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# SCANNED FEB

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

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

Open to Public Inspection

		ne 2009 calendar year, or tax year beginning	a	ınd endi				
R	Check i applical	Please V Name of organization				D Emp	loyer i	identification number
	K Addre	SS Use IRS ROTARY DISTRICT 6000 HUMANITARIAN	AND	1				
	Name chang	e Print or EDUCATIONAL FOUNDATION INC				4:	2-1	347779
	Initia	n See   Warned and street (or 1.5. box, ir main brief dentered to street address)		R	oom/suite	E Tele	phone	number
	Term	Specific PO BOX 122				8	77-	976-8279
	Ame	tions City or town, state or country, and ZIP + 4				F Gro	up Exe	emption
	Applij	PELLA, IA 50129-0122					nber 🕽	•
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a	a compl	eted	G Accoun	iting m	ethod:	X Cash Accrual
		Schedule A (Form 990 or 990-EZ).	٠		Other (s	specify	<b>)</b>	
ī	Websi	te: ► WWW.FAMSCO.ORG			H Check			the organization is <b>not</b>
		tempt status (check only one) $ \times$ 501(c) (3) $\rightarrow$ (insert no.) $\longrightarrow$ 4947(a)(1)	) or [	527	required to	attach	Sched	dule B (Form 990, 990-EZ, or 990-PF)
	Check							
		Form 990 return is not required, but if the organization chooses to file a return,			-			<b>,</b>
L	Add lir	ies 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 99					<b>\$</b>	161,547.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund				ıctıons		
	1	Contributions, gifts, grants, and similar amounts received				1	1	160,994.
	2	Program service revenue including government fees and contracts				Ī	2	
	3	Membership dues and assessments				Ī	3	
	4	Investment income				Ī	4	553.
	5a	Gross amount from sale of assets other than inventory	5a			Ī		0000
	b	Less; cost or other basis and sales expenses	5b					
	C	Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a)					5c	•
ā	6	Special events and activities (complete applicable parts of Schedule G). If any amount is	from <b>a</b> a	amina. ch	eck here			
en	•	Gross revenue (not including)\$		<b></b>		_		
Revenue	-		6a			ĺ		
_	Ь	Less: direct expenses of the than fundraising expenses	6b					
	, c						6c	
	7a	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  Gross sales of inventory, less returns and allowances	7a			ŀ		
	Ь	Less: cost of goods sold	7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8	Other revenue (describe				١ , ١	8	
	9	<b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	161,547.
	10		STMT	4			10	131,196.
	11	Benefits paid to or for members				Ī	11	
Ś	12	Salaries, other compensation, and employee benefits				Ī	12	
penses	13	Professional fees and other payments to independent contractors				Ī	13	510.
be	14	· · · · · · · · · · · · · · · · · · ·	EE S	TATE	MENT	3	14	2,803.
Ä	15	Printing, publications, postage, and shipping				Ī	15	456.
	16	Other expenses (describe ► OTHER				) [	16	1,077.
	17	Total expenses. Add lines 10 through 16				` [	17	136,042.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	25,505.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						-
Net Assets		(must agree with end-of-year figure reported on prior year's return)					19	130,777.
et	20	Other changes in net assets or fund balances (attach explanation)				[	20	
z	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	156,282.
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more	re, file Fo	orm 990 ı	nstead of Fo	rm 990	)-EZ.	
		(See the instructions for Part II.)		(A) E	Beginning of	f year		(B) End of year
22	2 Cas	sh, savings, and investments			110,	464	. 22	129,849.
23		nd and buildings					23	
24	4 Oth	er assets (describe SEE STATEMENT	1 )		20,	313		26,433.
2		al assets			130,			156,282.
26	6 To	al liabilities (describe >	)			0	. 26	0.
27	7 Ne	assets or fund balances (line 27 of column (B) must agree with line 21)			130,	777	. 27	
932 02-	2171 -08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instru	uctions.					Form <b>990-EZ</b> (2009)

