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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**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, 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.

A For the 2010 calendar year, or tax year beginning Jul 1 , 2010, **and ending** Jun 30 , 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ 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 ☒ Cash ☐ Accrual Other (specify) ►

H Website: ► WWW.MUSCATINEROTARY.ORG

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

J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 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. ► \$ 92,283.

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	3,000.
	2	Program service revenue including government fees and contracts	2	4,313.
	3	Membership dues and assessments	3	76,482.
	4	Investment income	4	13.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	8,475.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,283.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	37,472.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,850.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,613.
	16	Other expenses (describe in Schedule O)	16	36,190.
	17	Total expenses. Add lines 10 through 16	17	78,125.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,158.
	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	14,797.
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	28,955.	

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

Form **990-EZ** (2010)

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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	9,952.	22,996.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	4,845.	5,959.
25 Total assets	14,797.	28,955.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,797.	28,955.

Part III Statement of Program Service Accomplishments (see the instrs 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? 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, 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 SCHOOL LIBRARY DONATION--DONATED BOOKS TO THE SCHOOLS LIBRARY		
(Grants \$ 0.) If this amount includes foreign grants, check here	28a	3,000.
29 SCHOLARSHIPS FOR GRADUATING SENIORS--GAVE SCHOLARSHIPS TO GRADUATED SENIORS FOR COLLEGE		
(Grants \$ 0.) If this amount includes foreign grants, check here	29a	2,500.
30 SALVATION ARMY DONATIONS--DONATIONS FOR DISASTER RELIEF, HISTORICAL FIGURES, PUBLICATIONS AND ORGANIZATIONAL STRUCTURE		
(Grants \$ 0.) If this amount includes foreign grants, check here	30a	2,000.
31 Other program services (describe in Schedule O) 0		
(Grants \$ 0.) If this amount includes foreign grants, check here	31a	1,744.
32 Total program service expenses (add lines 28a through 31a)	32	9,244.

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 and deferred compensation	(e) Expense account and other allowances
TOM WARD 2683 CONNECTICUT YANKEE CT MUSCATINE IA 52761	PRESIDENT 4.00	0.	0.	0.
MARY WILDERMUTH 2520 MULBERRY AVENUE MUSCATINE IA 52761	PAST PRESIDENT 5.00	675.	0.	288.
MIKE RUBY 311 MYRTLE LANE MUSCATINE IA 52761	INCOMING PRESIDENT 3.00	0.	0.	0.
KELLY GARVIN PO BOX 564 WILTON IA 52778	DIRECTOR 1.00	0.	0.	0.
KEITH PORTER 105 E FULLIAM MUSCATINE IA 52761	DIRECTOR 1.00	0.	0.	0.
TAURA PROSEK 2606 COUNTRY RIDGE MUSCATINE IA 52761	DIRECTOR 1.00	0.	0.	0.
CAREN LUKE 2305 WEST GROVE BLVD. MUSCATINE IA 52761	SECRETARY 8.00	675.	0.	0.
CHUCK MOODY 519 W THIRD ST MUSCATINE IA 52761	SEARGENT AT ARMS 2.00	0.	0.	288.
BROOKE MEHAFFEY 1302 ORCHARD AVE MUSCATINE IA 52761	TREASURER 11.00	1,000.	0.	428.
RANDY LUDKE 2105 SNUG HARBOR LANE MUSCATINE IA 52761	FORMER TREASURER 11.00	500.	0.	428.

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		X
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)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40 a , section 4912 40 a , section 4955 40 a		
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 40 b		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 40 c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40 d		
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 40 e		X
41 List the states with which a copy of this return is filed 41		

42 a The organization's books are in care of BROOKE MEHAFFEY Telephone no (563) 260-4496
 Located at 1302 ORCHARD AVENUE MUSCATINE IA ZIP + 4 52761

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)? **42 b**

If 'Yes,' enter the name of the foreign country **42 b**

	Yes	No
42 b		X
42 c		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.? **42 c**

If 'Yes,' enter the name of the foreign country **42 c**

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**

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44 a**

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 **44 b**

c Did the organization receive any payments for indoor tanning services during the year? **44 c**

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 **44 d**

	Yes	No
44 a		X
44 b		X
44 c		X
44 d		

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

	Yes	No
45		X
45a		X
46		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 inst)

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, 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

48 Is the organization a school as 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?

	Yes	No
47		
48		
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) Expense account and other allowances

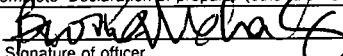
f Total number of other employees paid over \$100,000

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	Signature of officer 		Date 06/28/12	
	Type or print name and title BROOKE MEHAFFEY		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DENNIS M. TAYLOR CPA	DENNIS M. TAYLOR CPA	7-20-12	P00023409
	Firm's name	Firm's EIN		
	Firm's address	Firm's EIN		
MUSCATINE IA 52761		Phone no (563) 264-2727		

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

BAA

Form 990-EZ (2010)

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 CLUB OF MUSCATINE IOWA, INC.

Employer identification number

42-6066656

Pt V, Line 35 THE INCOME ON LINE TWO WAS NOT COLLECTED FROM BUSINESS ACTIVITIES.

Pt I, Line 8 OTHER REVENUE FROM MEMBERSHIP MEAL DUES CONTRIBUTIONS AND

OTHER PROGRAM SERVICES.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

OTHER REVENUE 8,475.Total 8,475.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

ROTARY INTERNATIONAL CONVENTION 2,746.FOREIGN EXCHANGE STUDENT 1,158.MEALS/ACTIVITIES EXPENSE 30,832.WEBSITE EXPENSE 719.SHIRT EXPENSE 735.Total 36,190.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts PaidPurpose of Payment DONATION AND GRANTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CONTRIBUTION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	CONTRIBUTION/SPECIAL PROJECTS	NONE	
	VARIOUS		
	MUSCATINE IA 52761		9,244.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

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 FOUNDATION	AFFILIATE	
	1560 SHERMAN AVENUE		
	EVANSTON IL 60201		23,978.

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 DISTRICT	AFFILIATE	
	PO BOX 500		
	NEVADA IA 50201		4,250.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
ASSETS HELD BY OTHERS (AGENCY)	4,845.	5,959.
Total	4,845.	5,959.