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## Form 990

### **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)

OMB No 1545-0047

2009

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

					,					
	For th	ne 2009 calend	lar year,	or tax year beginning	, 20	009, and endir	ng	<del></del>		,
В	Check	if applicable		C Name of organization				D Employe	er Iden1	tification Number
	, A	ldress change	Please use IRS label	Rotary 5950 Foundation	on			20-1		
	Na	ame change	or print or type	Number and street (or P O box if mail is	not delivered to stre	eet addr) Room/	surte	E Telepho	ne num	ber
	In	itial return	See specific	11251 Red Fox Drive				(952	2) 9	74-0454
	1 <sub>Te</sub>	ermination	Instruc- tions.	City, town or country	S	tate ZIP code +	4			
	l Ar	mended return		Maple Grove	M	IN 55369		G Gross re	ceipts	\$ 65,684.
	Па	optication pending		and address of principal officer			H(a) Is this	a group return	for aff	
	· · ·		Ronald	dAxel 4556 Niagra Ln Pl	vmouth	MN 55446		affiliates incli		Yes No
1	Tax	-exempt status			4947(a)(1) or		If No.	attach a list	(see ins	structions)
<u> </u>				ewaterplus.org			H(c) Group	exemption nu	mber •	•
K			X Corpora		er►	L Year of Forma	• • •			legal domicile MN
Pa		Summa				<u> </u>		- <u> </u>		<u> </u>
1-7-	1			ganization's mission or most signific	ant activities:	Providin	g serv	ice an	d as	ssistance
•				need within the State						
ü		througho				- <del></del>				
arne										
Ŏ	_	Check this box		if the organization discontinued its		sposed of mo	re than 25	% of its as	sets	
প্ৰ				bers of the governing body (Part VI		4.5		ļ	3	6
es				t voting members of the governing t	oody (Part VI, III	ne 1b)		-	4	6
×it				yees (Part V, line 2a)					5 6	0 12
tr Tr				eers (estimate if necessary) ousiness revenue from Part VIII, Icol	lumn (C) une 12	<b>)</b>			7 a	0.
) <u>(</u> (		-		taxable income from Form 990-T, I		-			7b	
Revenue 2 2010 ctivities & Governance		THE UTILITIES	<u> </u>	taxable interne work i citi 350 1,				rior Year		Current Year
2	8	Contributions	and aran	ts (Part VIII, line 1h)				133,3	50	65,242.
— <u>H</u>			_	ue (Part VIII, line 2g)				133,3	<del>50.</del>	03,242.
2 > D	10	_		art VIII, column (A), lines 3, 4, and 7	7d)			1,2	58.	442.
Z &	11			II, column (A), lines 5, 6d, 8c, 9c, 1						
)	12			nes 8 through 11 (must equal Part \		line 12)		134,6	08.	65,684.
	13	Grants and sii	mılar amı	ounts paid (Part IX, column (A), line	es 1-3)			48,8	17.	67,867.
:	14	Benefits paid	to or for i	members (Part IX, column (A), line	4)					
	15	Salaries, othe	<del>r com<u>pe</u>r</del>	<u>isation, employee benefits (</u> Part IX,	column (A), lin	es 5-10)				
ses	16a	Professional f	undraisin	Free Par Dcolumn (A), line 11	e)					2,406.
Expenses	h	Total fundrais	ind exper	nses (Part IX, column D), line 25)	· •	2,406.		<del></del>		
ũ				Lc2.6.28) Dines Qa-11d, 11f-2		2,1000	-	19,8	86	300.
				nes 13-17 (must equal Part IX, colu				68,7		70,573.
	19			S Subtract line 18 from line 12	( , , 20)			65,9		-4,889.
* S		Trevende lesp		SDEN, UT			Posi	nning of Y		End of Year
Net Assets or Fund Baloncos	20	Total assets (	Dart Y Iu	ne 16)			Degii	151,3		146,476.
Ass	21	Total liabilities		•			-	131,3	05.	140,470.
Per			•	ances Subtract line 21 from line 20				151,3	65	146,476.
	rt II	Signatu			<del></del>	-		131,3	05.	140,470.
1.0				<del>"</del>	ludina accompaniuno	r schodules and st	atomonts an	d to the best o	of my kr	nowledge and belief it is
		true correct. a	nd complete	declare that I have examined this return, including the Declaration of preparer cother than officer) is	based on all informa	ation of which prep	parer has any	knowledge	zi iliy Ki	
Sig	ın	IN d	Do				1	$\eta_{-1}$	ZC	0-10
He		Signature	of officer				Da			
		Ronal	ld Axe	ו						
			int name an							
					,	Date	Гс	heck if	P	reparer's identifying number see instructions)
Pa	id	Deg					S	elf- mployed	[]],	and additional
Pre		Preparer's signature	<b>&gt;</b>							
	rer's	Firm's name (c								<del></del>
Us		yours if self employed).	<u> </u>		<del></del>			IN ►		
On	ıy	address and ZIP + 4						hone no		
May	the l		s return v	with the preparer shown above? (se	e instructions)					Yes X No
				work Reduction Act Notice see the		ructions		TEE 40101	07/20	<del></del>

