

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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 frust 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 51:(2(x)13) must file Form 900. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 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

Open to Public

Department of the Treasury Internal Revenue Service

For the 2012 calendar year, or tax year beginning JUL 2012 and ending JUN 30, 2013 Check if applicable C Name of organization D Employer identification number Address change Rotary International Bettendorf 42-6065304 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 1140 E Kimberly Road 563-386-1120 Terminated City or town, state or country, and ZIP + 4 Amended return F Group Exemption IA 52807 Davenport, Application pending Number > Accrual G Accounting Method: X Cash Other (specify) H Check X if the organization is not Website: ▶ http://www.bettendorfrotary.com/ required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3)  $\times$  501(c) (4) 527 (Form 990, 990-EZ, or 990-PF). K Check Lift 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 140,960. Part | 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 7,089. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 70,316. Membership dues and assessments 3 Investment income 4 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 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 Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c See Schedule O **@** Other revenue (describe in Schedule O) 63,555 8 **8** 140,960 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to organizations 11 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors occupancy computatives, and maintenance 13 14 14 Printing, publications, postage, and shipping 15 15 Other expenses (Accorded to Schedule O) 16 See Schedule O 137,549. 16 17 Total expenses Add lines 10 through 16 137,549. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 3,411. 18 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) 23,494. 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 26,905. Net assets or fund balances at end of year. Combine lines 18 through 20 21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

