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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 black lung benefit trust or private foundation) For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

2 8 2018	ED	For	99 0-E	Z	Short Form Return of Organization Exempt From Inc Under section 501(c), 527, or 4947(a)(1) of the Internal Rev (except black lung benefit trust or private foundati For organizations with gross receipts less than \$100,000 and	venue Code on)	s	(20	1545-1150
OCT	ΕĀ	Pepai	rtment of the Treasu al Revenue Service	iry 🕨	than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state				o Public ection
Ö	E				year, or tax year beginning 7/01 , 2004, and endi		<i>nemen</i>	, 2005	
	5	B _0	Check if applicable		C		Employ	yer identification	number
	A		Address change	Please use IRS	Maple Grove Rotary Foundation		41-	1884851_	
	S		Name change Initial return	label or print or type.	PO Box 1831 Maple Grove, MN 55369	E	Teleph	one number	
			Final return	See Specific	Side of the control	_			
R		=	Amended return	instruc- tions.		F		Exemption	_
9	-	<u> </u>	Application pending			Association	Numb	er Cash X	Appropri
1			• Section 5 m	501(c)(3 oust atta	C) organizations and 4947(a)(1) nonexempt charitable trusts are Good a completed Schedule A (Form 990 or 990-EZ).	Accounting m Other (specify		Casn	Accrual
8	•		· · · · ·		H	I Check ► X	ıf the	organization	ıs not
<u> </u>					Lubrunner.ca/maplegrove	required to a 990-EZ, or 99	ttach So	chedule B (Fo	orm 990,
					anization's gross receipts are normally not more than \$25,000. The or	<u> </u>		o a rotura wit	h the IDS
		K (but if the organ	irie org lization	received a Form 990 Package in the mail, it should file a return witho	ut financial data	a. Some	states requi	re a
		- 1	<u>complete retur</u>	n.		ST.	ATUI	E UNIT	
		L	Add lines 5b, 6 instead of Forn	b, and 1 990-E	7b, to line 9 to determine gross receipts, if \$100,000 or more, file Fori Z	m 990	EC	ĮVED	79,879.
		Par	t I Reve	nue, E	xpenses, and Changes in Net Assets or Fund Balances	(See Instruction	Mat .	6 2010	
					fts, grants, and similar amounts received	·	W .	V	5,135.
			-		revenue including government fees and contracts .	TE		MANGH	17,291.
I		ı	3 Members4 Investme	•	s and assessments ne		ÒŒ		6.
					om sale of assets other than inventory.				
ı I					er basis and sales expenses 5b				
2010	<u> </u>	R E V			ale of assets other than inventory (line 5a less line 5b) (attach schedule)		5	5 c	
		Ĕ	•		nd activities (attach schedule) If any amount is from gaming , check that including \$ of contributions	nere -			
re.		Ü	reported			57,44	17.		
-			•		enses other than fundraising expenses 6b	20,94			
ر	ر					tatement 1	· · _6	5c	<u>36,503.</u>
	巴		7a Gross sal		ventory, less returns and allowances 7a ods sold . 7b				
μ.	POSTMARK DATE UC				oss) from sales of inventory (line 7a less line 7b)			7 c	
ح ا	吳		8 Other reven					3	
	28		9 Total rev	enue (a	idd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		▶ 9)	58,935.
រ	ည်လ		10 Grants ar	nd sımıl	ar amounts paid (attachischedule CEIVED		. 10		
1	Q.		ii Benefits	paid to	or for members .		11		
		E E P	12 Salaries,13 Profession	otner c	ompensation, and employee benefits 7010 Contractors and other payments to be pendent contractors will be sometimes and maintenance.	•	12	-	
		N S	14 Occupan	cy, rent	s and other payments to respendent contractors ()	•	14		
		Ē		-	tions, postage, and shipping	• •	15		
			16 Other exper	•		atement 2)	16		25,165.
		\dashv			(add lines 10 through 16)	· · ··	► 17		25,165.
Œ	31	А		•	it) for the year (line 9 less line 17)		18	5	33,770.
Ē		N S E S T E	19 Net asse figure reg	ts or fui corted c	nd balances at beginning of year (from line 27, column (A)) (must agr on prior year's return)	ee with end-of-	year 19	9	29,925.
		Ţ			net assets or fund balances (attach explanation)		20	_	
N	(). (ٽے			nd balances at end of year (combine lines 18 through 20)		▶ 2		63,695.
່ ≥	>	Pa	rt II Balar	ice Sr	ieets – If Total assets on line 25, column (B) are \$250,000 or more,				
SCANNED NOV 2 9 2010	ע	22	Cash, saving	s, and		(A) Beginning (25,	550.		of year 60,410.
6		23						23	
Ä		24	Other assets	(descri	be ► <u>See Statement 3</u>)		375.		3,285.
Z		25				29,	925.		63,695.
	3	26 27			palances (line 27 of column (B) must agree with line 21)	29		26 27	63,695.
O O	•				Paperwork Reduction Act Notice, see the separate instructions.				90-F7 (2004)