Form 990 (2009) Rotary 5950 Foundation	20-13	655 <sub>4</sub>	3		Page <b>2</b>
Part III Statement of Program Service Accomplishments					
1 Briefly describe the organization's mission					
Providing service and assistance	<b>-</b>				· <b>-</b>
to people in need within the State of Minnesota and			- <b>-</b> -		
throughout the world.			- <b>-</b> -		<b>-</b>
2 Did the organization undertake any significant program services during the year which were not listed on	the prior				
Form 990 or 990-EZ?	and prior	X	Yes	$\Box$	No
If 'Yes,' describe these new services on Schedule O					
3 Did the organization cease conducting, or make significant changes in how it conducts, any program sen	vices?		Yes	X	No
If 'Yes,' describe these changes on Schedule O					
4 Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expenses allocations	s Sect to othe	ion 50 ers, the	1(c)(3 total	)
4a (Code ) (Expenses \$ 51,754. including grants of \$ 51,454.)	(Revenue	\$			0.)
Primary focus continues to be funding safe water sources in					
Haiti by drilling water wells. Approximately 100 wells have					
been drilled or repaired, along with 1000 latrines to provide					
safe water to nearly 60,000 Haitians.					
	<b>-</b>				
			<del></del> -		
	<del>-</del>				
Additional focus is to work in the communities where safe water projects are ongoing to provide hands-on assistance in building and repairing homes and schools for the people in the community.		  	  		
Additional focus is to work in the local communities where Rotary clubs are providing service projects and assistance to people in need in Minnesota. This effort includes Rotary club projects in Fairmont, Golden Valley and Minneapolis South.					0.)
4d Other program services (Describe in Schedule O )					
(Expenses \$ 12,413. including grants of \$ 12,413.) (Revenue	\$		0.		
4e Total program service expenses ► 70,573.	<del></del>				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	_1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II	4	_	Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part $V$	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	v v v		. !
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	** *	- * `	f
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	. ,	. 9	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	·. / / /	*	· [
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		. :	,
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	· · · · · · · · · · · · · · · · · · ·		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax  vear? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X			
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ì	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X

OH	11 350 (2003) Rotary 3930 Foundation	ر ،		aye -
Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	•	* .	(A. 8)	11.
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	↓	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13) $^{\circ}$ If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes.' complete Schedule R. Part VI	37		X

BAA

Form 990 (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

Trait V Statements Regarding State Into Things and Tax Semplianes		T. T				
4. E. J. H. J. J. J. David Sefferms 1000. Amount Commonweal Transmitted of U.S.		Yes	No			
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable						
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	,				
c Did the organization comply with backup withholding rules for reportable payments to vendors and repor	table gaming	<del>-,,-</del>				
(gambling) winnings to prize winners?	<u>1c</u>	Х	-			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	0	,				
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns			-			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see ins						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	у За		_X_			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<u>3b</u>					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other au financial account in a foreign country (such as a bank account, securities account, or other financial account.	thority over, a ount)? 4a		Х			
<b>b</b> 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 Bar Financial Accounts	nk and	_ , ,	2			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? <b>5b</b>		Х			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards Tax Shelter Transaction?	ng Prohibited 5c					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the consolicit any contributions that were not tax deductible?	organization 6a		х			
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  6b						
7 Organizations that may receive deductible contributions under section 170(c).	* *	,	0			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good provided to the payor?	ods and services 7a		X			
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was in Form 8282?	7c		Х			
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		*	· · · · · · · · · · · · · · · · · · ·			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per- benefit contract?	sonal 7e		<u>x</u>			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			_X_			
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	· ·				
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	· · · · · · · · · · · · · · · · · · ·					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess holdings at any time during the year?	itions. Did the		X			
noidings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.						
a Did the organization make any taxable distributions under section 4966?	9a		Х			
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X			
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12			š			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11 Section 501(c)(12) organizations. Enter						
a Gross income from other members or shareholders	υ					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1 <sup>2</sup> 12a					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b						
BAA	, Forn	n <b>990</b> (	(2009)			

TEEA0105 02/12/10

Part'VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ection A. Governing Body and	Management					
			1	1		Yes	No
1	1 a Enter the number of voting members	of the governing body	L	1a 6		,	, 1
1	<b>b</b> Enter the number of voting members	that are independent	L	1 <b>b</b>  6	,		
2	2 Did any officer, director, trustee, or key officer, director, trustee or key employ	ey employee have a family relationship or vee?	a business relat	tionship with any other	2		X
3	3 Did the organization delegate control	over management duties customarily perfo y employees to a management company	ormed by or und	ler the direct supervision	3		x
4	•	cant changes to its organizational docume			4		X
4	since the prior Form 990 was filed?	cant changes to its organizational docume	ins				
5		uring the year of a material diversion of th	e organization's	accete?	5		Х
2	6 Does the organization have members		ic organization s	433013	6		X
7:		, stockholders, or other persons who may	elect one or mo	re members of the			
	governing body?				7a	X	
l	•	dy subject to approval by members, stock			7b	<u> </u>	X
8	8 Did the organization contemporaneou the following	sly document the meetings held or written	actions underta	ken during the year by	* *		
i	a The governing body?				8 a	X	
1	<b>b</b> Each committee with authority to act	on behalf of the governing body?			8b	X	
9	9 Is there any officer, director or trustee organization's mailing address? If 'Ye	e, or key employee listed in Part VII, Secti s,' provide the names and addresses in S	on A, who canno	ot be reached at the	9		х
Sec		on B requests information about p		equired by the Internal			
Rev	evenue Code )						
						Yes	No
10	IO a Does the organization have local chap	oters, branches, or affiliates?			10a		X
1	b If 'Yes,' does the organization have w	ritten policies and procedures governing the same consistent with those of the organizations.	he activities of s	uch chapters, affiliates,	10ь		
11	•	of this Form 990 to all members of its government		fore filing the form?	11	Х	
	, ,	f any, used by the organization to review		oro ming and rom	( ~ w	, &	, . ]
		conflict of interest policy? If 'No,' go to line			12a	х	
		key employees required to disclose annu		at could give rise		- * *	
	to conflicts?				12b	X	<del></del>
•	c Does the organization regularly and c Schedule O how this is done	onsistently monitor and enforce compliant	ce with the polic	y? If 'Yes,' describe in	12c	Х	
13	13 Does the organization have a written	· -			13		<u>X</u>
14	14 Does the organization have a written	document retention and destruction policy	?		14		X
15	Did the process for determining comp persons, comparability data, and con-	ensation of the following persons include temporaneous substantiation of the delibe	a review and ap ration and decis	proval by independent ion?	ļ. 2		
	a The organization's CEO, Executive Di	rector, or top management official			15a		Х
	<b>b</b> Other officers of key employees of the			Í	15b		Х
		e process in Schedule O (See instruction	s)				, 1
16	16a Did the organization invest in, contrib entity during the year?	ute assets to, or participate in a joint vent	ure or similar ar	rangement with a taxable	16a		X
1	, , ,	a written policy or procedure requiring the	e organization to	evaluate its participation			3
,	in joint venture arrangements under a status with respect to such arrangements	oplicable federal tax law, and taken steps	to safeguard th	e organization's exempt	16b		<u> </u>
Sec	ection C. Disclosures						
17	17 List the states with which a copy of th	is Form 990 is required to be filed 🕨 🔔			:	!	
18		n to make its Forms 1023 (or 1024 if appliese available Check all that apply	cable), 990, and	1 990-T (501(c)(3)s only) ava	ilable	for pu	iblic
		er's website X Upon request					
19	19 Describe in Schedule O whether (and statements available to the public	if so, how) the organization makes its go	verning docume	nts, conflict of interest policy	and	financ	al
20	20 State the name, physical address, an	d telephone number of the person who po	ssesses the boo	oks and records of the organ	zation	 	
		18828 Nature Lane Eden P			1	49-0	0744
				<u> </u>			
RA/	۸۸ •				Form	ggn /	(2009)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B) (c) Average Position (check all that apply)							(D)	(E)	(F)
Name and Title	Average hours						Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	adividi el frastee or director	unstitutional frustee	Offi-ei	Key employee	High est coinmensated employee	Forner	the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Ronald Axel										
Director	2.00	Х		Х		ļ		0.	0.	0.
Holly Callen										
Director	2.00	Х		X				0.	0.	0.
Bert Greener										
Director •	1.00	<u>X</u>		X				0.	0.	0.
Steve Mattson						ļ			_	•
Director	1.00	X				<u> </u>	ļ	0.	0.	0.
Hal Tearse										1 1
Director	1.00	X	<u> </u>	X	ļ			0.	0.	0.
Karen_Treiber	1 00		·				ĺ		,	0
Director	1.00	Х	<u>├</u> .	ļ	_			0.	0.	0.
								-		
			$\vdash$	-						
			<u> </u>	<u> </u>	<u> </u>	<u> </u>	├-			

Part VII Section A. Officers, Directors, Trus	tees, K	(ey	Em	plo	ye	es,	and	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (	checl	k all t	hat ap	oply)	Reportable	Reportable	Estimated
	per week	or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		<del> </del>			$\vdash$				<del></del>	
	-									
	_									
	_									
	-									
	-		_							
1 b Total							<b>&gt;</b>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ►										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual		-							3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	an \$150	0,000	)? <i>[f</i>	'Ye	s' c	omp	lete	Schedule J for su	ch	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa <i>edule J</i>	ation for s	fror uch	n ai <i>per</i>	ny u s <i>on</i>	nrela	ated	organization for s	services	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inden	ende	ent c	ont	racti	ors t	hat	received more tha	n \$100,000 of	
compensation from the organization		1				, ,				
(A) Name and business addres	s	1						Description	of Services	(C) Compensation
,										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not I	imite	ed to	thc	se I	isted	d ab	ove) who received	more than	2 -

Fai	7 VIII   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lins 1a-1f  \$ 1 a  1 b  1 c  1 d  1 e  65,242.				- '
PROGRAM SERVICE REVENUE	h Total. Add lines 1a-1f  Business Code  2 a  b  c  d  e  f All other program service revenue  g Total. Add lines 2a-2f	65,242.			
4	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	442.	0.	0.	442.
	(i) Real (ii) Personal  6a Gross Rents b Less rental expenses c Rental income or (loss)		4 1, 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ser i come come e e e e e e e e e e e e e e e e e e	1 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6	5	c x < '
	c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events			À &	3
OTHER REVENUE	(not including \$			-	
	9a Gross income from gaming activities See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b				-
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b			,	,
	d All other revenue e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	65,684.	0.	<u>                                     </u>	442.

Page 10

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(C)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal	
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management b Legal	
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees) a Management b Legal	
disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management  b Legal	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management b Legal	
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal	
11 Fees for services (non-employees)  a Management b Legal	
a Management i i i i i i i i i i i i i i i i i i i	
b Legal	
c Accounting	· · · · · · · · · · · · · · · · · · ·
d Lobbying	
e Prof fundraising svcs See Part IV, In 17	2,406.
f Investment management fees	
g Other	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties	
16 Occupancy	
Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Payments of travel or entertainment expenses for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	
a website 300. 300. 0.	0.
c	
d	
e	
f All other expenses	
25 Total functional expenses. Add lines 1 through 24f         70,573.         68,167.         0.	2,406.
26 Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	107,588.	1	102,257.
2	Savings and temporary cash investments	43,777.	2	44,219
3	Pledges and grants receivable, net	3-4	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employand highest compensated employees Complete Part II of Schedule L	/ees,	5	
6	Receivables from other disqualified persons (as defined under section 4958)	f)(1)) <u>'</u>		· , *
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedul	e L	6_	
7 8 9	Notes and loans receivable, net		_7_	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment cost or other basis 10a			
	Complete Part VI of Schedule D	· · · · · · · · · · · · · · · · · · ·		
	b Less accumulated depreciation 10b		10 c	
11	Investments – publicly-traded securities		11	l
12	Investments – other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	151,365.	16	146,476
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	· · ·		* * * * * * * * * * * * * * * * * * * *
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lin	es	-	ى د > دېښوند سىستانوستو سو د د د
	27 through 29 and lines 33 and 34.			<u> </u>
27 28	Unrestricted net assets		27	
	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
!	Organizations that do not follow SFAS 117, check here ► X and com	olete		* * i ·
;	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	151,365.	32	146,476
31 32 33 34	Total net assets or fund balances	151,365.	33	146,476
34	Total liabilities and net assets/fund balances	151,365.	34	146,476