		<u>endort</u>	<del></del>	<u> </u>	<u> </u>	04 Page 2
P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any que				<u> </u>
		_	(A) Beginning of year	<del>                                     </del>	(B) E	nd of year
22	, , ,	-	51,494			<u>59,856.</u>
23	ů .	<u> </u>		23		
24	Other assets (describe in Schedule 0)	_		24		
25		_	51,494			<u>59,856.</u>
26	,	'	28,000			32,951.
27		-1	23,494	. 27		<u> 26,905.</u>
P	art III Statement of Program Service Accomplishmen		•			rpenses for section
	Check if the organization used Schedule O to res					and 501(c)(4)
Wha	at is the organization's primary exempt purpose? ${ t Fostering\  t Comm}$	unity Activ	rities		organizatı	ons and section
	cribe the organization's program service accomplishments for each of its three largest program		penses in a clear and concise		4947(a)(1 for others	) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title			1	·,
28	Conferences, conventions, and dues			—		
					-	
				<u> </u>		
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	28a	
29				— i		
				— I		
		<del></del>				
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	9a	
30						
					ŀ	
	(Grants \$ ) If this amount includes foreign g	rants, check here		3	10a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g	rants, check here			11a	
	Total program service expenses (add lines 28a through 31a)	<u>-</u>			32	0.
P						
	List of Officers, Directors, Trustees, and Key E			ee the in	structions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any que	stion in this Part IV			
	Check if the organization used Schedule O to res	pond to any ques (b) Average hours	stion in this Part IV	(d) Heat	th benefits,	(e) Estimated
		pond to any que	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heali contrib employ plans, ar	th benefits, utions to ee benefit nd deferred	
	Check if the organization used Schedule O to res	pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heali contrib employ plans, ar	th benefits, utions to ee benefit	(e) Estimated amount of other
_	Check if the organization used Schedule O to res  (a) Name and title	pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to ee benefit nd deferred ensation	(e) Estimated amount of other compensation
Pr	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident	pond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heali contrib employ plans, ar	th benefits, utions to ee benefit nd deferred	(e) Estimated amount of other
Pr Sh	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver	(b) Average hours per week devoted to position  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to see benefit deferred ensation	(e) Estimated amount of other compensation
Pr Sh Pr	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect	pond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to ee benefit nd deferred ensation	(e) Estimated amount of other compensation
Pr Sh Pr Jo	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect channa Smith	(b) Average hours per week devoted to position  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, uttons to see benefit deferred ensation	(e) Estimated amount of other compensation  0.
Pr Sh Pr Jo	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect channa Smith	(b) Average hours per week devoted to position  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to see benefit deferred ensation	(e) Estimated amount of other compensation
Pr Sh Jc Se Ma	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect channa Smith recretary ark Ross	(b) Average hours per week devoted to position  0.00  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to see benefit id deferred ensation 0.	(e) Estimated amount of other compensation  0.
Pr Sh Jo Se Ma	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect channa Smith recretary ark Ross nmediate Past President	(b) Average hours per week devoted to position  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, uttons to see benefit deferred ensation	(e) Estimated amount of other compensation  0.
Pr Sh Jc Se Ma In La	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect channa Smith recretary ark Ross mediate Past President	(b) Average hours per week devoted to position  0.00  0.00  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to see benefit id deferred ensation  0.  0.	(e) Estimated amount of other compensation  0.  0.
Pr Sh Jc Se Ma In La	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect channa Smith recretary ark Ross nmediate Past President	(b) Average hours per week devoted to position  0.00  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to see benefit id deferred ensation 0.	(e) Estimated amount of other compensation  0.
Pr Sh Jc Se Ma In La	Check if the organization used Schedule O to res  (a) Name and title  nelsea Powers resident naron Sarver resident-Elect channa Smith recretary ark Ross mediate Past President	(b) Average hours per week devoted to position  0.00  0.00  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heali contrib employ plans, ar	th benefits, utions to see benefit id deferred ensation  0.  0.	(e) Estimated amount of other compensation  0.  0.
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Forn	n 990-FZ (2012) Rotary International Bettendorf 42-606			Page 3
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement		the	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pa	rt V	X
			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	33	ļ	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			<u> </u>
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			<del></del>
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
c	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	1002	<del> </del>	<u> </u>
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c	ļ	х
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	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		3
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	370	4/2	
JUA	in a prior year and still outstanding at the end of the tax year covered by this return?	200	_	$\mathbf{x}$
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	38a		<del>  •••</del>
	Section 501(c)(7) organizations. Enter:	1		
39	- A -		* .	*
a		-	, \$	
b	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-	150 var	1,
4U A			i `	ļ, j
	section 4911 $\blacktriangleright$ N/A ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		,	
ט		~ .		3800
	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	401		₹.
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	40b		X
G	or disqualified persons during the year under sections 4912, 4955, and 4958	i i	2 2	1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	``	-
•	organization		<b>\$</b> ,	,[
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  None	100		
	The organization's books are in care of ► Laurie Dobesh Telephone no. ► 563-38	6-1	120	
	Located at ► 1140 E Kimberly Rd, Davenport, IA ZIP+4 ► 5			
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	I	Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44a	-	X
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	44b		_X_
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		'
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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)	45b_		
		Form 9	90-EZ	(2012)
2321	73			,

