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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 foundations)

OMB No 1545-1150

2013

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service			▶ Information about Form 990-EZ and its instructions is at www.	irs.go	v/form990.		Inspection	
A For the 2013 calenda			r year, or tax year beginning 07 - 01 , 2013, and ending				, 20 14	
В	Check If ap				D Emplo	D Employer identification number		
	Address ch	hange	Rotary International Bettendorf			- 60653		
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address) Room/su	ite	E Teleph	one num	ber	
	Initial return	n			j .			
	Terminated	đ	1140 E Kimberly Road		ł			
	Amended r	retum	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
$\bar{\Box}$	Application	n pending	Davenport, IA 52807		Numbe	•		
G	Accoun	nting Method		H		<u> </u>	e organization is not	
1	Websit	_			required to			
J	Tax-exe	mpt status (c	heck only one) - ☐ 501(c)(3) 🗵 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 5	27	(Form 990,			
			☑ Corporation ☐ Trust ☐ Association ☐ Other		(, 0,,,,, 000,	<u> </u>	0.000.17	
		•	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	ıf tota	assets			
) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	139,280	
	art I		e, Expenses, and Changes in Net Assets or Fund Balances					
بنا	***************************************		e organization used Schedule O to respond to any question in this Part I				-	
_	1		s, gifts, grants, and similar amounts received			1	5,326	
	2		vice revenue including government fees and contracts			2	3,320	
	3		dues and assessments			3	76,628	
	4	Investment in				4	70,020	
	5a		nt from sale of assets other than inventory			-		
	(other basis and sales expenses			{ }		
	1	Gain or (loss	-					
	6	Gaming and		5c				
	1	_		1				
ĽØ)	1 "		e from gaming (attach Schedule G if greater than			1 1		
9	h	Gross incom		}				
Revel)		from fundrais	ens	1				
2	1							
		sum of such		1				
MAR	1	Less direct of		1				
2	1	Net income of						
Ω	7-	line 6c)	of inventory, less returns and allowances	6d				
빗	/ a					{		
Ź		b Less cost of goods sold						
CANNED	ءُ ا					7c	ER 300	
\ddot{o})	Total revenue	1 1/2011 1 2 2 2 2 2				57,326	
	 -	Create and	ie. Add lines 1, 2, 3, 4,5c, 6d, 7c, and 8			9	139,280	
	10	Grants/and s	milar amounts paid (list in Schedule O)			10		
	11	Selectits paid		11				
es	12		er compensation and employee benefits		12			
SUS	13	Professional fees and other payments to/independent contractors					 	
Expenses	14		rent, utilities, and maintenance			14		
Ш	15		ications, postage, and shipping			15		
	16	•		16	103,992			
_	17	Total expen	···· ·	17	103,992			
Ŋ.	18		eficit) for the year (Subtract line 17 from line 9)			18	35,288	
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with			1 1		
As	1	=	igure reported on prior year's return)			19	26,905	
Net	20	_	es in net assets or fund balances (explain in Schedule O)			20		
	21	Net assets o	fund balances at end of year Combine lines 18 through 20	· · ·	<u></u> ▶	21	62,193	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the	301		aye .		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		<u> </u>	. 🗆		
			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	1	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		1	,,		
25.0	change on Schedule O (see instructions)	34	-	X		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	05-	1	J		
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	-	├─		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		- A		
	during the year? If "Yes," complete applicable parts of Schedule N	36	1	X		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		 			
	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	1 3.13				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved					
39	Section 501(c)(7) organizations Enter	1	1			
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities	1				
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	;			
	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		X		
С	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					
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1			
_	reimbursed by the organization					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-	•	-		
41	transaction? If "Yes," complete Form 8886-T	40e		X		
	The organization's books are in care of Laurie A Dobesh CPA Telephone no 563-3	06 - 1	120			
4 <u>L</u> u	Located at ▶ 1140 E Kimberly Rd, Davenport, IA ZIP+4 ▶ 52807		120_			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X		
	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.					
С	At any time during the calendar year, did the organization maintain an office outside 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					
			Yes	No		
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	44a	ļ	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	ļ	X		
	Did the organization receive any payments for indoor tanning services during the year?	44c		X		
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	44d		<u> </u>		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ.,	X		
45 b	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	L	X		