ROTARY DISTRICT 6000 HUMANITARIAN AND

Form 990-EZ (2009) EDUCATIONAL FOUNDATION IN	C		42-	13477	79 Page 2
Part III Statement of Program Service Accomplishmen				i	penses
What is the organization's primary exempt purpose? SEE STATEMENT	6	<u> </u>		1	r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purp		ise manner, descri	be		) organizations and
the services provided, the number of persons benefited, and other relevant				for others )	7(a)(1) trusts, optional
28 ACQUIRING MEDICAL AND HOSPITAL EQUI					
DONATION TO NEEDY COMMUNITIES LOCAT				}	
STATES.				<u> </u>	
(Grants \$ 2,663.) If this amount includes foreign g	rants, check here	<b>•</b>	X	28a	
29 ACQUIRING EDUCATIONAL EQUIPMENT AND		DONATION			<del></del>
TO NEEDY COMMUNITIES LOCATED OUTSID				,	
TO HELD COLLEGE DOCUMENTS		<u></u>		1	
(Grants \$ 37, 129.) If this amount includes foreign g	rants check here	<b>\</b>		29a	
30 PROVIDING DISASTER RELIEF THROUGH T		N OF THE		238	<del></del>
SERVICES OF OTHER HUMAN SERVICE AGE		II OI IIII			
DERVICED OF OTHER HOMAN DERVICE AGE	HCIED.				
(Grants \$ 21,733.) If this amount includes foreign g	ranta abaak bara		X	30a	
31 Other program services (attach schedule) SEE STATEMENT			لما	304	
		_			
<u> </u>	rants, check here			31a	0
32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key E	mnlovees			32	0.
Part IV List of Officers, Directors, Trustees, and Rey L	List each one ev	en if not compensated (			or Part IV)
	(b) Title and average hours	(c) Compensation	, ,	ntributions imployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)	ľ	eferred	other allowances
			com	pensation	
	PRESIDENT	_			_
1681 WILSON AVE, IOWA CITY, IA 52246	0.00	0.		0.	0.
	VICE PRESIDEN	r			
307 N 7TH AVENUE, IOWA CITY, IA 52245		0.		0.	0.
	SECRETARY				
DRIVE, CORALVILL, IA 52241	0.00	0.		0.	0.
JAMES R. KENNEDY, 1811 N DUBUQUE	TREASURER				
ROAD, IOWA CITY, IA 52245	0.00	0.		0.	0.
BROCK EARNHARDT	DIRECTOR				
1738 E 43RD ST, DAVENPORT, IA 52807	0.00	0.		0.	0.
	DIRECTOR				
1801 4TH AVENUE, GRINNELL, IA 50112	0.00	0.		0.	
	DIRECTOR	_			
INDIANOLA, IA 50125	0.00	0.		0.	0.
	DIRECTOR				
NE, SWISHER, IA 52338	0.00	0.		0.	0.
	DIRECTOR				
813 3RD AVENUE, IOWA CITY, IA 52245	0.00	0.		0.	0.
010 0110 111101 10111 0111 0111	0.00	-			
					-
					-
		:			
		]			

Form 990-EZ (2009) EDUCATIONAL FOUNDATION INC

42-1347779

Page 3

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
5	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			İ
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a	L	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
16	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
18 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 N/A			
Ь	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it 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	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			]
	organization • 0.		ĺ	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
11	List the states with which a copy of this return is filed.   NONE		•	
	The organization's books are in care of ► SANDY PICKUP Telephone no. ► 319-33	38-5	516	
	Located at ▶ 818 3RD AVENUE, IOWA CITY, IA ZIP+4 ▶ 5			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			X
C	·	42c		
C	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
c 13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	42c	<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c	<b>•</b>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			N.
13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	N/A		
13 14	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
13	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	N/A		