TEEA0111 01/30/10

Form <b>990</b> (2009)	Rotary	5950	Foundation
			_

20-1365543

Page **12** 

Part XI   Financial Statements	s and Reporting	9					
			·	· · · · · · · · · · · · · · · · · · ·		Yes	No
1 Accounting method used to prepare	re the Form 990	X Cash	Accrual	Other			
If the organization changed its me in Schedule O	thod of accounting	from a prior	year or checked '	Other,' explain			
2a Were the organization's financial s	statements compile	ed or reviewed	d by an independe	ent accountant?	2a	Х	
b Were the organization's financial s	statements audited	by an indepe	endent accountant	?	2b		Х
c If 'Yes' to line 2a or 2b, does the or review, or compilation of its finance	organization have a	a committee t d selection of	hat assumes resp an independent a	onsibility for oversight o ecountant?	of the audit,2c	х	
If the organization changed either in Schedule O	its oversight proce	ess or selection	on process during	the tax year, explain		Ų	
d If 'Yes' to line 2a or 2b, check a b consolidated basis, separate basis	ox below to indicat s, or both	te whether the	e financial stateme	ents for the year were is:	sued on a		:
X Separate basis Co	insolidated basis	Both co	onsolidated and s	eparate basis	,		
3a As a result of a federal award, wa Audit Act and OMB Circular A-133		required to ui	ndergo an audit o	r audits as set forth in th	ne Single		х
b If 'Yes,' did the organization under or audits, explain why in Schedule	rgo the required au e O and describe a	ıdıt or audıts? ny steps take	If the organization to undergo such	n did not undergo the re audits	equired audit 3b		

BAA

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

iame o	of the organization							Limpioyer	identinicat	ion number		
Rota	ary 5950 Foundation					_		20-13	365543	3		
Part	Reason for Public Charit	y Status (All orga	anizations r	nust c	omple	te this	part.)	See ji	nstruct	ions		
he o	organization is not a private foundation	n because it is (For	lines 1 through	h 11, ch	eck only	y one bo	x)					
1	A church, convention of churche	s or association of ch	urches descrit	bed ın <b>s</b>	ection 1	70(b)(1)	(A)(i).					
2	A school described in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach	n Schedule E)	)								
3	A hospital or cooperative hospital	ıl service organizatioi	n described in	section	170(b)	(1)(A)(iii	).					
4	A medical research organization	operated in conjunct	ion with a hos	pital de	scribed	ın <b>secti</b> o	on 17 <b>0</b> (i	b)(1)(A)(	iii) Ente	r the hospital's		
	name, city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II)											
6												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)XAXvi). (Complete Part II)											
8	A community trust described in											
9	An organization that normally re from activities related to its exer investment income and unrelate June 30, 1975 See section 509	npt functions — subje d business taxable in (a <b>)(2).</b> (Complete Part	ct to certain e come (less se t III )	exception ection 51	ns, and I1 tax) fi	(2) no m rom bus	nore tha inesses	in 33-1/3 acquire	3 % of its	s support from aross		
10	An organization organized and o	•										
11	An organization organized and organized publicly supported organized describes the type of supporting	ations described in s	ection 509(a)(	(1) or se	ection 50	ne functi 09(a)(2)	ons of, See <b>s</b> e	or carry ection 50	out the <b>09(a)(3).</b>	purposes of one or Check the box that		
	a Type I <b>b</b>	Type II	c 🔲 Type III -	- Funct	tionally i	integrate	ed		d 🗌	Type III - Other		
е	By checking this box, I certify the than foundation managers and c 509(a)(2)	at the organization is ther than one or more	not controlled e publicly sup	directly ported o	y or Indi organiza	rectly by tions de	one or scribed	more di in sectio	isqualifie on 509(a	ed persons other )(1) or section		
f	If the organization received a wr check this box	itten determination fr	om the IRS tha	at is a T	Гуре I, Т	ype II o	Type I	II suppo	rtıng org	anization,		
g	Since August 17, 2006, has the	organization accepted	dany gift or c	contribut	tion fron	n any of	the follo	owing pe	ersons?	<del></del>		
										Yes No		
	<ul><li>(i) a person who directly or in below, the governing body</li></ul>	of the supported orga	anization?	gether w	vith pers	ons des	cribed i	n (II) an	d (III)	11 g (i)		
	(ii) a family member of a pers									11 g (ii)		
	(iii) a 35% controlled entity of	a person described in	ı (ı) or (ıı) abo	ve <sup>2</sup>						11 g (iii)		
h	Provide the following information	about the supported	organizations	5				<del></del>				
	(i) Name of Supported (ii) Ell Organization	(described above or	organization on lines 1-9 IRC section tructions))	(iv) la organizati (i) listed govea docum	ion in col I in your rning	(v) Did ye the organ col ( your su	zation in	(vi) ( organizat (i) organi U (	on in col	(vii) Amount of Support		
	_			Yes	No	Yes	No	Yes	No			
	•				1		•					
								-				
									,	<u>'</u>		
	,									111		
rotal	, ,						-	. , 42	1			

20-1365543 Schedule A (Form 990 or 990-EZ) 2009 Rotary 5950 Foundation Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total beginning in) 🖻 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 65,242. 133,350. 211,317 136,269 345,033. 891,211. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 211, 317 136,269 345, 033 133,350 65,242 891,211. Total. Add lines 1-through 3

unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 0. Public support. Subtract line 5 891,211. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total beginning in) >

