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Department of the Treasury Internal Revenue Service ...

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

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

Open to Public Inspection

<u>A</u>	FOR LINE	e 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
В	Check if applicabl	Please use IRS	D Employer identific	eation number
X	Addre			-
	Name	type 5	11-0	032110
	initial return	/ Number and street (or P t) how it mail to not delivered to street address t. Hoom/s	uite E Telephone number	
	Terminated	instruc-	508.	674.3114
<u> </u>	Amen- return Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	57,569.
L_	tion pendi:	TABB KIVBK, NA 02722	H(a) Is this a group re	
		F Name and address of principal officer: James Collins 33 Swindells Street, Fal River, MA 02720	for affiliates?	Yes X No
<u> </u>	Tayıey	empt status: X 501(c) (3) ◀ (insert no.)	H(b) Are all affiliates inc	luded? Yes No
		te: ► N/A	H(c) Group exemption	
				State of legal domicile MA
	art i	Summary		
& Governance		Briefly describe the organization's mission or most significant activities: <u>AWARDS</u> GCHARITIES	IFTS AND GRAN	TS TO LOCAL
īna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
ove	1	Number of voting members of the governing body (Part VI, line 1a)	3	12
ص ھ		Number of independent voting members of the governing body (Part VI, line 1b)	4	12
ies =	5	Total number of employees (Part V, line 2a)	5	0
Activities	6	Total number of volunteers (estimate if necessary)	6	0
≓.ĕ	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
-	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	7b Prior Year	Current Year
AR	8	Contributions and grants (Part VIII, line 1h)	31,490.	47,312.
Σž	1	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,469.	10,257.
Z	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
SCANNED MAR		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,959.	57,569.
Š		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	42,375.	29,067.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		
ber	Ь	Total fundraising expenses (Part IX, column (D), line 25)		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	679.	4,617.
	1		43,054.	33,684.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) Revenue less expenses. Subtract line 18 from line 12RE CEIVED	<95.	> 23,885.
Net Assets or		0011	Beginning of Current Year	End of Year .
Sset	20	Total assets (Part X, line 16)	263,679.	306,610.
let A	21	Total liabilities (Part X, line 26)	263,679.	306,610.
	art II	Net assets or fund balances. Subtract line 21 from-line 20	203,079.	300,010.
<u></u>	412 16	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ents, and to the best of my knowled	ge and belief, it is true, correct,
	,	and complete Disclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	edge]
Sig	gn √	In the	1 2/15	5/1/
He	re	Sugnature of officer	Date /	/ '
		Jámes Collins, President		
		Type or print name and title	Check if Prepare	er's identifying number
Pai	d	Preparer's signature 02/10/11	self- (see in:	structions)
Pre	parer's	Firm's name (or / WATTER V. GORDON TR. CPA	employed ► X	
Usi	Only	self-employed), 56 NORTH MAIN STREET	CIIV	
		address, and ZIP+4 FALL RIVER, MA 02720	Phone no	
Ma	y the I	IRS discuss this return with the preparer shown above? (see instructions)	1. 3000 30	Yes No
				F 000 (0000)

	990 (2009)		TARY CLUB FOUNDATION	ON 11-00	32110	Page 2
		of Program Service Acc				
,	Briefly describe the c	organization's mission: NC	one			
				-		
2	Did the organization	undertake any significant progr	am services during the year which we	re not listed on		
	the prior Form 990 or		and your men we	To that haded on	□Yes	X No
	If "Yes," describe the	ese new services on Schedule ()			
3	Did the organization	cease conducting, or make sigi	nificant changes in how it conducts, a	ny program services?	Yes	X No
	If "Yes," describe the	ese changes on Schedule O.				
1			h of the organization's three largest pr			
			ection 4947(a)(1) trusts are required to			
	allocations to others,	the total expenses, and revenu	ue, if any, for each program service rep	ported.		
ŧa	(Code:) (Expenses \$ 33	,684 · including grants of \$	29,067.)(Revenue\$		
ra		LOCAL CHARITABL	F ORGANIZATIONS	29,007.)(Hevenue \$		
		LOGIE CIMICITIES	ORGANIZATIONS		,	
		· · · · · · · · · · · · · · · · · · ·				
						_
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	· · · ·	
	(Code.) (Expenses ψ	moduling grants of ψ) (Nevende Φ		,
						-
				 		· · · · · · ·
	-					
				·····		
				,		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
					 	
		······································				
			· -			
						
			····			
1d	Other program service	ces. (Describe in Schedule O.)				

