAR STREET City or town, state or country, and ZIP + 4 MUSCATINE IA 52761	D Employer identification number 42-6066656
		E Telephone number (563) 264-2727
		F Group Exemption Number
		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►

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

I Website: ► WWW.MUSCATINEROTARY.ORG**J Tax-exempt status** (check only one) — ☒ 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 \$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. **\$ 106,123.**

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	4,818.
	2 Program service revenue including government fees and contracts	2	1,626.
	3 Membership dues and assessments	3	91,778.
	4 Investment income	4	49.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c 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 type="checkbox"/>		
	a Gross revenue (not including \$ 4,818. of contributions reported on line 1)	6a	7,852.
	b Less: direct expenses other than fundraising expenses	6b	10.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,842.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ►)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	106,113.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	72,376.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	2,350.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	889.
	16 Other expenses (describe ► See Other Expenses Statement)	16	42,214.
	17 Total expenses. Add lines 10 through 16	17	117,829.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,716.	
NET ASSETS	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	26,513.
	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	14,797.

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	16,754.	9,952.
23 Land and buildings	0.	0.
24 Other assets (describe ► See L-24 Stmt)	9,759.	4,845.
25 Total assets	26,513.	14,797.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,513.	14,797.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

What is the organization's primary exempt purpose? COMBINATION OF SOCIAL/COMMUNITY PROJECTS DESIGNED TO BENEFIT LOCAL COMMUNITY
 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, or other relevant information for each program title

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

28	4TH GRADE DICTIONARY PROJECT--CONTRIBUTED DICTIONARIES TO ALL 4TH GRADERS		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	734.
29	MUSSER LIBRARY BOOK DONATION--DONATED BOOKS TO MUSSER PUBLIC LIBRARY		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	690.
30	SCHOLARSHIPS FOR FOUR GRADUATING SENIORS--GAVE SCHOLARSHIPS TO FOUR STUDENTS FOR COLLEGE		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,000.
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	5,424.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
MARY WILDERMUTH 2520 MULBERRY AVENUE MUSCATINE IA 52761	PRESIDENT 4.00	0.	0.	
KAREN DIERCKS 2450 SNUG HARBOR LANE MUSCATINE IA 52761	PAST PRESIDENT 1.00	0.	0.	
TOM WARD 2683 CONNECTICUT YANKEE COURT MUSCATINE IA 52761	INCOMING PRESIDENT 3.00	0.	0.	
MIKE RUBY 311 MYRTLE LANE MUSCATINE IA 52761	DIRECTOR 1.00	0.	0.	
KELLY GARVIN PO BOX 564 WILTON IA 52778	DIRECTOR 1.00	0.	0.	
KEITH PORTER 105 EAST FULLIAM MUSCATINE IA 52761	DIRECTOR 1.00	0.	0.	
BECKY FURLONG 1745 231ST STREET LETTS IA 52754	DIRECTOR 1.00	0.	0.	
CAREN LUKE 2305 WEST GROVE BLVD. MUSCATINE IA 52761	SECRETARY 8.00	675.	0.	
CHUCK MOODY 519 WEST THIRD STREET MUSCATINE IA 52761	SEARGENT AT ARMS 2.00	0.	0.	
SARA FITZER 806 12TH AVENUE MUSCATINE IA 52761	BULLETIN EDITOR 5.00	506.	0.	
RANDY LUDKE 2105 SNUG HARBOR MUSCATINE IA 52761	TREASURER 11.00	1,000.	0.	

Part V Other Information (Note the statement requirements in the instrs 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?		X
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 40a ; section 4912 40a ; section 4955 40a		
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 40b		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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41		

42a The organization's books are in care of **42a** RANDY LUDKE Telephone no **42a** (563) 554-9650
 Located at **42a** 2105 SNUG HARBOR LANE MUSCATINE IA ZIP + 4 **42a** 52761

	Yes	No
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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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 42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **43** ☐ and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		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 45		X

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 Yes No
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 46
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 47
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 48
- b If 'Yes,' was the related organization a section 527 organization? 49a
- 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.'

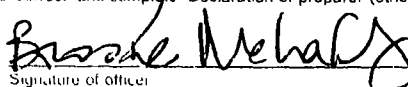
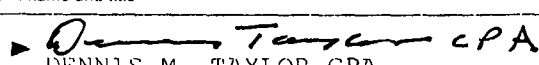
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expenses account and other allowances

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 ▶

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		7/20/12 Date	
Paid Preparer's Use Only	BROOKE MEHAFFEY Type or print name and title		TREASURER	
	Preparer's signature:  DENNIS M. TAYLOR CPA Firm's name (or yours if self-employed) and address: TD&T FINANCIAL GROUP, P.C. 500 CEDAR STREET MUSCATINE IA 52761		Date: 6-25-12 Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (See instructions): P00023409 EIN: 42-1029744 Phone no: 563-264-2727

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return
ROTARY CLUB OF MUSCATINE IOWA, INC.

Employer Identification No
42-6066656

Line 24 - Other Assets:	Beginning of Year	End of Year
DUE FROM THE ROTARY CLUB OF MUSCATINE FOUNDATION, INC.	1,966.	0.
ASSETS HELD BY OTHERS (AGENCY)	7,793.	4,845.
Totals to Form 990-EZ, Part II, line 24	9,759.	4,845.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

ROTARY INTERNATIONAL CONVENTION	1,558.
FOREIGN EXCHANGE STUDENT	85.
MEALS/ACTIVITIES EXPENSE	36,352.
WEBSITE EXPENSE	638.
RECOGNITION EXPENSE	576.
MISCELLANEOUS EXPENSE	3,005.
Total	42,214.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

 Purpose of Payment CASH GRANTS AND ALLOCATIONS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CONTRIBUTION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MUSCATINE COMMUNITY COLLEGE 152 COLORADO STREET MUSCATINE IA 52761	NONE	5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

 Purpose of Payment PAYMENTS TO AFFILIATES

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CONTRIBUTION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ROTARY INTERNATIONAL 1560 SHERMAN AVENUE EVANSTON IL 60201	AFFILIATE	31,465.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

 Purpose of Payment PAYMENTS TO AFFILIATES

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CONTRIBUTIONS</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>ROTARY DISTRICT</u> <u>PO BOX 500</u> <u>NEVADA IA 50201</u>	<u>AFFILIATE</u>	<u>11,510.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

 Purpose of Payment CASH GRANTS AND ALLOCATIONS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CONTRIBUTIONS</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>CONTRIBUTION/SPECIAL PROJECTS</u> <u>VARIOUS</u> <u>MUSCATINE IA 52761</u>	<u>NONE</u>	<u>4,401.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

 Purpose of Payment CASH GRANTS AND ALLOCATIONS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CONTRIBUTION</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>CITY OF MUSCATINE</u> <u>215 SYCAMORE STREET</u> <u>MUSCATINE IA 52761</u>	<u>NONE</u>	<u>20,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined