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COPYForm **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. 1545-0047

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue ServiceA For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

ROTARY INTERNATIONAL OTTUMWA ROTARY CLUB

Number and street (or P.O. box, if mail is not delivered to street address)

2620 MARILYN ROAD

Room/suite

City or town, state or country, and ZIP + 4

OTTUMWA IA 52501

D Employer identification number

42-0453102

E Telephone number

641-684-5881

F Group Exemption

Number

0513G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶H Check ☒ if the organization is not required to attach Schedule BI Website: ▶ **N/A**J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**4**) (insert no) ☐ 4947(a)(1) or ☐ 527

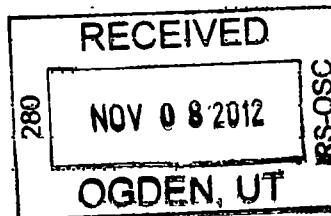
(Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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.

▶ \$ **99,309****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	
	2	Program service revenue including government fees and contracts	2	50,421
	3	Membership dues and assessments	3	43,605
	4	Investment income	4	808
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 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	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8	4,475	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,309	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	12,348
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,510
	14	Occupancy, rent, utilities, and maintenance	14	548
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	74,398
	17	Total expenses. Add lines 10 through 16	17	91,804
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,505
	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	55,130
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,635



8 10-11

25 25

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SCANNED JAN 10 2012

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	52,360	22	62,594
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,770	24	821
25 Total assets	55,130	25	63,415
26 Total liabilities (describe in Schedule O)	0	26	780
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,130	27	62,635

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 SERVICE

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

28 ALL EXPENSES ARE USED TO ACHIEVE EXEMPT PURPOSE

(Grants \$ 12,348) If this amount includes foreign grants, check here

☐

28a 91,804

29

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

☐

29a

30

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

☐

30a

31 Other program services (describe in Schedule O)

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

☐

31a

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

☐

32 91,804

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
MARTY HELGERSON	PAST PRESIDENT	5.00 0	0	0
DAVID WETRICH	PRESIDENT	5.00 0	0	0
STEVE MILLER	SECRETARY	5.00 0	0	0
GLEN MCCALL	TREASURER	5.00 0	0	0
JERRY KJER	SER. AT ARMS	5.00 0	0	0
STEVEN HANSON	DIRECTOR	5.00 0	0	0
LORI ALTHEIDE	DIRECTOR	5.00 0	0	0
BRENDA HOSTETLER	PRESIDENT-ELECT	5.00 0	0	0
BILL REECE	DIRECTOR	5.00 0	0	0
ED LEWIS	DIRECTOR	5.00 0	0	0
JON SHELDAHL	DIRECTOR	5.00 0	0	0
LES THOSTENSON	DIRECTOR	5.00 0	0	0

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

Form 990-EZ (2010)

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

a 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)

45a		X
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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		X
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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, 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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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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 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"

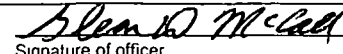
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 and 4947(a)(1) nonexempt charitable trusts 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 11-5-12

 Signature of officer Date
GLEN MCCALL **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
	KENNETH E CROSSER	KENNETH E CROSSER	08/09/11		P00058787
	Firm's name ▶	Firm's EIN ▶			
	ANDERSON, LARKIN & CO. P.C.		42-1125570		
	Firm's address ▶		Phone no		
	215 WEST FOURTH STREET OTTUMWA, IA 52501		641-684-5489		

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

▶ ☒ Yes ☐ No

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

OMB No 1545-0047

2010

 Open to Public
 Inspection

Name of the organization

 ROTARY INTERNATIONAL OTTUMWA ROTARY
 CLUB

 Employer identification number
 42-0453102

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
MISCELLANEOUS	\$ 2,499
GUEST MEALS	\$ 1,976
TOTAL	\$ 4,475

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
FOOD	\$ 15,082
OTHER FUNDRAISING EXPENSE	\$ 7,716
CONTINGENCY	\$ 173
CLUB PUBLICATIONS	\$ 214
DELEGATES TO CONVENTION	\$ 5,030
FLOWERS AND GIFTS	\$ 232
INT'L DUES AND SUBSCRIPTI	\$ 6,509
MEALS	\$ 19,863
MISCELLANEOUS	\$ 5,098
MUSIC	\$ 600
PRINTING, POSTAGE	\$ 876
ROTARY INTERNATIONAL	\$ 10,350
TRAINING	\$ 655
INTERNATIONAL PROJECTS	\$ 2,000
TOTAL	\$ 74,398

Name of the organization

ROTARY INTERNATIONAL OTTUMWA ROTARY

Employer identification number

42-0453102

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 1,401	\$ 0
EQUIPMENT	\$ 9,596	\$ 9,596
LESS ACCUMULATED DEPRECIATION	\$ 8,227	\$ 8,775
TOTAL	\$ 2,770	\$ 821

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0	\$ 33
ACCRUED DUES	\$ 0	\$ 747

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return

Name(s) shown on return **ROTARY INTERNATIONAL OTTUMWA ROTARY CLUB**Identifying number
42-0453102

Business or activity to which this form relates

SERVICE CLUB**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	548
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	548
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

DAA

Form **4562** (2010)**THERE ARE NO AMOUNTS FOR PAGE 2**