Form **990** (2009)

Part IV Checklist of Required Schedules

•			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_	_X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
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		X
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		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		٠	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI			
•	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			,
•	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.			
•	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 separate or consolidated limitarious statements for the tax year include a roomote 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 statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII	12	ĺ	Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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	<u> </u>	X
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			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
	complete Schedule G, Part III	19 20	+	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	(2009)

_	11-003 FALL RIVER ROTARY CLUB FOUNDATION 11-003	<u> 2110</u>	<u> </u>	age 4
Pa	rt Ⅳ Checklist of Required Schedules (continued)			
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			ļ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1-0		<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		i	_
	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	 	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	-	
С	any tax-exempt bonds?	045		
		24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-	1	v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
b	5	ļ		
	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	- 1	ļ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ		
	Schedule N, Part II	32		X
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		1	
	If "Yes," complete Schedule R, Part V, line 2	35		X
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			
J,	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37		X

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.

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them.)

Form **990** (2009)

12a

11b

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

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	12			
b	Enter the number of voting members that are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervisior	ո			
	of officers, directors or trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the				
	governing body?			7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following:					
а	The governing body?			8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)				
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			10b		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?		11	X	
11A						.,
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld give rise				
	to conflicts?			12b		
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe		40		
40	in Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?	-1		14		
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official			15a	•	Х
						X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment with a				
. 54	taxable entity during the year?	HOILE WILLI G		16a	•	Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate its participati	on			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		Ì
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (501(c)(3)s only) a	vailable	for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of interest p	olicy, ar	nd fina	incial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a		rganıza	tion. 🕨	-	
	CITIZENS-UNION SAVING BANK TRUST DE - 508.678.7641	·		_		
	4 SOUTH MAIN ST., FALL RIVER, MA 02721					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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 employee."
- 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.

X Check this box if the organization did no	i i	y cu	rren			, dire	ecto			
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)					k A	Reportable	Reportable	Estimated
	hours per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee		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
TAMES COLL THE		=	-	0	×	Ξ 65	<u>"</u>			
JAMES COLLINS	0.50								_	
PRESIDENT	0.50	ļ	_	<u> </u>		_	ļ	0.	0.	0.
ROGER CABRAL	0.50									
VICE PRESIDENT	0.50	<u> </u>		ļ.,		ļ	ļ	0.	0.	0.
PAULA RAPOSA										
SECRETARY	0.50				_			0.	0.	0.
CHARLENE JAREST		İ						_ i		
TREASURER.	0.50	<u> </u>						0.	0.	0.
ROBERT LAWRENCE				1			}	_	_	_
BOARD MEMBER	0.50					<u> </u>		0.	0.	0.
DOUGLAS RODERIGUES			ŀ							
BOARD MEMBER	0.50	<u> </u>	<u> </u>	<u> </u>		<u> </u>	ļ	0.	0.	0.
JOAN MEDEIROS				ŀ		ŀ			_	
BOARD MEMBER	0.50						<u> </u>	0.	0.	0.
PAULA RAPOSA						1		_	_	
BOARD MEMBER	0.50							0.	0.	0.
DORENE MENEZES			l							
BOARD MEMBER	0.50		<u> </u>		<u> </u>	_	<u> </u>	0.	0.	0.
CHARLENE JAREST										
BOARD MEMBER	0.50							0.	0.	0.
RICHARD LAFRANCE										
BOARD MEMBER	0.50				<u> </u>			0.	0.	0.
HARVEY TRIEFF										1
BOARD MEMBER	0.50				<u> </u>			0.	0.	0.
BETH FAY				İ		ĺ				
BOARD MEMBER	0.50	<u> </u>	<u> </u>	<u> </u>		<u> </u>		0.	0.	0.
JO ANN BENTLEY		1				1				
BOARD MEMBER	0.50					-	<u> </u>	0.	0.	0.
		1	1_	1	<u>L.</u>	1	<u> </u>			

