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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

OMB No. 1545-1150 2009

Open to Public Inspection

Α	For the	e 2009 calendar year,	or tax year beginning	July]	2009, and	ending	June.	3 0	, 20 10
В	Check if a	applicable Please	C Name of organization				Ľ) Employer	identific	cation number
	Address	change use IRS label or	Bloomington Rote Number and/street (or P.O. t	ery 11	ub Foundation	1		4/1-	164	19217
닏	Name ch	nange print or	Number and/street (or P.O	oox, if mail is	not delivered to street add	dress) Ro	om/suite E	Telephone	number	r
뭐	Initial ret	2.1	7500 Flying 1	loud	Drille		800	952-8	93-	- 3812
ㅐ	Amende	Specific	City or town, state or country	y, and ZIP +	4			Group Ex		
Ħ		d return Instruc- ion pending tions	Eden Prairie,	MN	55344-37	140	l'	Number		711
=			ations and 4947(a)(1) nor				G Account			Cash X Accrual
	4 000		npleted Schedule A (Form			riaon		pecify) 🕨	. ш	Oasii pa Accidai
									organ	ızatıon ıs not
	Nebsi	to. >							-	ule B (Form 990,
			nly one) — 🛛 501(c) (3	\ d (incert	no.) \[\int 4947(a)(1) \text{ or }	527		or 990-PF)		he b (r ontri 550,
									_	
	Check		zation is not a section 509(a urn is not required, but if			_	•	-		an \$25,000. A
_			9 to determine gross receip							17,689
	art I		enses, and Change:							
سو							(000 1110 11		T	18,045
	1		s, grants, and similar ar					. 1	+	10,095
	2	-	evenue including gover					. 2	 	
	3	•						. 3	┼	- ID 010
	4	Investment income		<u> </u>		1 - 1		. 4		<u> 17,910</u>
	5a	u u	nsale of assets other the	. • 1	ory	5a			-	
	b		r basis and sales exper			_5b			-	
a)	C		sale of assets other thi					<u>5c</u>	└	
Ž	6	1001	vities (complete applicable pa		ule G). If any amount is froi	m gaming,	check here ►	□ .		
Revenue	а	Gross revenue (no	<u>ئىرۇ: 1</u>	79	of contributions	. 1			ļ	
æ		reported on line 1)	OGDEN, U.T.			_6a	54,568		ŀ	
	b		ses-other-than fundrais	ing expen	ses	_6b	17,402	,		
	С	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)								37.166
	7a	Gross sales of inve	entory, less returns and	allowance	es	7a		-		
	b	Less: cost of good	is sold			7b		, ,		
	С								ļ	
	8	Other revenue (des	scribe ►) 8		
	9	Total revenue. Ad	ld lines 1, 2, 3, 4, 5c, 6c	, 7c, and	8			▶ 9		73,121
	10		amounts paid (attach s					. 10		56.648
	11	Benefits paid to or						. 11		
S	12	·	npensation, and employ					. 12		
Expenses	13		and other payments to i					. 13		
å	14		itilities, and maintenand					. 14		
Ж	15		ns, postage, and shipp					. 15		
	16	Other expenses (de	escribe ► Ba	<u>nk cha</u>	raes) 16		/63
	17	· · · · · · · · · · · · · · · · · · ·	dd lines 10 through 16					▶ 17		56,751
	18		for the year (Subtract lir		line 9)			. 18		16.370
ě	19		l balances at beginning							
ASS		end-of-year figure	reported on prior year's	return)	·					174,253
Net Assets	20	Other changes in n	et assets or fund balan	ces (attac	h explanation)			. 20		11111
Z	21		balances at end of year					▶ 21		190.623
P	art II	Balance Sheet	s. If Total assets on line	e 25, colu	mn (B) are \$1,250,00	0 or more	e, file Form		ad of F	
			(See the instructions f			· · · · · · · · · · · · · · · · · · ·	(A) Beginni			B) End of year
22	Ca	sh, savings, and inve	estments	•			205	508	22	242,165
23		nd and buildings.					1		23	
24		her assets (describe)			24	
25		tal assets					205.	508	25	242,165
26		tal liabilities (descri	be Annuata nau	iable a	account expen	1451		a55	26	51,542
27			lances (line 27 of column					253	27	190,623
			Reduction Act Notice, so				Cat No. 10642			990-EZ (2009)

