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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY CLUB OF ROCHESTER FOUNDATION		D Employer identification number 41-1628263
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1916 SCENIC POINT LANE SW		E Telephone number (507) 252-0085
Name change				
Initial return		City or town, state or country, and ZIP + 4 ROCHESTER, MN 55902		F Group Exemption Number
Terminated				
Amended return				
Application pending				

<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>	<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
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<b>I Website:</b> <input type="checkbox"/> WWW.ROCHESTERROTARYCLUBS.ORG		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	173,538
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<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	83,867
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	3
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here <input checked="" type="checkbox"/> <input type="checkbox"/>		
	<b>a</b>	Gross revenue (not including \$ _ of contributions reported on line 1) <input checked="" type="checkbox"/> . . . . .	<b>6a</b>	89,668
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	43,151
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	46,517
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe <input checked="" type="checkbox"/> _____)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	130,387	

Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule) 	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<b>10</b>	97,996
	<b>11</b>	Benefits paid to or for members . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<b>15</b>	
	<b>16</b>	Other expenses (describe  _____)															<b>16</b>	15,141
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<b>17</b>	113,137

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,250
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	134,432
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	1,956
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	153,638

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	134,432	22 153,638
23	Land and buildings . . . . .		23
24	Other assets (describe _____)		24
25	<b>Total assets</b> . . . . .	134,432	25 153,638
26	<b>Total liabilities</b> (describe _____)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	134,432	27 153,638

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? PURPOSE IS TO PROVIDE EDUCATIONAL (CAREER AND SOCIAL) OPPORTUNITIES FOR YOUTH IN THE COMMUNITY, TO PROVIDE SUPPORT TO SOCIAL NEEDS IN THE "WORLD COMMUNITY", TO PROVIDE SUPPORT TO IMPROVING THE LOCAL COMMUNITY'S EDUCATIONAL AND SOCIAL ENVIRONMENT			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> See Additional Data Table			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	97,996

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, 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	No
c	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		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	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	No
41	List the states with which a copy of this return is filed MN		
42a	The organization's books are in care of PEGGY SCHROEDER Telephone no (507) 252-0085 1916 SCENIC POINT LANE SW Located at ROCHESTER, MN ZIP + 4 55902		
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 account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-12-14 Date	
Paid Preparer's Use Only	PAUL TIESKOETTER, Treasurer Type or print name and title			
	Preparer's signature	William A Nietz	Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	Whitewater Tax & Consulting Inc 20 East Main PO Box 610 Dodge Center, MN 55927			EIN Phone no (507) 285-0398
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A

(Form 990 or 990EZ)

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 ROTARY CLUB OF ROCHESTER FOUNDATION	Employer identification number 41-1628263
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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 include any "unusual grants.")	83,785	58,778	59,338	54,857	83,867	340,625
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	83,785	58,778	59,338	54,857	83,867	340,625
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 amount shown on line 11, column (f)						0
6 Public Support. Subtract line 5 from line 4						340,625

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	83,785	6,602	59,338	54,857	83,867	340,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,500	6,602	2,577	277	3	13,959
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						0
11 Total support (Add lines 7 through 10)						354,584
12 Gross receipts from related activities, etc (See instructions )					12	

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

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	96 060 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	94 970 %

- 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 stop here. The organization qualifies as a publicly supported organization
- ☒
- b 33 1/3% support test—2008. If the organization did not check the 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 41-1628263