# ROTARY DISTRICT 6000 HUMANITARIAN AND

Form	990-E	Z (2009)	EDUCATION	ONAL	FOUNDA	TION	INC				42-1347	779	)	Page 4
Pa	rt VI							)(1) nonexemp must answer quest						
46	Did th	ne organization	n engage in direct o	or indirect p	political campa	ugn activitie	es on behal	f of or in opposition t	o candidates	for public	;		Yes	No
			omplete Schedul			•		••		•		46		X
			n engage in lobbyin			omplete S	chedule C	, Part II				47		X
		-		-		-		plete Schedule E				48		Х
49 a	Did th	ne organization	n make any transfei	rs to an ex	empt non-chai	ritable relate	ed organiza	ition?				49a		X
		=	ated organization a				•					49b	1	
50	Comp	lete this table	-	n's five hig	hest compens	sated emplo	-	r than officers, direct	ors, trustees a	and key e	mployees) who e		ceived	more
	_	(a) Name	e and address of ea than \$10		yee paid more			itle and average hour er week devoted to position	rs (c) Comp	ensation	(d) Contribution to employee benefit plans & deferred compensation	d a	e) Exp eccoun er allov	
					-									
51	Comp	olete this table lization. If ther	e is none, enter "No 1	n's five hig one." NONE	hest compens			tractors who each re			· · · · · ·			
		(a) Nam	e and address of e	ach indepe	ndent contrac	tor paid mo	ore than \$1	00,000	(b) T	ype of sei	vice (	c) Cor	npensa	tion
									-					
d 	Total		ner independent co						_					
Sign Here		Signature  KAR	proplete peclaration of officer  IN FRANK	of pytharer (c	PRESID	is based on a	g accompany all information	ing schedules and staten n of which preparer has a	nents, and to th	e best of m	Date Date	/_	s true,	
Paid Prepa		Prepare 's s	gnature	W 6	Lou	ئىي	Date	01/18/11	theck if self-	Prep	parer's identifying n	umber	(See ins	r)
Use C	Inly	Firm's name (or yo if self-employed), address, and ZIP +	1055	JORDA		K PKW	ry, st	PC JITE 120		EIN I	e <b>&gt;</b>	0.0	001	
May t	he IRS		return with the pre		VI above? See		15 15	- 5841		1110.		ΧĮγ	es [	No (2009)

### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

| 2009

**Employer identification number** 

Schedule A (Form 990 or 990-EZ) 2009

**2009** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

ROTARY DISTRICT 6000 HUMANITARIAN AND

Open to Public Inspection

				ONAL FOUNDAT						42	<u>2-1347779</u>	<u> </u>
Pá	art I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t ) See ins	tructions			-
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)				
1		A church, co	nvention of churche	s, or association of chur	ches desc	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)	).			
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)							
3		A hospital or	a cooperative hospi	ital service organization	described	n section	170(b)(1)	(A)(iii).				
4		A medical res	search organization	operated in conjunction	with a hos	prtal descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital's nan	ne,
		city, and stat	te									
5		An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	it describe	ed in	
		section 170	(b)(1)(A)(iv). (Compl	ete Part II )								
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).				
7	$\mathbf{x}$	An organizati	on that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	public described	ın
		section 170(	(b)(1)(A)(vi). (Comple	ete Part II)								
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9		An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	ıp fees, an	id gross receipts	from
		activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33 1	1/3% of its	s support	from gross inves	tment
		income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	ifter June 30, 19	75
	_	See section	509(a)(2). (Complete	e Part III)								
10	Ш	An organizati	ion organized and o	perated exclusively to te	st for publ	c safety S	See <b>sect</b> io	n 509(a)(4	4).			
11		An organizati	ion organized and op	perated exclusively for the	ne benefit (	of, to perfo	orm the fui	nctions of,	, or to carr	y out the	purposes of one	or
				ations described in secti				2) See <b>se</b> e	ction <b>509</b> (	(a)(3). Che	ck the box that	
				organization and compl						_	•	
	$\overline{}$	a Type			• • •	e III · Fund	•	•		d 📖	Type III - Other	
e	•	_		at the organization is not		-	•	•		•		an
			-	han one or more publicl		_				9(a)(1) or s	section 509(a)(2)	
1				tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
			rganization, check th		_					_		
ć	l	_		organization accepted ar			•		• •		[	T
		••	•	lirectly controls, either al	one or tog	etner with	persons c	escribed	ın (II) and (	(III) below,	Yes	No
		-	• •	upported organization?							11g(i)	-
		• •	•	n described in (i) above?		-0					11g(ii)	┼
		• •	•	person described in (i)							11g(iii)	1
+	1	Provide the f	ollowing information	about the supported or	ganization	(S).						
				(iii) Type of	Viv.) Is the c	organization	(v) Did voi	u notify the	(vi) Is	sthe		
(1		of supported	(ii) EIN	organization	in col. (i) lis				organizati	on in col.	(vii) Amount o	)†
	Ulgi	anization	l	(described on lines 1-9 above or IRC section	governing			r support?	(i) organiz U.S	.?	support	
				(see instructions))	Yes	No	Yes	No	Yes	No		
			-								<u>-</u>	
					1							
									ļ			
									-	<del>   </del>		
		<i></i>			ļ			ļ				
Γota	al											