Form 9	90-EZ (201	Rotary Internation	ional Bettendorf			42-60653	04	F	age 4
							······	Yes	No
46		organization engage, directly or indirectly, in		ies on behalf of or in opp	osition				
Dar		idates for public office? If "Yes," complete S		· · · · · · · · · · · · · · ·	· · · · · · · · ·		46		X
hai		Section 501(c)(3) organizations of All section 501(c)(3) organizations		ions 47 40h and 52	and complet	o the tebles	for l	noo	
		50 and 51.	must answer questi	ons 47-490 and 52,	and complet	e the tables	ior II	nes	
		Check if the organization used Sch	edule O to respond	to any question in t	hic Dart VI				
		Check if the organization used Sci	ledule O to respond	to any question in	ilis Fait VI	· · · · · · · · ·	• • • •	Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) eli	ection in effect during the	tax	İ		163	110
				~			47		
48	-	rganization a school as described in section					48		
49 a		organization make any transfers to an exem		·			49a		
b		was the related organization a section 527					49b		
50	Comple	ete this table for the organization's five highes	st compensated employed	es (other than officers, di	rectors, trustees	and key			
	employ	ees) who each received more than \$100,000	of compensation from th	e organization If there is	s none, enter "No	one "			
			(b) Average	(c) Reportable	(d) Health bene		Enternata	ed amoui	nt of
		(a) Name and title of each employee	hours per week	compensation	contributions to er benefit plans, and	deferred (mpensat	
			devoted to position	(Forms W-2/1099-MISC)	compensati	on			
f	Total n	umber of other employees paid over \$100,00	l 0▶						
51		te this table for the organization's five highes		lent contractors who eac	o received more	than			
•		00 of compensation from the organization If			Treceived more	uian			
	(a)	Name and business address of each independent contra	actor	(b) Type of service	e	(c) Compensation			
			,. ·						
				<u> </u>					
		umber of other independent contractors each	• • •			<u></u>			
52		organization complete Schedule A? Note: A		nizations and 4947(a)(1)			١	सर स	
		mpt charitable trusts must attach a complete		 	-	▶ ⊔	Yes	X	No
		f perjury, I declare that I have examined this return, include	* * * *		f my knowledge and t	pelief, it is			
true, co	orrect, and	complete Declaration of preparer (other than officer) is b	pased on all information of which	preparer has any knowledge					
Sia		Signature of officer			Date				
Sign Here	\mathbf{r}					-18-15			
пег	Type or pnnt name and title								
		7 - 7	Proparer's suppalure	Date	Τ	,			
Daid						Check if PIIN self-employed P00014953			
Paid	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			7014	105				
•		Firm's name Laurie A Dobesh			Firm's EIN	> 30-00	1 1	<u>ליי</u>	
Use	Unity	Firm's address > 1140 E Kimberly				E63 306	1100		
Marie	the IDC	Davenport IA 528			Phone no	563-386-			N.c.
	uie iro (discuss this return with the preparer shown a	ibove / See instructions				Yes		No
EEA						Fo	orm 99	0-EZ (∠∪13)

42-6065304

Rotary International Bettendorf

Form 990-EZ (2013)

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization			Employer Identification number
Rotary International Bettendorf			42-6065304
01. Description of other revenue	(Part I, lin	e 8)	
Description	Amount		
Lobsterfest Income	53,105		
Golf Outing and Steak Fry	3,535		
Interest Income	11		
Misc Income	675		
02. Description of other expenses	(Part I, li	ne 16)	
Description	Amount		
Lobsterfest Expense	17,529		
Golf Outing Expense	2,937		
Thanksgiving Basket Expense	1,000		
Family Chrisstmas Expense	1,603		
RUN with CARL Expense	3,000		
Dictionary Project Expense	1,604		
Polio Plus Expense	2,000		
After Prom Events	200		
Bettendorf Library Donations	1,500		
Meals	25,767		
International Dues	22,011		
Bank Fees	2,061		
Postage and Supplies	2,766		
District Dues and Programs	4,407		
International Convention and PETS	7,357		
Holiday Party Expense	1,089		· · · · · · · · · · · · · · · · · · ·

Octione O (1 0111 990 01 990-EZ) (2019)			· 	Page Z
Name of the organization			Employer identification number	
Rotary International Bettendorf			42-6065304	
Casactania Basa	4 700			
Secretary Fees	4,700			
Scholarships	2,000			
Meetings	461			
03. Description of total liabili	ties (Part II,	line 26)_		
a. b		_ ,		
Category	Beginning of Year	End o	f Year	
Lobsterfest Payable	32,451		967	
DODBCETTEBE FAYADIE	32,331		307	
Accounts Payable	500		0	
				
				_
				
····				
				
	<u> </u>	<u></u>		
				
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