7	Amounts from line 4	211,317.	136,269.	345,033.	133,350.	65,242.	891,211.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		1,362.	5,452.	1,258.	442.	8,514.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7			•	. , ,		899 725

through 10 12 Gross receipts from related activities, etc. (see instructions)

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage 99.05% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15

16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here, Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

The portion of total

contributions by each person (other than a governmental

(Complete only if you check						<u></u>
Section A. Public Support			T	T	T	
Calendar year (or fiscal yr beginning in)   1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513				<u> </u>		
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or						
facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2						
and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line	. 4.2	8.8.9	*	* * 4 }	,	-
7c from line 6)	، مد مرق	* * * * *	* * :	* 3 * *	* ***	
Section B. Total Support		<del></del>	<del></del>		<del>,</del>	<del></del>
Calendar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9 Amounts from line 6			ļ		<del>                                     </del>	
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					<del></del>	
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add Ins 9, 10c, 11, and 12) [ 14 First five years. If the Form 990 is	s for the organiza	ution's first secon	nd third fourth o	r fifth tax year as	a section 501(c	)(3)
organization, check this box and s	stop here			tan your as	7 333.377 337(0)	<u> </u>
Section C. Computation of Pub		<b></b>			1	
15 Public support percentage for 200	•	•	e 13, column (f))	,	·	5 %_
16 Public support percentage from 2					1	6 %
Section D. Computation of Inve						
17 Investment income percentage for				nn (f))		7 %
18 Investment income percentage fro					<u> </u>	8   %
19a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	ox and stop here.	The organization	qualifies as a pul	olicly supported of	rganızatıon	-
<b>b 33-1/3 support tests – 2008.</b> If the is not more than 33-1/3%, check	this box and stop	here. The organ	ization qualifies as	s a publicly suppo	rted organizatio	n •
20 Private foundation. If the organiz	ation did not che	ck a box on line 1	4, 19a, or 19b, ch	eck this box and	see instructions	

Schedule A	(Form 990 or 9	990-EZ) 2009	Rotary 5	950 Foun	dation		20-13	65543	Page 4
Part IV	Supplement Part II. line	ital Informat	tion. Comple and Part III	te this par	t to provide Provide any	the explanation	ns required by Linformation.	Part II, line See instruc	e 10; tions.
				,					
	. – – – – –			<del>-</del> -					
	- <b></b>								
									<del>-</del>
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								~	<b></b> -
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								, 	
				<del>-</del>					
	- <del></del>								
				<b>-</b>	<del>-</del> -				

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Rot	ary 5950 Foundation			20-1365543	
	Organizations Maintaining Donor the organization answered 'Yes' t	r Advised Funds or Other Similar Fur o Form 990, Part IV, line 6.	nds or Acc	counts Complete	e if
		(a) Donor advised funds	(b)	Funds and other acc	ounts
1	Total number at end of year	6.		<u>.</u>	
2	Aggregate contributions to (during year)	65,242.			
3	Aggregate grants from (during year)	67,867.		-	
4	Aggregate value at end of year	102,257.		-	
5	Did the organization inform all donors and don- funds are the organization's property, subject t	or advisors in writing that the assets held in doi to the organization's exclusive legal control?	nor advised	X Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits the purp	ne benefit of the donor or donor advisor or for a	s may be ny other	X Yes	No
Par	t II   Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 9	90, Part IV, line	7.
	Purpose(s) of conservation easements held by				· · · · ·
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historic	ally important land a	area
	Protection of natural habitat	Preservation	of certified hi	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in t	he form of a	conservation easem	ent on the
		t	,	Held at the End o	f the Year
ć	Total number of conservation easements		2a	·····	
t	Total acreage restricted by conservation easen	nents	2b		
c	: Number of conservation easements on a certifi	ed historic structure included in (a)	2c		
c	Number of conservation easements included in	(c) acquired after 8/17/06	2d		
3	Number of conservation easements modified, t year ►	ransferred, released, extinguished, or terminate	ed by the org	anization during the	tax
4	Number of states where property subject to con	nservation easement is located >			
5	Does the organization have a written policy regand enforcement of the conservation easemen	parding the periodic monitoring, inspection, han	dling of viola	tions, Yes	No
6	Staff and volunteer hours devoted to monitorin during the year ▶	g, inspecting, and enforcing conservation easei	_		
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easement	\$ \$		
8	Does each conservation easement reported on 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	line 2(d) above satisfy the requirements of sec	tion	Yes	☐ No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that de	expense sta	tement, and balance organization's accou	sheet, and nting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Si	milar Assets	
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemer	ic exhibition, education, or research in furtheral	nt and balan nce of public	ce sheet works of ar service, provide, in	t, historical Part XIV,
ŀ	amounts relating to these items	ic exhibition, education, or research in furtheral	ind balance s nce of public	heet works of art, hi service, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1	ļ	<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>-</b> \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 relating to these items	or financial g	ain, provide the follo	wing
á	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
ŀ	Assets included in Form 990, Part X			<b>►</b> \$	