30 Clarants S 30a		<u>EZ(2004) Maple Grove Rot</u>	ary roundacton		41	-T85	84851 Page 2
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Per V Other Information (Note the attachment regularement in the instructions) 20 Statement 4 21 Other program services (attach schedule) 22 (Grants 5 23 (Grants 5 24 (Grants 5 25 (Grants 5 26 (Grants 5 27 (Grants 5 28 (Grants 5 29 (Grants 5 20 (Grants 5 2	hat is the ord	ganization's primary exempt purpose? CH	ARTTARLE AND EDUCA	TIONAL SERVICES	5	(Rea	uired for 501(c)(3)
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Only address, and ZiP + 4 Maple Grove, MN 55369 Phone no ► (763) 425-5000	b 501(c); benefit c Amoun d Enter 41 List the 42 The bo Locate 43 Section and e Please Sign Here	on 4911 • (3) and (4) organizations. Did the organization to transaction from a prior year? If 'Yes,' attaint of tax imposed on organization managers or Amount of tax on line 40c, above the states with which a copy of this return is pooks are in care of • THOMAS D Join at • 11850 FOUNTAINS Without a 11	O., section 4912 on engage in any section 4958 excess than explanation or disqualified persons during the year of interest in the property of the explanation of the property of the person of the per	O., section benefit transaction during the r under 4912, 4955, and 4958 tion VE, MN I lieu of Form 1041 — Coung the tax year companying schedules and state all information of which prepared to the country of the tax year companying schedules and state all information of which prepared to the country of the tax year companying schedules and state all information of which prepared to the country of the countr	Telephone no ZIP + 4 Check here. ments, and to the best of the has any knowledge ype or print name and trivial self.	43 f my kr	of an excess
ZIP + 4 Maple Grove, MN 55369 Phone no P (763) 425-5000	section b 501(c) benefit c Amoun d Enter 41 List the 42 The bo Locate 43 Section and e Please Sign Here Paid Pre- parer's	on 4911 • (3) and (4) organizations. Did the organization transaction from a prior year? If 'Yes,' attain of tax imposed on organization managers or Amount of tax on line 40c, above the states with which a copy of this return is pooks are in care of • THOMAS D J and at • 11850 FOUNTAINS We not 4947(a)(1) nonexempt charitable that the amount of tax-exempt into true, correct, and complete Declaration of priority is name for Thomas D Jestings and the first state of the contract of the contra	O., section 4912 on engage in any section 4958 excess on engage in any section 4958 excess on explanation or disqualified persons during the year of the enganization	D., section benefit transaction during the r under 4912, 4955, and 4958 tion VE, MN In lieu of Form 1041 — Coung the tax year companying schedules and state all information of which prepared to the section of the se	Telephone no ZIP + 4 Check here. ments, and to the best of er has any knowledge ype or print name and to Check if self-employed	43 f my kr	of an excess X 0. 763) 425-5000 5369 N/A N/A N/A N/A N/A NOWledge and belief, it is Preparer's SSN or PTIN (See aperal instruction W)
	b 501(c) benefit c Amoun d Enter 41 List the 42 The bo Locate 43 Section and e Please Sign Here Paid Pre- parer's Jse	on 4911 • (3) and (4) organizations. Did the organization transaction from a prior year? If 'Yes,' attained of tax imposed on organization managers or Amount of tax on line 40c, above the states with which a copy of this return is tooks are in care of • THOMAS D Job at • 11850 FOUNTAINS When the true amount of tax-exempt in true, correct, and complete Declaration of property of the signature of other property of the signature of the s	O., section 4912 on engage in any section 4958 excess ich an explanation or disqualified persons during the year in the property of the organization of the property of the p	D., section benefit transaction during the r under 4912, 4955, and 4958 tion VE, MN In lieu of Form 1041 — Coung the tax year companying schedules and state all information of which prepared to the section of the se	Telephone no ZIP + 4 Check here. The boundary knowledge Telephone no The boundary knowledge The b	43 f my kr	of an excess X 0. 763) 425-5000 5369 N/A N/A N/A Preparer's SSN or PTIN (See areneal instruction W) N/A N/A
BAA TEEA0812L 01/10/05 Form 990-EZ (200	b 501(c) benefit c Amoun d Enter 41 List the 42 The bo Locate 43 Section and e Please Sign Here Paid Pre- parer's Jse	on 4911 • (3) and (4) organizations. Did the organization transaction from a prior year? If 'Yes,' attained of tax imposed on organization managers or Amount of tax on line 40c, above the states with which a copy of this return is tooks are in care of • THOMAS D Job at • 11850 FOUNTAINS When the true amount of tax-exempt in true, correct, and complete Declaration of property of the signature of other property of the signature of the s	O., section 4912 on engage in any section 4958 excess ich an explanation or disqualified persons during the year in the property of the organization of the property of the p	D., section benefit transaction during the r under 4912, 4955, and 4958 tion VE, MN In lieu of Form 1041 — Coung the tax year companying schedules and state all information of which prepared to the section of the se	Telephone no ZIP + 4 Check here. The boundary knowledge Telephone no The boundary knowledge The b	43 f my kr	of an excess X 0. 763) 425-5000 5369 N/A N/A N/A Preparer's SSN or PTIN (See areneal instruction W) N/A N/A

