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F/N 36-4623017
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	ion A. Public Support			γ			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				17796	24438	42234
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0
	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
	Total. Add lines 1 through 3				17796	24438	42234
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included		1 1 77	1. 2.7			
e	on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5 , , , , ,	, 1ı	3		·	13717
	Public support. Subtract line 5 from line 4.	<u> </u>	l	<u> </u>	3 by 6		28517
	endar year (or fiscal year beginning in)	- (a) 2005	(b) 2006=-	=(c) 2007	- (d) 2008	(e) 2009 -	(f) Total
	and the same of the same	. (4),2,000	(3) 2000		17796	24438	42234
7	Amounts from line 4	<u> </u>			17730	24430	42234
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				121	47	168
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				0	0	0
11	Total support. Add lines 7 through 10 .		<u> </u>	,			42406
12	Gross receipts from related activities, etc.	(see instruction	ons) .		· ·	12	42406
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) . ► ☑
	tion C. Computation of Public Su					<u> </u>	
14	Public support percentage for 2009 (line		-	1, column (f))		14	%_
15 16a	Public support percentage from 2008 Sc 33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not o	check the box			•	
b	33% % support test—2008. If the organic box and stop here. The organization qualities	zation did not o	check a box on	line 13 or 16a,			► □ check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum	009. If the organiacts-and-circur	nzation did not enstances" test,	check a box on check this box	line 13, 16a, or and stop here.	16b, and line 14 Explain in Part	4 is 10% or IV how the
	10%-facts-and-circumstances test-2008	If the organiza	tion did not che	ck a box on line	13, 16a, 16b, or	17a and line 1	5 is 10% or
b	more, and if the organization meets the "forganization meets the "facts-and-circumsta	facts-and-circum	nstances" test, o	check this box a	and stop here.	Explain in Part	

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	tule A (Form 990 or 990-EZ) 2009	-iti D-		2	1(0)		Page 3
Par	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support	a the box of	1 1110 3 01 1 2	u c 1.,j			
	ilendar 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.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
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, and 3, received from disqualified persons	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				रेगमर्थं ४ के स्टब्स	
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						-
С	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from	100 mg		3			
Sac	tion B. Total Support	(, -, -		11 11	<u> </u>	<u></u>	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(2) 2000	(2) 2000	(6) 2007	(4) 2000	(e) 2003	(i) rotar
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b						
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,						
14	First five years. If the Form 990 is for organization, check this box and stop						
Sec	etion C. Computation of Public Su		ntage	<u></u>	• • •	· · · · ·	
15 16	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))						%
	tion D. Computation of Investmen			· · · · ·	· · · · ·	16	%
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))					17	%_
18	Investment income percentage from 20	008 Schedule A	A, Part III, line	17		18	%
19a	33\% % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line 17 is not more than 33\% %, check this box and stop here. The organization qualifies as a publicly supported organization \(\rightarrow\)						

b 33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ► □
 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► □

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

Open to Public Inspection

Name of the organization Employer identification number							tion number				
		Rotary Fou							36		1623017
	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.										
The 1 2 3 4		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
5		hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	_	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II)			governn	ientai uni	t or from	the general public
8 9 rar		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject-to-certain-exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h									
е		a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).									
f g		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box									
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above?									
(i) Name of supporganization		e of supported					(v) Did y the organ col (i)	rou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
						-					
											
											
Tota	ıl								u u		