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

### ROTARY DISTRICT 6000 HUMANITARIAN AND

Schedule A (Form 990 or 990-EZ) 2009 EDUCATIONAL FOUNDATION INC 42-1347779 Page 2 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 beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 298,541. 185,045. 169,868. 251,424. 160,994. include any "unusual grants") 1.065.872. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 185,045. 169,868. 298,541. 251,424. 160,994. 4 Total, Add lines 1 through 3 1 065 872. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 490,201. 575,671. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 298,541 185,045 169,868 251,424 160,994 7 Amounts from line 4 1,065,872. Gross income from interest. dividends, payments received on securities loans, rents, royalties 186 323 1,409 498 553 and income from similar sources 2,969. 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 1,048 1,048. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 1,069,889. 12 12 Gross receipts from related activities, etc. (see instructions) 13 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 53.81 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 49.01 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright [X]$ 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

Part III   Support Schedule for C	rganizations	Described in	Section 509(a	(Complete only	ıf you checked the	box on line 9 of Part I.)
Section A. Public Support		T	<del></del>	Т	T	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")				-		
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513	<del></del>	ļ <u> </u>				
4 Tax revenues levied for the organ-		1				
ization's benefit and either paid to						
or expended on its behalf				<b>_</b>		
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, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			-			
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		,			<u>'</u>	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			\ - \		11-7	
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses			•		į	
acquired after June 30, 1975			<u></u>			
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on  12 Other income Do not include gain	<del></del>	<del> </del>			-	
or loss from the sale of capital						
assets (Explain in Part IV)						· · · · · · · · · · · · · · · · · · ·
13 Total support (Add lines 9, 10c, 11, and 12)	the experient on	a first seemed thu			- F01(a)(0)	
14 First five years. If the Form 990 is for	trie organization	s iirst, second, triii	d, lourin, or little	ax year as a secut	on soricits) organ	ization,
check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage	<del></del>			
15 Public support percentage for 2009 (li			column (fi)		15	
16 Public support percentage from 2008		· ·	Joidini (i/)		16	<u>%</u> %
Section D. Computation of Inves			<del></del>		10	
17 Investment income percentage for 20			ne 13. column /f/\	<del>_</del> .	17	%
	•	•	ie 13, column (i))		18	
18 Investment income percentage from 2 19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than '		
more than 33 1/3%, check this box ar						17 IS HUL
b 33 1/3% support tests - 2008. If the				_		and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization		-			_	
	. Lia riot priporta	227 011 1110 171, 10	_, J. 100, 01100K ti			90 or 990-EZ) 2009