Form 9	990-EZ (	2012)	Rotary	Inter	natio	onal B	etten	dorf				42-	60653	04	F	age 4
			ngage, direct edule C, Part	ly or indirectly	y, in politica	al campaign a	activities on	behalf of or	ın oppositi	on to can	didates for p	ublic of			es/	No
				organizat	tions or	nlv								46		<u>X</u>
L				ganizations r		_	ns 47-49b	and 52, an	d comple	te the ta	bles for line	es 50 a	ind 51			
				on used Sch					-							
						•									/es	No
47 [	Did the o	rganization e	ngage in lobb	ying activities	or have a	section 501(	h) election i	n effect durıı	ng the tax y	yearን If "ነ	es," complet	e Sch.	C, Part II	47		
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part I is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									48						
49a [	Did the organization make any transfers to an exempt non-charitable related organization?										[	49a				
<b>b</b> !	If "Yes," was the related organization a section 527 organization?													49b		
50 (	Complete	this table fo	r the organiza	ation's five hig	hest comp	ensated emp	loyees (othe	er than office	ers, directo	rs, truste	es and key e	mploye	es) who ead	ch rece	ived n	nore
t	than \$10	0,000 of com	pensation fro	om the organiz	zation. If th	ere is none, e	enter "None.									
		(a)		le of each emp				(b) Average			Reportable		alth benefits,	(e) l	Estima	ated
			paid more t	than \$100,000	)			per week devoted to		compensation (Forms W-2/1099-MISC)		emplo	contributions to employee benefit plans, and deferred			other
					N/A			positio	on			com	pensation	com	pensa	ation
									~			<u> </u>				
																_
										1_						
												L				
51 (	Complete	this table fo		aid over \$100 ation's five higi "None."	•	ensated inde	pendent cor	ntractors wh	o each rece	eived moi	e than \$100,	000 of	compensat	ion fro	m the	
(a) l	Name and	d address of	each indepen	dent contracto	or paid mo	re than \$100	,000		<b>(b)</b> Type	of service	9		(c) Co	ompen	sation	
				·····												
	- <del></del>						·····									
													<del></del>			
<del></del>	<del></del>					<b>.</b>					<del></del>		<del></del>			
				contractors ea		-										
				dule A? Note:		n 501(c)(3) o	rganizations	and 4947(a	ı)(1) nonex	empt				7	_	_
Onder p	charitable cenalties o	trusts must	attach a com are that I have e	pleted Schedu examined this ret	ule A lurn, includin	o accompanyin	o schedules a	nd statements	and to the	best of my	knowledge and	belief if	is true, corre	Yes	comple	<u> No</u>
Declara	tion of pre	parer (other tha	in officer) is bas	ed on all informa	ation of which	n preparer has a	any knowledge	•					9/20	1 . 3	2	
Sign	·   •	Signature of	officer	Marken								Date	7/20	7, 1 3		
Here	∍   ′_	LA	URIÉ .	A DOR	654	TRET	14412112	~								
		•	name and title		E 311,	INE	4301CE	R								<del></del>
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232174 01-11-13

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

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.

2012
Open to Public Inspection

Name of the organization

Rotary International Bettendorf

Employer identification number 42-6065304

Form 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
Lobsterfest	57,031.
Golf Outing & Steak Fry	3,186.
Visitor Meals	1,410.
Interest Income	9.
Misc Income	99.
Holiday Party	1,820.
Total to Form 990-EZ, line 8	63,555.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Supplies	1,076.
Advertising	2,535.
International Dues	7,227.
Meetings and Convention	629.
Misc Expense	377.
Bookkeeping	11,000.
Contributions	13,900.
Meals	27,519.
Dues	4,456.
Lobsterfest Contributions	30,000.
Lobsterfest Expenses	16,456.
Golf Outing & Steak Fry Expenses	2,452.
Thanksgiving Basket Expenses	1,000.
Family Christmas Expense  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13	2 , 000 . Schedule O (Form 990 or 990-EZ) (2012)

## **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.

2012
Open to Public Inspection

**Employer identification number** 

Name of the organization

Rotary International Bettendorf		6065304
RUN with CARL Expense		3,000.
Dictionary Project Expense		1,276.
Polio Plus Expenses		3,400.
International Project Expenses	· - · ·	1,429.
Other Service Fee Expenses		951.
Bettendorf Parks & Rec		500.
After Prom Funds		200.
RYLA		400.
Bettendorf Library Donations		1,600.
Holiday Party Expenses		2,788.
Red Badge Meeting		788.
Postage & Printing		540.
International Convention		50.
Total to Form 990-EZ, line 16		137,549.
	<del></del>	
Form 990-EZ, Part II, Line 26, Other Liabilities:		
Description Beg. of	Year	End of Year
Lobsterfest Payable 26	5,000.	32,451.
	2,000.	500.
Total to Form 990-EZ, line 26	3,000.	32,951.
Form 990-EZ, Part V, Information Regarding Personal Bene	efit Cor	ntracts:
The organization did not, during the year, receive any f	unds, d	lirectly,
or indirectly, to pay premiums on a personal benefit cor	ntract.	
The organization, did not, during the year, pay any prem	niums, d	directly,
or indirectly, on a personal benefit contract.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  232211 01-04-13	nedule O (Fori	m 990 or 990-EZ) (2012)