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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY INTERNATIONAL CEDAR RAPIDS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
130 THOMPSON DRIVE SE NO 210

City or town, state or province, country, and ZIP or foreign postal code
CEDAR RAPIDS, IA 524031703

D Employer identification number
42-0499087

E Telephone number
(319) 363-3601

F Group Exemption Number
0573

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

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

I Website: WWW.ROTARYCLUBOFCEDARRAPIDS.ORG

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 161,267

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	14,500
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	125,158
	4	Investment income	8
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ 14,500 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	19,385
Expenses	6c	Less direct expenses from gaming and fundraising events	34,585
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	-15,200
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	2,216
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	126,682
	10	Grants and similar amounts paid (list in Schedule O)	10,425
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	24,082
Net Assets	13	Professional fees and other payments to independent contractors	605
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	82,335
	17	Total expenses. Add lines 10 through 16	117,447
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	9,235
	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)	64,969
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	74,204

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	64,969	22	74,204
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	64,969	25	74,204
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,969	27	74,204

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?
TO PROMOTE INTERNATIONAL UNDERSTANDING AND GOODWILL AND TO ENCOURAGE SERVICE TO
COMMUNITY AND SOCIETY AS A WHOLE

Describe the organization's program service accomplishments for each of its three largest program services, as
measured by expenses. In a clear and concise manner, describe the services provided, the number of persons
benefited, and other relevant information for each program title

28 THIS ORGANIZATION SERVICED THE COMMUNITY AND SOCIETY AS A WHOLE BY PROVIDING
VARIOUS CONTRIBUTIONS AND GRANTS. THERE WERE 9 GRANTS AWARDED DURING FISCAL YEAR
2013.
(Grants \$ 0) If this amount includes foreign grants, check here

28a0

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)

320

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2013)

Part V

Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
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	
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 requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
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?	37b	
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 tax year covered by this return?	38a	No
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 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	40b	No
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	40e	No
41	List the states with which a copy of this return is filed ☐		
42a	The organization's books are in care of ☐ LARRY H CHRISTY Telephone no ☐ (319) 363-3601 Located at ☐ 130 THOMPSON DRIVE SE 210 CEDAR RAPIDS, IA ZIP + 4 ☐ 524031703		
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 ☐ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐	42c	No
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		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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	

		Yes	No
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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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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 business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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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
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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		2014-10-31 Date		
	LARRY H CHRISTY SECRETARY & TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ADAM R REISCH CPA	Preparer's signature	Date 2014-10-31	Check ☐ if self-employed	PTIN P00962550
	Firm's name ▶ HONKAMP KRUEGER & CO PC			Firm's EIN ▶ 42-0946155	
	Firm's address ▶ P O BOX 188 HIAWATHA, IA 52233			Phone no (319) 378-3370	

May the IRS discuss this return with the preparer shown above? See instructions	☒ Yes ☐ No
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
ROTARY INTERNATIONAL CEDAR RAPIDS

Employer identification number
42-0499087

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CENTENNIAL BANQUET (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	33,885		33,885
	2	Less Contributions . .	14,500		14,500
	3	Gross income (line 1 minus line 2)	19,385		19,385
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .	2,500		2,500
	7	Food and beverages .	16,053		16,053
	8	Entertainment			
	9	Other direct expenses .	16,032		16,032
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(34,585)
					-15,200

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes % No	Yes % No	Yes % No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
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 

Address 

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

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 

Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ 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?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
ROTARY INTERNATIONAL CEDAR RAPIDS