FORM 990-EZ	OTHER ASSETS		STATEMENT 1
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CORDOVA FIRE TRUCK		2,750.	2,750.
RUSSELL FIRE TRUCK		3,500.	3,500.
BOUTON FIRE TRUCK #1		1,600.	1,600.
BOUTON FIRE TRUCK #2		1,600.	1,600.
OTTUMWA AMBULANCE		3,000.	3,000.
MANNING RESCUE TRUCK		600.	0.
77 AMERICAN LAFRANCE FIRE TRUCK		5,000.	5,000.
STONE PARK FIRE TRUCK		0.	8,000.
OTHER DEPRECIABLE ASSETS		2,263.	983.
TOTAL TO FORM 990-EZ, LINE 24		20,313.	26,433.
	FOOTNOTES		STATEMENT 2

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND	MAINTENANCE	STATEMENT	3
DESCRIPTION		AMOUNT	
DEPRECIATION OTHER EXPENSES		1,28 1,52	
TOTAL TO FORM 990-EZ, LINE 14		2,80	)3.
FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	4
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	ŗ
DISTRICT 6000 YOUTH SERVICES	NONE	1,68	35.
IOWA DISASTER RELIEF ROTARY CLUB OF WASHINGTON IOWA	NONE	10,00	00.
IOWA DISASTER RELIEF ROTARY CLUB OF BURLINGTON IOWA	NONE	11,73	33.
IOWA DISASTER RELIEF ROTARY CLUB OF IOWA CITY AM	NONE	4,91	L <b>O.</b>
IOWA DISASTER RELIEF ROTARY CLUB OF MUSCATINE IOWA	NONE	3,00	00.
MEDICAL EQUIPMENT IOWA M.O.S.T.	NONE	4,49	93.

ROTARY DISTRICT 6000 HUMANITARIAN AND ED		42-1347779
ROTARY MATCHING GRANT ROTARY CLUB OF CLINTON IOWA	NONE	36,625.
MISCELLANEOUS DONATIONS HABITAT FOR HUMANITY	NONE	600.
ROTARY MATCHING GRANT ROTARY CLUB OF MT PLEASANT EVENING	NONE	5,000.
SCHOLARSHIPS - BOONE IOWA STUDENTS	NONE	10,000.
SCHOLARSHIPS - SCIENCE	NONE	5,000.
XICOTEPEC PROJECT ROTARY CLUB OF XICOTEPEC MEXICO	NONE	32,783.
XICOTEPEC PROJECT VARIOUS	NONE	3,351.
IOWA CITY AM CLUB PROJECT VARIOUS	NONE	2,016.
MOMENT THAT YERD ON BODY COO. TO THE TOTAL CO.		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		131,196.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATE	MENT	5
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[ ]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[ ]	YES	[X]	NO

990-EZ PG 2

STATEMENT

6

TO ACQUIRE, EITHER BY GIFT OR PURCHASE, FIRE TRUCKS AND OTHER FIRE PREVENTION EQUIPMENT ALONG WITH MEDICAL AND SCHOOL SUPPLIES FOR THE PURPOSE OF DONATING THE SAME TO COUNTRIES LOCATED OUTSIDE THE UNITED STATES WHO ARE IN NEED OF SUCH EQUIPMENT AND UNABLE TO PURCHASE THE SAME DUE TO FINANCIAL HARDSHIP AND TO UTILIZE THE SERVICES OF OTHER HUMAN SERVICE AGENCIES DEDICATED TO ACHIEVING THE SAME OR SIMILAR BENEFITS. PROVIDE DISASTER RELIEF FOR AREAS BOTH INSIDE AND OUTSIDE THE UNITED STATES. PROVIDING SCHOLARSHIPS FOR STUDENTS IN DISTRICT 6000 OF ROTARY INTERNATIONAL

FORM 990-EZ OTHER PROGRAM SERVICES		PATEMENT 7
DESCRIPTION	GRANTS	EXPENSES
SCHOLARSHIPS	12,000.	0.
YOUTH SERVICES	1,685.	0.
RAJKOT MATCHING GRANT	5,000.	0.
MISCELLANEOUS CONTRIBUTIONS	600.	0.
TOTAL TO FORM 990-EZ, LINE 31	19,285.	