Name: ROTARY CLUB OF ROCHESTER FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> ROTARY SHELTERBOX PROGRAM - FUNDS WERE USED FOR THE SHELTERBOX PROGRAM WHICH IS AN INTERNATIONAL DISASTER RELIEF CHARITY THAT DELIVERS EMERGENCY SHELTER, WARMTH AND DIGNITY TO PEOPLE AFFECTED BY DISASTER WORLDWIDE (Grants \$ 10,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/> <input type="checkbox"/>	<b>28a</b>	
<b>29</b> WORLD COMMUNITY SERVICE PROJECTS - THIS PROJECT DIRECTS FUNDS TO VARIOUS LOCATIONS AROUND THE WORLD TO IMPROVE THE COMMUNITY AND PEOPLE TO WHERE IT IS ALLOCATED (Grants \$ 2,850) If this amount includes foreign grants, check here . . . <input type="checkbox"/> <input type="checkbox"/>	<b>29a</b>	
<b>30</b> ROTARY DISTRICT 5960 - FAST FOR HOPE PROJECT (Grants \$ 1,092) If this amount includes foreign grants, check here . . . <input type="checkbox"/> <input type="checkbox"/>	<b>30a</b>	
ROTARY INTERNATIONAL FOUNDATION - FUNDS PROVIDE SCHOLARSHIPS, GROUP STUDY EXCHANGE TEAMS AND WORLD COMMUNITY SERVICE PROJECTS (Grants \$ 15,594) If this amount includes foreign grants, check here . . . <input type="checkbox"/> <input type="checkbox"/>		
LOCAL ROCHESTER HIGH SCHOOLS - ASSISTANCE IN THEIR ATHLETIC PROGRAMS (Grants \$ 8,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/> <input type="checkbox"/>		
STRIVE PROGRAM - MENTORING OF HIGH SCHOOL STUDENTS WITH BELOW AVERAGE GRADES (Grants \$ 21,060) If this amount includes foreign grants, check here . . . <input type="checkbox"/> <input type="checkbox"/>		
COMMUNITY SERVICE GRANTS - FUNDS YOUTH RELATED OR EDUCATION ORIENTED PROJECTS HAVING A DEMONSTRATED NEED (Grants \$ 39,400) If this amount includes foreign grants, check here . . . <input type="checkbox"/> <input type="checkbox"/>		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LORRIE SWANCUTT 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Director 1 00	0		
SUZANNE DINUSSON 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Director 1 00	0		
DAVE MOERTEL 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Director 1 00	0		
MARGARET HINZ 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Director 1 00	0		
STEVE ROSSELLO 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Director 1 00	0		
CHRISTINE BEECH 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Director 1 00	0		
PAUL TIESKOETTER 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Treasurer 2 00	0		
RICHARD BRUBAKER 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	Secretary 2 00	0		
MARK DRIPPS 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	PRESIDENT ELECT 2 00	0		
DANA FUNK 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	PAST PRESIDENT 2 00	0		
KAREL WEIGEL 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	President 2 00	0		
PEGGY SCHROEDER 1916 SCENIC POINT LANE SW ROCHESTER, MN 55902	ADMIN DIRECTOR 4 00	0		

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
ROTARY CLUB OF ROCHESTER FOUNDATION

Employer identification number  
41-1628263

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<b>BASKETBALL TOURNAMENT</b>			(Add col (a) through col (c))	
		(event type)	(event type)	(total number)		
1	Gross receipts . . . .	89,668			89,668	
2	Less Charitable contributions . . . .					
3	Gross income (line 1 minus line 2) . . . .	89,668			89,668	
Direct Expenses	4	Cash prizes . . . .				
	5	Non-cash prizes . . . .				
	6	Rent/facility costs . . . .				
	7	Food and beverages . . . .				
	8	Entertainment . . . .				
	9	Other direct expenses . . . .	43,151		43,151	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				43,151
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶				46,517

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶				

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain  _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain  _____ _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** ROTARY CLUB OF ROCHESTER FOUNDATION**EIN:** 41-1628263**Software ID:** 09000047**Software Version:** 2009v1.3