Employer identification number
42-0499087

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 8
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 2,216
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEEDS OF THE CHARITIES GRANTEE NAME SPEAKER GIFTS (\$25 GIVEN TO CHARITY OF SPEAKER'S GRANTEE ADDRESS 130 THOMPSON DRIVE SE, APT 210 CEDAR RAPIDS, IA 52403 DATE OF GIFT 06/30/13 AMOUNT GIVEN 925
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION LUNCHEON EXPENSES GRANTEE NAME MARTIN LUTHER KING/UNITED WAY GRANTEE ADDRESS 317 7TH AVENUE SE CEDAR RAPIDS, IA 52401 DATE OF GIFT 06/30/13 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION RED AHEAD PROJECT GRANTEE NAME UNITED WAY OF LINN COUNTY GRANTEE ADDRESS 317 7TH AVENUE SE CEDAR RAPIDS, IA 52401 DATE OF GIFT 06/30/13 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEEDS OF THE CHARITY GRANTEE NAME WAYPOINT SERVICES FOR WOMEN AND CHILDREN GRANTEE ADDRESS 318 5TH STREET SE CEDAR RAPIDS, IA 52401 DATE OF GIFT 06/30/13 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEEDS OF THE CHARITY GRANTEE NAME THE ARC OF EAST CENTRAL IOWA GRANTEE ADDRESS 680 6TH STREET SE CEDAR RAPIDS, IA 52401 DATE OF GIFT 06/30/13 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEEDS OF THE CHARITY GRANTEE NAME RIO CLARO CHILD CENTER GRANTEE ADDRESS UNKNOWN RIO CLARO, BRAZIL DATE OF GIFT 06/30/13 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION RESEARCH GRANTEE NAME JUVENILE DIABETES RESEARCH FOUNDATION GRANTEE ADDRESS 26 BROADWAY NEW YORK, NY 10004 DATE OF GIFT 06/30/13 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEEDS OF THE CHARITY GRANTEE NAME CEDAR RAPIDS NEWBO CITY MARKET GRANTEE ADDRESS 1100 3RD STREET SE CEDAR RAPIDS, IA 52403 DATE OF GIFT 06/30/13 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION NEEDS OF THE CHARITY GRANTEE NAME NATIONAL CZECH AND SLOVAK MUSEUM AND LIBRARY GRANTEE ADDRESS 1600 INSPIRATION DRIVE SW CEDAR RAPIDS, IA 52404 DATE OF GIFT 06/30/13 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 10,425
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ROTARY INTERNATIONAL FEES AMOUNT 21,261 DESCRIPTION DISTRICT DUES AMOUNT 9,657 DESCRIPTION PROGRAM COSTS AMOUNT 300 DESCRIPTION OFFICE SUPPLIES AND POSTAGE AMOUNT 2,144 DESCRIPTION WEB PAGE & INTERNET AMOUNT 3,137 DESCRIPTION DISTRICT CONTRIBUTION & RYLA AMOUNT 2,266 DESCRIPTION OTHER MEMBERSHIP EXPENSES AMOUNT 685 DESCRIPTION MISCELLANEOUS AMOUNT 12,166 DESCRIPTION MEALS FOR MEETINGS AMOUNT 28,837 DESCRIPTION INSURANCE AMOUNT 882 DESCRIPTION SPEAKER GIFTS AMOUNT 1,000 TOTAL TO FORM 990-EZ, LINE 16 82,335

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL CEDAR RAPIDS

EIN: 42-0499087

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 42-0499087
Name: ROTARY INTERNATIONAL CEDAR RAPIDS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
LOIS A BUNTZ PAST PRESIDENT & DIRECTOR	1 00	0	0	0
LARRY H CHRISTY SECRETARY & TREASURER	35 00	21,382	2,074	0
NICHOLAS C GEARHART SERGEANT-AT-ARMS	1 00	0	0	0
JOHN F LOHMAN DIRECTOR	1 00	0	0	0
ELIZABETH SCHOTT DIRECTOR	1 00	0	0	0
ALLEN WITT PRESIDENT-ELECT & DIRECTOR	1 00	0	0	0
GAIL A NAUGHTON DIRECTOR	1 00	0	0	0
KARL CASSELL DIRECTOR	1 00	0	0	0
BRADLEY G HART DIRECTOR	1 00	0	0	0
LAURIE L DAWLEY DIRECTOR	1 00	0	0	0
MARILEE FOWLER DIRECTOR	1 00	0	0	0
DENNIS E JORDAN DIRECTOR	1 00	0	0	0