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization			Employer identification	number
Maple Grove Rotary Foundation	- L Daild Franksis - Other	Th Off:	41-1884851	T
Part I Compensation of the Five Higher (See instructions. List each one If there	st Paid Employees Othe	er I nan Officers,	Directors, and	rustees
(a) Name and address of each employee paid more than \$50,000	(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
None				
Total number of other employees paid over \$50,000		0		
Compensation of the Five Higher (See Instructions. List each one (whether	st Paid Independent Cor individuals or firms) If there	ntractors for Pro are none, enter 'Non	fessional Servi	ces
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-		
		_		
		-		
		-		
		-		
Total number of others receiving over \$50,000 for professional services		0		

Sche	dule	A (Form 990 or 990-EZ) 2004 Maple Grove Rotary Foundation 41-188485	1	<u></u>	age:
Parl	ill	Statements About Activities (See instructions)		Yes	No
	to 11	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		ncurred in connection with the lobbying activities \(\bigsir \\$ \qquad \text{N/A} \) ist equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Org	panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.		-	
2	sub	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal leficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
а	Sal	e, exchange, or leasing of property?	2a		X
b	Len	ding of money or other extension of credit?	2 b		Х
С	Fur	nishing of goods, services, or facilities?	2c		Х
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
е	Tra	nsfer of any part of its income or assets?	2 e		Х
3a	Do exp	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an landton of how you determine that recipients qualify to receive payments)	3a		x
	Do	you have a section 403(b) annuity plan for your employees?	3b		Х
4a	Did on	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4a		X
b		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Х
Par	t IV	Reason for Non-Private Foundation Status (See instructions)			
The o	orga	nization is not a private foundation because it is. (Please check only ONE applicable box.)			
5	Н	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6 7	Н	A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).			
8	Н	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital	's nam	e, city	/,
	_	and state >			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sectio (Also complete the Support Schedule in Part IV-A)	n 170(b)(1)(A)(ıv)
11 a	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	public	:.	
11 b	ı	A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
12	X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, a from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquir organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	of its	suppo	eipts rt
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a) section 509(a)(3))	ganiza (2) (S	lions ee	
		Provide the following information about the supported organizations (See instructions.)			
		(a) Name(s) of supported organization(s)	(b) Li	ne nu m abo	mber ve
	_				
14		An organization organized and operated to test for public safety Section 509(a)(4). (See instructions.)	orm 9	<u>an F7</u>	200