, (A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable			(F) mated	d
	hours per week	Individual trustee or director		all t	hat			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS		compo froi orgai	m the nization relate	ion on ed
												_	
 Total Total number of individuals (including but recompensation from the organization 	not limited to th	nose	liste	ed at	00V6	e) wh	no re	0 . eceived more than \$100		0.		/es	0. 0
 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si 	such individual										3		Х
and related organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete Scheel Section B. Independent Contractors	accrue compe	nsat	ion f						ices rendered to		5		X
Complete this table for your five highest country the organization. NONE	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	pensa	ation fro	om	
(A) Name and business	s address							(B) Description of s	services	C	(C) ompens		1
		_	_										
Total number of independent contractors (\$100,000 in compensation from the organi		ot li	mıte	d to		se li	stec	above) who received n	nore than				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	29,067.	29,067.		
3	Grants and other assistance to governments,				ı
	organizations, and individuals outside the U.S			ļ	
	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)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	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) bank fees	1,685.	1,685.		<u> </u>
a	Reimb for int'l svc pro	1,118.	1,118.		
b	reimb for backpacks	910.	910.	 	
C	wift - for Bontunel train	465.	465.		
đ	other motors alub lunch	182.	182.		
e		257.	257.		
f	All other expenses	33,684.	33,684.	0.	0.
25	Total functional expenses. Add lines 1 through 24f Joint costs Check here ☐ if following	33,004.	33,004.		<u>-</u>
26	SOP 98-2 Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				1
	educational campaign and fundraising solicitation				
	convenional campaign and fulluraising solicitation	<u> </u>			

Par	tΧ	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
-	. 1	Cash · non-interest-bearing		44,617.	1	60,717.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	212 25	11	0.45 000	
	12	Investments - other securities. See Part IV, line	11	219,062.	12	245,893.
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		262 670	15	206 610
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	263,679.	16	306,610.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18	······································	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Payables to current and former officers, directo				
Ľ:		highest compensated employees, and disqualif	led persons. Complete Part II		22	,
_		of Schedule L	A - d Ab and a - ada -		23	
	23	Secured mortgages and notes payable to unrel			24	
	24	Unsecured notes and loans payable to unrelate Other liabilities. Complete Part X of Schedule D	d third parties		25	
	25 26	Total habilities. Add lines 17 through 25		0.	26	0.
	20_	Organizations that follow SFAS 117, check h	ere X and complete			
ø		lines 27 through 29, and lines 33 and 34.	oro / Lee dura domprete			
၁၁	27	Unrestricted net assets		263,679.	27	306,610.
alar	28	Temporarily restricted net assets			28	
Ö	29	Permanently restricted net assets			29	
Š	""	Organizations that do not follow SFAS 117, o	heck here			
P.		complete lines 30 through 34.				
ş	30	Capital stock or trust principal, or current funds	•		30	
SSE	31	Paid in or capital surplus, or land, building, or e			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		263,679.		306,610.
	34	Total liabilities and net assets/fund balances		263,679.	34	306,610.

Form **990** (2009)

Pa	rt XII Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		·	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			-
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FALL RIVER ROTARY CLUB FOUNDATION