•					
Schedule <b>D</b> (Form 990) 2009 Rota:	y 5950 E	Coundation		20-136	55 <u>4</u> 3 Page <b>2</b>
Part III Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, or	Other Similar Ass	sets (continued)
3 Using the organization's acquisition items (check all that apply)	on accession	and other records, chec	k any of the following th	at are a significant use	of its collection
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e 🗌 Other			
c Preservation for future genera	ations				
4 Provide a description of the organ Part XIV					ın
5 During the year, did the organizat assets to be sold to raise funds ra					Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen unt on Fori	ments Complete if c m 990, Part X, line	organization answei	ed 'Yes' to Form 9	90, Part IV, line
1 a ls the organization an agent, trus included on Form 990, Part X?				assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd complete the followin	g table	<del></del>	<del></del>
					Amount
c Beginning balance				1c	
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an a		m 990, Part X, line 21?			∐ Yes ☐ No
b If 'Yes,' explain the arrangement			1 DV 1 t - F 00	NO D = + 1\/ 1 - = 10	
Part V Endowment Funds Co		<del></del>			
	(a) Current	year (b) Prior yea	r (c) Two years bac	(d) Three years back	(e) Four years back
1 a Beginning of year balance			<u> </u>	+1 74 35 105	·
<b>b</b> Contributions			<b>₩</b> %:		
c Net Investment earnings, gains, and losses			l ý	·	» , 3»
d Grants or scholarships			>, «%	3 / 1	· } 3'·
<ul> <li>Other expenditures for facilities and programs</li> </ul>			. ~ * *	1 3 5	
f Administrative expenses			- 1 · · · · · · · · · · · · · · · · · ·	7, 7, 7, 1	
<b>g</b> End of year balance					
2 Provide the estimated percentage	of the year e	end balance held as			
a Board designated or quasi-endow	ment 🟲	<b>%</b>			
<b>b</b> Permanent endowment ►					
c Term endowment ►	¥				
3a Are there endowment funds not in organization by	n the possess	ion of the organization t	hat are held and admını	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ii), are the related o	rganizations l	isted as required on Sch	nedule R?	•	3b
4 Describe in Part XIV the intended	l uses of the c	organization's endowme	nt funds		
Part VI Investments-Land, B	uildings, a	nd Equipment. Se	e Form 990, Part X	, line 10.	
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land					

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1 a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

(b) Cost or other basis (other)

(c) Accumulated Depreciation

(d) Book Value

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2009

20-1365543

	0-1365543	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Dotum	
Part XII. Reconciliation of Revenue per Audited Financial Statements With Revenue per I		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments		
a Net unrealized gains on investments  b Donated services and use of facilities  2a  2b		
B bonded solvines and the solvines		
	<del>-</del>   */	
d Other (Describe in Part XIV)  e Add lines 2a through 2d•		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	1	
b Other (Describe in Part XIV)	<b>-</b>   ± '	
c Add lines 4a and 4b	4c	-
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	3'	
a Donated services and use of facilities 2a	_  _  _	
b Prior year adjustments 2b		
c Other losses 2c	_	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	U	
a Investments expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Part XIV   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this painformation	, lines 1b and 2b, Pa irt to provide any ad	irt V, ditional
· 		
<del>-</del>		

Schedule <b>D</b> (Form 990) 2009 Rotary 5950 Foundation		Page 5
Part XIV   Supplemental Information (continued)		
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		<b>-</b>
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## Schedule F (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization				Employer identif	ication number
Rotary 5950 Foundati	on			20-13655	43
	ion on Activiti	es Outside the	e United States. Complet	e if the organizatio	n answered 'Yes'
1 For grantmakers. Does the grantees' eligibility for the g	organization mair grants or assistanc	ntain records to su e, and the selecti	ubstantiate the amount of the gi	rants or assistance, the rants or assistance?	X Yes No
2 For grantmakers. Describe	ın Part IV the org	anization's proced	dures for monitoring the use of	grant funds outside the l	United States
3 Activities per Region (Use	Schedule F-1 (For	m 990) if addition	nal space is needed)		<del></del>
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
• South Asia	0	0	grantmaking		9,713.
Sub-Saharan Africa	_0	0	grantmaking		2,201.
Central America	0	0	grantmaking		1,350.
		,			
•					
***************************************					
		-			
Totals ►	0	0			13,264.