<b>Item No.</b>	1
<b>Class of Activity</b>	ART EDUCATION PROGRAM
<b>Donee's Name</b>	WORDS PLAYERS THEATER
<b>Donee's Address</b>	1429 28TH ST SW ROCHESTER, MN 55902
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	UNUSED TICKET PROGRAM
Donee's Name	TIX 4 KIDS
Donee's Address	151 4TH ST SE ROCHESTER, MN 55904
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	AT RISK COLLEGE PREP PROG
Donee's Name	SPORTS MENTORSHIP ACADEMY
Donee's Address	LOCAL ROCHESTER, MN 55901
Amount (FMV)	1,800
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	4
Class of Activity	ELEMENTARY SCHOOL PROGRAM
Donee's Name	ROCHESTER SYMPHONY ORCHESTRA
Donee's Address	400 SOUTH BROADWAY 302 ROCHESTER, MN 55904
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	AT RISK CHILDREN PROGRAM
Donee's Name	ROCHESTER COMMUNITY YOUTH BASKETBALL
Donee's Address	PO BOX 8443 ROCHESTER, MN 55903
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	ART I KIDS PROGRAM
Donee's Name	ROCHESTER ARTS COUNCIL
Donee's Address	30 CIVIC CENTER DRIVE 200 ROCHESTER, MN 55904
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	LOW INCOME MEMBERSHIPS
Donee's Name	ROCHESTER Y AQUATICS
Donee's Address	709 1ST AVENUE SW ROCHESTER, MN 55902
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	KEYBOARD FOR YOUTH
Donee's Name	HONORS CHOIRS OF SE MINNESOTA
Donee's Address	1001 14TH ST NW ROCHESTER, MN 55901
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	AFTER SCHOOL PROGRAM
Donee's Name	FRIENDSHIP PLACE
Donee's Address	PO BOX 882 ROCHESTER, MN 55903
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	LOW INCOME FUNDING PROG
Donee's Name	CHILDRENS DENTAL HEALTH SERVICES
Donee's Address	903 WEST CENTER STREET 208 ROCHESTER, MN 55902
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	RACE PROGRAM
Donee's Name	ROCHESTER CIVIC THEATRE
Donee's Address	20 CIVIC CENTER DRIVE SE ROCHESTER, MN 55904
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	12
Class of Activity	ADOPT-A-SCHOOL PROGRAM
Donee's Name	READING CENTERDYSLEXIA INSTITUTE OF MN
Donee's Address	847 5TH STREET NW ROCHESTER, MN 55901
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	SUMMER SERVICE PROGRAM
Donee's Name	POSSABILITIES OF SOUTHERN MINNESOTA
Donee's Address	1808 3RD AVENUE SE ROCHESTER, MN 55904
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	SAT MORNING LIBRARY PROG
Donee's Name	CHILDRENS DANCE THEATRE
Donee's Address	PO BOX 6655 ROCHESTER, MN 55903
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	KID FRIENDLY FOOD PURCH
Donee's Name	CHANNEL ONE FOOD BANK
Donee's Address	131 35TH ST SE ROCHESTER, MN 55904
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	NORTHWEST SITE ASSISTANCE
Donee's Name	BOYS & GIRLS CLUB OF ROCHESTER
Donee's Address	1026 E CENTER STREET ROCHESTER, MN 55904
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	SHELTER BOX PROGRAM
Donee's Name	SHELTERBOX USA
Donee's Address	8374 MARKET STREET 203 LAKEWOOD RANCH, FL 34202
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	CONTRIBUTION
Donee's Name	WORLD COMMUNITY SERVICE
Donee's Address	1560 SHERMAN AVE EVANSTON, IL 60201
Amount (FMV)	2,850
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	FAST FOR HOPE PROJECT
Donee's Name	ROTARY DISTRICT 5960
Donee's Address	2233 HAMLINE AVE N SUITE 620 ROSEVILLE, MN 55113
Amount (FMV)	1,092
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	20
Class of Activity	ATTENDENCE AWARDS
Donee's Name	STRIVE PROGRAM
Donee's Address	1916 SCENIC POINT LANE SW ROCHESTER, MN 55902
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	SCHOLARSHIPS
Donee's Name	STRIVE PROGRAM
Donee's Address	1916 SCENIC POINT LANE SW ROCHESTER, MN 55902
Amount (FMV)	13,560
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	STRIVE PROGRAM
Donee's Name	ROCHESTER ROTARY CLUBS
Donee's Address	1916 SCENIC POINT LANE SW ROCHESTER, MN 55902
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	CHARITABLE CONTRIBUTION
Donee's Name	LOURDES HIGH SCHOOL
Donee's Address	621 WEST CENTER STREET ROCHESTER, MN 55902
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	CHARITABLE CONTRIBUTION
Donee's Name	ROCHESTER SCHOOL DIST 535
Donee's Address	615 7TH STREET SW ROCHESTER, MN 55902
Amount (FMV)	6,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	CHARITABLE CONTRIBUTION
Donee's Name	ROTARY INTERNATIONAL FOUND
Donee's Address	1560 SHERMAN AVE EVANSTON, IL 60201
Amount (FMV)	15,594
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Changes in Net Assets Schedule

**Name:** ROTARY CLUB OF ROCHESTER FOUNDATION

**EIN:** 41-1628263

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
Net Unrealized Gains and Losses on Investments	1,956

**TY 2009 Other Expenses Schedule****Name:** ROTARY CLUB OF ROCHESTER FOUNDATION**EIN:** 41-1628263**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
STRIVE RELATED COSTS	6,728
AUCTION COSTS	8,029
ADMINISTRATION	384