· age ·

	: You may use the worksheet in th	, ,		•			
Cale begi	ndar year (or fiscal year nning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	9,071.					9,071.
16_	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	44,423.					44,423.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
	Total of lines 15 through 22	53,494.					53,494.
	Line 23 minus line 17	9,071.					9,071.
	Enter 1% of line 23	535.				, 1	
_	Organizations described on line		ter 2% of amount in o			26 a	
t	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	or 2000 through 2003 exce	ributed by each person (oth eded the amount shown in	ner than a governmental line 26a Do not file th i	s list with your	26b	
•	: Total support for section 509(a)(I) test Enter line 24,	column (e)		•	26 c	
•	d Add: Amounts from column (e) for			19			
		22		26 b		26 d	
	Public support (line 26c minus lin	•	d. d. b U 00 - / d			26e	
	Public support percentage (line Organizations described on line		dea by line 26c (deno	minator))		26f	<u>-6</u> _
27	a For amounts included in lines 15 name of, and total amounts rece such amounts for each year	. 16, and 17 that wer	e received from a 'dis m, each 'disqualified	squalified person,' person.' Do not fil	prepare a list for e this list with yo	your red u r retur	cords to show the n. Enter the sum of
	(2003)	(2002)	<u>0</u>		_ 0 _ (2000)	- 	0.
	b For any amount included in line 17 show the name of, and amount r \$5,000 (Include in the list organ computing the difference betwee (the excess amounts) for each ye	eceived for each yea izations described in n the amount receive ear:	r, that was more than lines 5 through 11, a d and the larger amo	i the larger of (1) to s well as individua ount described in (1	he amount on line is) Do not file thi I) or (2), enter the	e 25 for s list w i sum of	the year or (2) th your return. After these differences
	(2003)	(2002)	0. (2001)_		_ <u>0</u> (2000)		0.
((2003) 0 . Add: Amounts from column (e) f 17 Add: Line 27a total Public support (line 27c total mir	or lines 15 _	9,071.	16		1 _ 1	FO 40:
		<u>44,423.</u> 20 _		21		27 c	53,494.
(d Add: Line 27a total	<u>U.</u> a	nd line 2/b total			2/d	U.
(d Add: Line 27a total Public support (line 27c total mir Total support for section 509(a)(g Public support percentage (line	ius iine 2/0 (0(ai) . 2) test. Enter amount	from line 23 column	(a) ► 27¢ l	53 /19/	2/e	53,494.
1	n Public support for Section 309(a)(.	27e (numerator) divi	ded by line 23, column	minator))	33, 434	270	100.00 %
; 	n Investment income percentage (line 18, column (e) (i	numerator) divided b	y line 27f (denomi	nator))	27 h	0. %
	Unusual Grants: For an organiza	ation described in line	e 10, 11, or 12 that re	ceived any unusua	al grants during 20	000 thro	ugh 2003, prepare a
	list for your records to show, for nature of the grant. Do not file to	each year, the name	of the contributor, th	e date and amoun	t of the grant, and	d a brief	description of the

Page 4

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	catalogues, and other written communications with the public dealing with student admissions, programs.			
	and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	22.0		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c 32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)			
		!		
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges? .	33 a		
	a classification in printing good.	334		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance? .	33 d		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs? .	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial	-		ا نــــــــ
	nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

		(To be completed ONL I by	an engible organization ti	iat meu i	01111 370	6)			N/A
Chec	k ► a	if the organization belong	s to an affiliated group	Check	► b	ıf you c	heck	ed 'a' and 'limited cont	rol' provisions apply
			obbying Expenditur		d)			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lo	bbying expenditures to influe	nce public opinion (grass	roots lob	bying)		36		
37	Total lo	bbying expenditures to influe	nce a legislative body (di	rect lobb	yıng)	. [37		
38	Total lo	bbying expenditures (add line	es 36 and 37)			. [_	38		
39	Other e	exempt purpose expenditures				L	39		
40	Total ex	xempt purpose expenditures	(add lines 38 and 39).				40		
41	Lobbyir	ng nontaxable amount. Enter	the amount from the follo	owing tab	le –				
	If the a	mount on line 40 is —	The lobbying nont	axable aı	mount is	-			
	Not ove	er \$500,00Q	20% of the amount	t on line	40 -				
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of ti	ne excess o	ver \$500,000)			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of the	he excess o	ver \$1,000,0	∞┝┟	41		
	Over \$1,5	500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess ove	er \$1,500, 00	0			
	Over \$	17,000,000	\$1,000,000		-	-			
42	Grassro	oots nontaxable amount (ente	r 25% of line 41).			L	42		
43	Subtrac	ct line 42 from line 36. Enter	-0- if line 42 is more than	line 36		L	43		
44	Subtrac	ct line 41 from line 38. Enter	-0- if line 41 is more than	line 38		L	44		
	Caution	n: If there is an amount on e	ther line 43 or line 44, yo	u must fi	ile Form 4	1720			
		(Come organizations that	4 -Year Averaging F	Period l	Under S	ection	501	(h)	r balow