Rotary 5950 Foundation

Schedule F (Form 990) 2009

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to
Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)	•											
(h) Description of non-cash assistance					ï							
(g) Amount of non-cash assistance												
(f) Manner of cash disbursement	wire											
(e) Amount of cash grant	9,713. wire											
(d) Purpose of grant	tsunamı rellef											
(c) Region	East Asia and Pacif tsunamirelief											:
(b) IRS code section and EIN (if applicable)	,1	**	a		\$	4		***	**		.*	
1 (a) Name of organization		2					^			2		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entitles

BAA

20-1365543

Page 3

Rotary 5950 Foundation

Schedule F (Form 990) 2009

Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule **F** (Form 990) 2009

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BAA

Schedule F	(Form 990) 2009 * Rotary 5950 Foundation	20- <u>1</u> 365543	Page <b>4</b>
	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional inform	nation	
Pt_I_Li	ne 2Rotary 5950 Foundation makes grants overseas t	o advance its m	<u>ission</u> _
	of providing service and assistance to people	in_need	
	Funds are paid directly to organizations with	whom the	
	taxpayer has direct contact via local Rotary of	lubs or	
	other humanitarian groups working in the area.		
	Periodic feedback from the recipient organizat		
	obtained to determine that the funds were rece		
	used for the desired service or assistance pro	grams.	
	The Board of Driectors monitors such feedback	to_ensure	
	• that funds disbursed are advancing the program	goals	
	set by the taxpayer.		
			<del>-</del>
<del>-</del>			
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# SCHEDULE I

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number 20-1365543 Part I General Information on Grants and Assistance Rotary 5950 Foundation Department of the Treasury Internal Revenue Service Name of the organization

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**№** 

· X Yes

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) if add	itional space is r	pepea				<b>A</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Haiti Outreach 15119 Minnetonka Blvd 1 Minnetonka MN 55345	39-1671687	501(c)3	54,603.				safe water
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations				<b>A</b>	1

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 Rotary 5950 Foundation

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

			, , , , , ,	30 100000 (47)	Sport, contention to bother (a)	A Description of non-barrier and	
(a) Type of grant or assistance	l or assistance	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	עי סייייייייייייייייייייייייייייייייייי	
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Part IV Supplementa	Supplemental Information. Complete this part to provid	lete this part to pr	ovide the informat	e the information required in Part I	Ine 2, and	any other additional information.	
Pt_I_Line_2	Rotary 5950 Foundation communicates frequently with leadership of	undation_comm	unicates fregu	ently with lea	dership of		
Pt_I_Line_2	Haiti Outreach to discuss plans for safe water projects and	to_discuss_p.	lans_for_safe_	water projects	<u>and</u>		
Pt_I_Line_2	humanitarian_efforts_in_Haiti.	fforts in Hai	- 1	Regular contact allows the Board to	the Board to		
Pt_I_Line_2	ensure_that_funds_disbursed_are	<u>inds_disbursed</u>	are advancing	_advancing the program goals	oals		; ;
Pt_I_Line_2	set_by_the_taxpayer	<u>.payer.</u>					
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Schedule I (Form 990) 2009

#### **SCHEDULE O** (Form 990)

#### Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Employer identification number Name of the organization 20-1365543 Rotary 5950 Foundation Pt III, Line 2 Humanitarian relief from Hurricanes, tsunamis, earthquakes Pt VI-C, Line 19 Documents related to the governance of the entity and Pt VI-C, Line 19 Copies of Form 990 are provided upon written request. Pt VI-A, Line 7a Current presidents of Rotary District 5950 clubs annually Pt VI-A, Line 7a elect members to the Board of the 5950 Foundation. Pt VI-B, Line 11A Form 990 is prepared by an accountant not on the board Pt VI-B, Line 11A based on bank information provided. A draft of Form 990 is Pt VI-B, Line 11A provided to the Board for review, comment and corrections Pt VI-B, Line 11A prior to filing. Pt VI-B, Line 12c Board members are provided the conflict of interest Pt VI-B, Line 12c policy annually and reminded to review and comply.

Rotary 5950	Foundation	20-1365543	!	
1		plemental Information to Form 990 ne 4d (continued)	:	1
services s report the	Section 501(c)(3	ose achievements for each of the orgal and (4) organizations and 4947(a)(1 as and allocations to others, the total of orted.	) trusts are red	quired to
Code.	Description	Humanitarian relief from Hurr	icanes, tsu	namıs, earthquakes
Expenses	12,413.			
Grants Of	12,413.			
Revenue	0.			

1

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