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Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

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 private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ROTARY CLUB OF MUSCATINE IOWA INC

D Employer identification number

42-6066656

E Telephone number

(563) 264-2727

F Group Exemption Number

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.MUSCATINEROTARY.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. \$ 58,510

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 <input checked="" type="checkbox"/>		
Revenue	1 Contributions, gifts, grants, and similar amounts received	15,601
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	42,677
	4 Investment income	232
	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
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	58,510
Expenses	10 Grants and similar amounts paid (list in Schedule O)	11,423
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	3,856
	13 Professional fees and other payments to independent contractors	2,748
	14 Occupancy, rent, utilities, and maintenance	2,280
	15 Printing, publications, postage, and shipping	120
	16 Other expenses (describe in Schedule O)	43,523
	17 Total expenses. Add lines 10 through 16	63,950
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-5,440
	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)	32,130
	20 Other changes in net assets or fund balances (explain in Schedule O)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	26,690

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	15,544	22 13,487
23 Land and buildings		23
24 Other assets (describe in Schedule O)	16,586	24 13,203
25 Total assets	32,130	25 26,690
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,130	27 26,690

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?
 CIVIC ORGANIZATION PROMOTING SOCIAL/COMMUNITY WELFARE ON THE LOCAL, NATIONAL AND INTERNATIONAL LEVELS

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Additional Data Table	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30 See Additional Data Table	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) 32		17,054

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
SHANE ORR	3 00	0		
PRESIDENT				
BOBBIE HOLLIDAY	3 50	0		
SECRETARY				
NOEL MOODY	2 00	0		
SERGEANT-AT				
RICK GOSNEY	2 00	0		
PRESIDENT NO				
MEGAN FRANCIS	3 00	0		
BOARD MEMBER				
KIM WARREN	3 00	1,000		
TREASURER				
ERIKA COX	5 00	0		
PAST PRESIDE				
HOLLY THOMAS-KOEHLER	2 50	0		
BOARD MEMBER				
NAOMI DEWINTER	2 00	0		
BOARD MEMBER				
JOHN KUHL	2 00	0		
BOARD MEMBER				
JESSICA WITTMAN	3 00	0		
PRESIDENT EL				

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	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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 ▶ UNITED WAY OF MUSCATINE Telephone no ▶ (563) 263-5963 Located at ▶ 208 W 2ND STREET SUITE 201 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)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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? If "Yes," Form 990 must be completed instead of Form 990-EZ	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? If "No," provide an explanation in Schedule O	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	No

		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	46	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	47	
48	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	
49b	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 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 ▶

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. ▶

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations 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		2018-12-07 Date		
	KIM WARREN, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name VICKI A BECKEY CPA	Preparer's signature	Date 2018-12-07	Check <input type="checkbox"/> if self-employed	PTIN P00226738
	Firm's name ▶ TDT CPAS AND ADVISORS PC			Firm's EIN ▶ 42-1029744	
	Firm's address ▶ 500 CEDAR STREET MUSCATINE, IA 52761			Phone no. (563) 264-2727	

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

Additional Data

Software ID:
Software Version:
EIN: 42-6066656
Name: ROTARY CLUB OF MUSCATINE IOWA INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 DISTRICT 6000 WBR (WORLD BIKE RELIEF) - PROVIDES SPECIALLY DESIGNED, LOCALLY ASSEMBLED BICYCLES TO STUDENTS, HEALTHCARE WORKERS AND ENTREPRENUERS IN RURAL AFRICA, CONCCECTING WITH EDUCATION, HEALTHCARE AND ECONOMIC OPPORTUNITIES (Grants \$ 6,447) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	6,447

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<div>29</div> <div>EIGHT SCHOLARSHIPS AWARDED 1,500 TO UNIVERSITY OF IOWA 1,000 TO SMITH COLLEGE 1,000 TO UNIVERSITY OF NORTHERN IOWA 500 TO LINCOLN CHRISTIAN UNIVERSITY 225 TO IOWA STATE</div> <div>(Grants \$ 4,225)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div> <div>4,225</div>