See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period							
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total			
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount	<u></u>							
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								

Part VI-B	Lobbying Activity by Nonelecting Public Charities
	(For reporting only by organizations that did not complete Part VI-A) (See instructions

During the year, did the organization attempt to influence national, state or local legislation, including any

N/A

attempt to influence public opinion on a legislative matter or referendum, through the use of

- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes .
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying	activities
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Yes	No	Amount

Part VII i Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization Code (other than section	directly or in	ndirectly engage in an	y of the followi	ing with any other organization descri iting to political organizations?	oed in secti	on 50	1(c)
	fers from the reporting o					ſ	Yes	No
(i) Ca		g				51 a (i)		X
	ther assets					a (ii)		X
	transactions:			·		(/		
		ets with a n	oncharitable exempt	organization		b (i)		Х
(i)Sales or exchanges of assets with a noncharitable exempt organization (ii)Purchases of assets from a noncharitable exempt organization.						b (ii)		X
• •	ental of facilities, equipm		, ,			b (iii)		<u>x</u>
	eimbursement arrangem	·	. 400013		·	b (iv)		X
	oans or loan guarantees		·		•	b (v)		X
	erformance of services of		In or fundraising solid	utations .	•	b (vi)		X
	ng of facilities, equipmen		•		•	c		X
d If the	answer to any of the abo	ove is 'Yes.'	complete the following	a schedule Co	olumn (b) should always show the fair	market val	ue of	
the go	ods, other assets, or sei	rvices given	by the reporting orga	nization If the	olumn (b) should always show the fair organization received less than fair m oods, other assets, or services receiv	jarket value	in	
(a)	(b)	l gomen, e	(c)	raide of the g	(d)			
Line no	Amount involved	Name of	noncharitable exempt	organization	Description of transfers, transactions, and	d sharing arrar	ngement	ts
N/A					-		-	
117.22		-					-	
							-	
								
								
				 				
-								
					,			
			_					
					<u> </u>			
52 a Is the descri	organization directly or i bed in section 501(c) of	ndirectly aff the Code (o	liated with, or related ther than section 501	l to, one or moi (c)(3)) or in sec	re tax-exempt organizations ction 527? .	► Ye	s X	No
b If 'Yes	s,' complete the following	schedule						
	(a)		(b)		(c)			
	Name of organization		Type of organ	nization	Description of relation	nship		
N/A								
			· · · · · · · · · · · · · · · · · · ·					
					-			
			·					
		_						
				-				
	-							
D A A					Cohodul- A /F:	. 000		

2004 Federal Statements									
	Maple Grove Rotary Foundation	41-1884851							
Statement 1 Form 990-EZ, Part I, Line 6 Net Income (Loss) from Special Events									
Special Events	Less Less Gross Contri- Gross Direct <u>Receipts butions Revenue Expenses</u>	Net Income (Loss)							
DINNER FUNDRAISER ROSE SALE FUNDRAISER Total	50,672. 0. 50,672. 18,595. 6,775. 0. 6,775. 2,349. \$ 57,447. \$ 0. \$ 57,447. \$ 20,944.	32,077. 4,426. 36,503.							
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses									
BANK CHARGES . DONATIONS ROTARY PROJECTS Supplies		332. 3,325. 21,458. 50. 25,165.							
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets Accounts receivable Pledges receivable	<u>Beginning</u>	Ending 2,460. 825. 3,285.							
Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees Title and Contri- Expense Average Hours Compen- bution to Account/									
Name and Address BRETT PERRY PO BOX 1831 MAPLE GROVE, MN 55369	Per Week Devoted sation EBP & DC Director \$ 0. \$ 0. \$ 2								
LINDA DEHN-SHREEVE PO BOX 1831 MAPLE GROVE, MN 55369	Director 0. 0.	0.							
ROBIN MANTHEI PO BOX 1831 MAPLE GROVE, MN 55369	Director 0. 0.	0.							

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Federal Statements

Page 2

Maple Grove Rotary Foundation

41-1884851

Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
BRAD BERLIN PO BOX 1831 MAPLE GROVE, MN 55369	Director 2	\$ 0.	\$ 0.	\$ 0.
TIM ZASTOUPIL PO BOX 1831 MAPLE GROVE, MN 55369	Director 2	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

Statement 5 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No No