Employer identification number
11-0032110

Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.					
The organ	ization is not a	private foundation b	pecause it is: (For lines 1	through 1	11, check o	only one b	ox.)		-				
1 🔲	A church, cor	vention of churches	, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)						
2 🗀	A school des	cribed in section 176	0(b)(1)(A)(ii). (Attach Sc	hedule E)									
з 🔲	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).						
4			perated in conjunction					(b)(1)(A)(iii	i). Enter ti	he hospital'	's name,		
	city, and state	e:											
5 🔲	An organizati	on operated for the t	penefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	ed In			
	section 170	(b)(1)(A)(iv). (Comple	te Part II.)										
6 🗌	A federal, sta	te, or local governme	ent or governmental unit	t described	d in section	n 170(b)(1)(A)(v).						
7 X	An organizati	on that normally rece	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic desci	ribed in		
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🗀	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9 🗌	An organizati	on that normally rece	eives: (1) more than 33 1	1/3% of its	support fr	om contri	outions, m	nembership	o fees, ar	nd gross red	ceipts from		
	activities rela	ted to its exempt fun	ctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	investment		
	income and u	inrelated business ta	xable income (less sect	tion 511 ta	x) from bus	sinesses a	cquired b	y the orga	nization a	after June 3	0, 1975		
	See section	509(a)(2). (Complete	Part III)										
10 🔲	An organizati	on organized and op	erated exclusively to te	st for publi	ıc safety. S	ee sectio	n 509(a)(4	l).					
11 🔲	An organizati	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	ctions of,	or to carry	out the	purposes o	f one or		
	more publicly	supported organiza	tions described in secti	on 509(a)(⁻	1) or sectio	n 509(a)(2). See sec	ction 509(a	a)(<mark>3).</mark> Che	ck the box	that		
	describes the	type of supporting	organization and compl	et <u>e lin</u> es 1	1e through	11h				•			
	a Type I	b] Type II 💢 🤇	г 📖 Тур	e III - Func	tionally int	egrated		d	Type III - C	Other		
e 🗀			t the organization is not										
	foundation m	anagers and other th	nan one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	(a)(1) or s	section 509	(a)(2).		
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		rganization, check th											
9			rganization accepted ar										
	(i) A perso	n who directly or indi	rectly controls, either al	lone or tog	ether with	persons c	lescribed i	ın (ıı) and (ı	III) below,	l l	Yes No		
	•		ipported organization?							11g(i)	 		
			described in (i) above?							11g(ii)	 		
	-	•	person described in (i)							11g(iii)	<u> </u>		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).								
		1	(iii) Tune of	l		1		() 10	45.0				
	of supported	(ii) EIN	(iii) Type of organization		organization		-	Lorganizatio	on in col 1		nount of		
org	anızatıon		(described on lines 1-9		sted in your document?			(i) organiz U S	ed in the	sup	port		
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
		<u></u>	(200 1112111101111111))	162	NO	162	140	163	140				
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Total													
Total	Privacy Act as	nd Panerwork Bodu	ction Act Notice, see t	he Instruc	tions for	}	·	Schedul	e A (For	n 990 or 90	90-EZ) 2009		
	i ilitacy motal	ia i aperitorit neuu	v.,vii Avi 1401106, 366 l						1. 011	555 5. 56	,		

Form 990 or 990-EZ.

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)

Sec	ction A. Public Support						
Cale	endar 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						
	Include any "unusual grants.")	73,504.	12,233.	46,664.	31,490.	47,312.	211,203.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			Ì			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
4	Total. Add lines 1 through 3	73,504.	12,233.	46,664.	31,490.	47,312.	211,203.
5	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			1			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						211,203.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	73,504.	12,233.	46,664.	31,490.	47,312.	(f) Total 211,203.
8	Gross income from interest,					1111	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	10,837.	15,836.	13,273.	11,469.	10,257.	61,672.
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 through 10						272,875.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						▶ □
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2009 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	77.40 %
	Public support percentage from 2008					15	71.95 %
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2008.If the o	rganization did not	check a box on lir	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	• •					
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac		•	•	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	-		•	•		
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						,
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instruction	s •