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<div>30</div> <div>ROTARY DISTRICT 6000 HEF (HUMANITARIAN/EDUCATIONAL FOUNDATION) - EXCHANGE PROGRAM TO ACHIEVE WORLD UNDERSTANDING AND PEACE</div> <div>(Grants \$ 490)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>30a</div> <div>490</div>

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>600 TO ROTARY FOUNDATION THE ROTARY FOUNDATION IS A NON-PROFIT CORPORATION THAT SUPPORTS THE EFFORTS OF ROTARY INTERNATIONAL TO ACHIEVE WORLD UNDERSTANDING AND PEACE THROUGH INTERNATIONAL HUMANITARIAN, EDUCATIONAL, AND CULTURAL EXCHANGE PROGRAMS THEIR PROGRAMS EDUCATE AND MOBILIZE COMMUNITIES TO HELP PREVENT THE SPREAD OF MAJOR DISEASES SUCH AS POLIO, HIV/AIDS, AND MALARIA THEY SUPPORT PROJECTS TO DEVELOP AND MAINTAIN SUSTAINABLE WATER AND SANITATION SYSTEMS 100 TO SUPPORT THE MUSIC DEPARTMENT AT MUSCATINE COMMUNITY COLLEGE IN MUSCATINE, IOWA AND 100 TO SUPPORT THE MCSA HOMELESS SHELTER IN MUSCATINE, IA</p> <p>(Grants \$ 261)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		5,892

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ROTARY CLUB OF MUSCATINE IOWA INC

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

42-6066656

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES DISTRICT/INTERNATNL DUES 5,631 MEALS 20,672 SUPPLIES 526 INTERNET WEB COSTS 662 CONVENTION EXPENSE 2,504 TRAVEL 2,449 MISCELLANEOUS 4,644 CFGM PASS THROUGH 6,435 TOTAL 43,523

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ASSETS HELD BY OTHERS (AGENCY) 16,586 13,203 TOTAL 16,586 13,203

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	CIVIC ORGANIZATION PROMOTING SOCIAL/COMMUNITY WELFARE ON THE LOCAL, NATIONAL AND INTERNATIONAL LEVELS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	DISTRICT 6000 WBR (WORLD BIKE RELIEF) - PROVIDES SPECIALLY DESIGNED, LOCALLY ASSEMBLED BICYCLES TO STUDENTS, HEALTHCARE WORKERS AND ENTREPRENEURS IN RURAL AFRICA, CONNECTING WITH EDUCATION, HEALTHCARE AND ECONOMIC OPPORTUNITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 29	EIGHT SCHOLARSHIPS AWARDED 1,500 TO UNIVERSITY OF IOWA 1,000 TO SMITH COLLEGE 1,000 TO UN IVERSITY OF NORTHERN IOWA 500 TO LINCOLN CHRISTIAN UNIVERSITY 225 TO IOWA STATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	600 TO ROTARY FOUNDATION THE ROTARY FOUNDATION IS A NON-PROFIT CORPORATION THAT SUPPORTS THE EFFORTS OF ROTARY INTERNATIONAL TO ACHIEVE WORLD UNDERSTANDING AND PEACE THROUGH INTERNATIONAL HUMANITARIAN, EDUCATIONAL, AND CULTURAL EXCHANGE PROGRAMS THEIR PROGRAMS EDUCATE AND MOBILIZE COMMUNITIES TO HELP PREVENT THE SPREAD OF MAJOR DISEASES SUCH AS POLIO, HIV/AIDS, AND MALARIA THEY SUPPORT PROJECTS TO DEVELOP AND MAINTAIN SUSTAINABLE WATER AND SANITATION SYSTEMS 100 TO SUPPORT THE MUSIC DEPARTMENT AT MUSCATINE COMMUNITY COLLEGE IN MUSCATINE, IOWA AND 100 TO SUPPORT THE MCSA HOMELESS SHELTER IN MUSCATINE, IA