Sch	edule A (Form 990 or 990-EZ) 2009 art III Support Schedule for C)rganizations	Described in	Section 500/a	1(2) (2		Page 3			
Se	ction A. Public Support	zi gai lizatioi is	Described in	Section 509(a)	(Complete onl	y if you checked the bo	ox on line 9 of Part I)			
	endar year (or fiscal year beginning in)	(a) 2005	(h) 0006	(=) 0007	(4) 0000	4.1.0000	/0.T. i. i			
	Gifts, grants, contributions, and	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
•	membership fees received. (Do not				1					
	include 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									
4	Tax revenues levied for the organ-									
	ızatıon'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			,						
78	Amounts included on lines 1, 2, and		1							
	3 received from disqualified persons		 			-				
t	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		-							
	Add lines 7a and 7b		ļ		· · · · · · · · · · · · · · · · · · ·					
	Public support (Subtract line 7c from line 6) ction B. Total Support		<u>l</u>		1.					
		(a) 0005	(h) 0000	(=) 0007	4.0000	4-1 0000	(0 T. t. l			
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
-	a Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources									
ŀ	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
(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					1				
12	Other income Do not include gain									
	or loss from the sale of capital assets (Explain in Part IV.)									
13	Total support (Add lines 9, 10c, 11, and 12)					<u> </u>				
14	First five years. If the Form 990 is for	the organization	s first, second, thir	d, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organiz	ation,			
_	check this box and stop here						<u>▶</u>			
Se	ction C. Computation of Publ									
15	Public support percentage for 2009 (•	column (f))		15	%			
16	Public support percentage from 2008					16	%			
	ction D. Computation of Inve					1 1				
	17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))				17 %					
	18 Investment income percentage from 2008 Schedule A, Part III, line 17									
		and the second second second	19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	33 1/3% support tests - 2009. If the						/ IS NOT			
198	a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organi	zation	▶ □			
198	a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a o 33 1/3% support tests - 2008. If the	nd stop here. The organization did	organization quali not check a box or	fies as a publicly s Iline 14 or line 19a	upported organi a, and line 16 is n	zation nore than 33 1/3%, a	▶ □			
19a	a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a	ndstop here. The organization did seck this box ands	organization quali not check a box or top here. The orga	fies as a publicly s Iline 14 or line 19a nization qualifies a	upported organi a, and line 16 is n as a publicly supp	zation nore than 33 1/3%, a ported organization	▶ □			

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

FALL RIVER ROTARY CLUB FOUNDATION

Employer identification number 11-0032110

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, lin	y =					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring				
	Impermissible private benefit?		Yes No				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an h	istorically important land area				
	Protection of natural habitat	Preservation of a ce	rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by ti	he organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea	asement is located 🕨					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	f				
	$\mbox{\sc violations},$ and enforcement of the conservation easements	it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	ig the year ► \$				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	'0(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for				
	conservation easements.						
Pa	TIII Organizations Maintaining Collections of		Other Similar Assets.				
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116, no						
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	public service, provide, in Part XIV, the text of				
	the footnote to its financial statements that describes these						
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,				
	or other similar assets held for public exhibition, education,	or research in furtherance of public servi	ce, provide the following amounts relating to				
	these items						
	(i) Revenues included in Form 990, Part VIII, line 1		S				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, historical tre		al gain, provide				
	the following amounts required to be reported under SFAS:	116 relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
b	Assets included in Form 990, Part X		▶ \$				

		VER ROTARY	_					<u>1-003</u>			
Par	t III `Organizations Maintaining C	collections of A	rt, Histo	rical Tre	easures, o	r Other	Simila	r Asset	S (conti	nued)	
з.	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the	following that	are a sig	nificant u	se of its c	ollection	ı items	s
	(check all that apply).										
а	Public exhibition	d	ىا ليا ن	oan or excl	nange progra	ms					
b	Scholarly research	е	o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatio	n's exem	pt purpos	se in Part	XIV		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical treas	sures, or othe	r sımılar a	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organi	zation's co	llection?				Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if orga	nization an	swered "Yes	to Form	990, Par	t IV, line 9	, or		
1a	Is the . ganization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes] No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing ta	ble:							
									Amount	Į	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did this organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes ' explain the arrangement in Part XIV										
Par	†V Endowment Funds. Complete	f the organization an	swered "	Yes" to Fo	m 990, Part	V, line 10)				
		(a) Current year	(b) Pri	or year	(c) Two year	s back (c	d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance								**		
b	Cc tributions										
C	Net invistment earnings, gains, and losses				.,						
d	Grants or scholarships								, 		
е	Other apenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	ar end balance held a	as:		•••••••••••						
а	Board designated or quasi-endowment		%								
b	Permanent andowment	%									
С	Terrn -, dov/ment ▶	%									
3a	Are the endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	red for the	e organiza	ation			
	by								[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If ' 'es' to 3a(ii), are the related organization	s listed as required o	n Schedu	ıle R?					3b		
4	De cribe in Part XIV the intended uses of the	e organization's endo	owment fu	ınds.							
Pa					, Part X, line	0					
	. cription of investment	(a) Cost or o	ther	(b) Cost		(c) Acc	cumulated reciation	3	(d) Bool	k value	
1a	Land					· · · · · · · · · · · · · · · · · · ·					
	Buildings							1			
	Leusehold improvements							1			
d	Ec ipr nt										
	O er										
	I.A dla data through 1e. (Column (d) must e	equal Form 990. Part	X, columi	n (B), line 1	O(c))			>			0.
							_				

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other			
···	245,893.	End-of-Year Marke	t value
			
		- <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	
			
Total. (C+1/b) perst equal Form 990, Part X, col (B) line 12)	245,893.		·····
Part II /estments - Program Related		3	
		(c) Method of val	uation
(a) Description of investment type	(b) Book value	Cost or end-of-year m	
			·
	-		· · · · · · · · · · · · · · · · · · ·
			- 11.
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	>	1.17	
Part IX Other Assets. See Form 990, Part X,	line 15.	<u></u>	
LEATHER III	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		>
Part X Other Liabilities. See Form 990, Par			
(a) Description of liability		(b) Amount	
Federal income trixes			
Total. ((lumi)) must equal Form 990, Part X, col (B) line 25)		

2. FIN 43 Footnate. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

	dule D (Form 990) 2009 FALL RIVER ROTARY CLUB FOU			11-003	2110 Page 4
Pa	t Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	cial Stat	ements	
1	Tctal revenue (Form 990, Part VIII, column (A), line 12)		1		57,569.
2	Tctal expenses (Form 990, Part IX, column (A), line 25)		2		33,684.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		23,885.
4	Net unrealized gains (losses) on investments		4		19,046.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	P or period adjustments		7		
8	Other (Describe in Part XIV.)		8		10 046
9	Total adjustments (net). Add lines 4 through 8		9		19,046. 42,931.
10	E. cess or (deficit) for the year per audited financial statements. Combine lines 3 ar XII Reconciliation of Revenue per Audited Financial Statements.		10	Doturn	42,931.
1	Total revenue, gains, and other support per audited financial statements	SIILS WILLI NEVE	nue per	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	N-t unrealized gains on investments	2a			
a b	D nated services and use of facilities	2b		-	
0	Ricoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV.)	2d		- 	
u	A Id lines 2a through 2d	20		2e	
3	Subtract line 2e from line 1			3	
4	A.nounts included on Form 990, Part VIII, line 12, but not on line 1:			-3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	C'her (Deucribe in Part XIV.)	4b		-	
	Arid lines 4a and 4b	(40)		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses pe		
1	T tal expenses and losses per audited financial statements			1	
2	A nounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Dinated services and use of facilities	2a			
b	Phor year adjustments	2b		7	
С	Cinerioss as	2c			
d	C her (Describe in Part XIV)	2d			
e	A !d lines 2a through 2d			2e	
3	5 btract line 2e from line 1			3	
4	A hounts included on Form 990, Part IX, line 25, but not on line 1:				
а	It restment expenses not included on Form 990, Part VIII, line 7b	4a		_]]	
b	C her (Describe in Part XIV.)	4b			
С	A ld lines 4a and 4b			4c	
5	T tal exp uses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt (IV Supplemental Information				
	ple e this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2 Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com				
					<u></u>
					
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	-		 ,-		

2 _ Schedule I (Form 990) 2009 Employer identification number 11-0032110 Open to Public, OMB No 1545-0047 2009 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of or government (a) EIN (b) EIN (c) IRC section or government (c) IRC section if applicable cash grant assistance or government (c) IRC section (c) 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. FOUNDATION Enter total number of section 501(c)(3) and government organizations CLUB FALL RIVER ROTARY General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part Part II

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11-0032110

FALL RIVER ROTARY CLUB FOUNDATION

Schedule I (Form 990) 2009

Part III

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990) `

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** FALL RIVER ROTARY CLUB FOUNDATION 11-0032110 Form 990, Part VI, Section B, line 11: Board reviews the 990 at their board meeting. Form 990, Part VI, Section C, Line 19: By request.