						. ago .		
Par				III.)		Expenses		
Wha	What is the organization's primary exempt purpose? Charitable donations							
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise							
	anner, describe the services provided, the number of persons benefited, and other relevant information for							
each	program title.					hers)		
28	Amounts donated to various M	haritable organizat	ions					
	(see sch	edule)						
					1			
		t includes foreign grants, ch	neck here	. ▶ 🗆	28a	56,648		
29								
					ĺ			
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here	. ▶ 🗆	29a			
30								
					1			
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here	▶ 🗆	30a			
31	Other program services (attach schedule)							
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here	. ▶□	31a			
32	Total program service expenses (add lines 28a	through 31a)		▶	32	56,648		
Par	IV List of Officers, Directors, Trustees, and Ke		ven if not compensa	ated. (See the	instruc	tions for Part IV.)		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributi employee benef		(e) Expense account and		
	(a) Name and address	devoted to position	enter -0)	deferred comp	ensation	other allowances		
	See schedule							
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Párt	V Other 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	and Supplement		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<i>X</i>
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		X
b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a None Did the organization file Form 1120-POL for this year?	37b	1 1	X
b 39	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	- 4	<u>X</u> .,
	Initiation fees and capital contributions included on line 9	* - ,	·	•
	section 501(c)(3) organizations. Either amount of tax imposed on the organization during the year under. section 4911 ► Vone ; section 4912 ► Vone ; section 4955 ► Vone Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	07 7 N V 1 1		
b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	, ,	 X
	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	No. of the second		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	100	γ,	. •
	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		X
41	List the states with which a copy of this return is filed. ► Minnesota			
	The organization's books are in care of ► Nicholus P. Basil Telephone no. ► 958			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<i>44-</i>		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	X
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	444	;	, ,
	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		<u>X</u> _
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· ·	. •	· 🗆
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No X
	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 n 990	_E7	X (2000)
	For	. 230		(2003)

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and 500 and 500 and 500 are section 500 and 500 are section 500 and 500 are section 50	section 4947(a)(1) nor 47(a)(1) nonexempt cha nd 51.	nexempt charita aritable trusts mu	ble trusts only. A ust answer question	III secons 4	ction 6–49	b
	Did the organization engage in direct or indirec					Yes	No
,	candidates for public office? If "Yes," complete	Schedule C, Part I			46		X
	Did the organization engage in lobbying activitie				47	<u> </u>	<u> x</u>
	ls the organization a school as described in section		•		48	ļ	X
	Did the organization make any transfers to an ex	•	_		49a		X
	If "Yes," was the related organization a section to				49b	<u> </u>	<u> </u>
	Complete this table for the organization's five his employees) who each received more than \$100,						
		(b) Title and average	(c) Compensation	(d) Contributions to	(e	Exper	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	ac	count a	and
	than wroojood	devoted to position	·		- Other	unove	11003
-	None						
		_				_	
							
					ĺ		
	Fotal number of other employees paid over \$100		J	J			
	(a) Name and address of each independent contractor			ype of service	(c) Cor	npensa	ation
	NONE						
d 7	Fotal number of other independent contractors e	each receiving over \$100,0	000▶				
	Under penalties of perjury, I declare that I have examine	ed this return, including accompa	nying schedules and st	atements, and to the bes	t of my	knowle	
Sign Here	and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a						
	Signature of officer Nicholds P. Basil Total Type or print name and title	easurer	·-	Date ' '			
Paid Preparer	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	ber (See	instruct	ions)
Use Only			El	N -			
	address, and ZIP + 4			поле по. ▶			
May the	IRS discuss this return with the preparer shown	above? See instructions	<u> </u>	<u></u>	Yes		lo
				For	m 99 0	-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number Rotary Club Foundation 41 1649217 Blooming ton Réason 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c Type III-Functionally integrated a 🗌 Type I **b** Type II **d** Type III-Other e Dy 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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) Yes No 11g(i) and (III) below, the governing body of the supported organization? |11g(iı) (ii) A family member of a person described in (i) above? |11g(III) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). h (iii) Type of organization (iv) is the organization (vii) Amount of (i) Name of supported (ii) EIN (v) Did you notify (vi) is the (described on lines 1-9 in col. (i) listed in your the organization in organization in col support organization col (i) of your (i) organized in the above or IRC section governing document? (see instructions)) support? Yes No Yes Yes No

Total

Pa	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			<u>.</u>			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		 		·	 	
5 6	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)				,		
	tion B. Total Support	I					
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4, 114	(4)-555	<u></u>		(0) 2000	(,, , , , , , , , , , , , , , , , , , ,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .	<u> </u>	<u> </u>		<u> </u>	, ,	
12	Gross receipts from related activities, etc	, (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2009 (line	•	-			14	<u>%</u>
15	Public support percentage from 2008 Sch					15	<u>%</u>
16a	331/4 % support test – 2009. If the organization qualifies	as a publicly	supported orgar	nization			▶ □
	331/3 % support test—2008. If the organization quality box and stop here. The organization quality	ılıfies as a publ	icly supported of	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization me	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, c organization qua	heck this box a difies as a public	and stop here. By supported or	Explain in Part ganization	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box o	n line 9 of Pa	art I.)			
Sec	tion A. Public Support		<u></u>	-			,
Ca	alendar 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.")	13,700	27,150	13,945	16,286	18,045	89, 126
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.	61, 267	60,712	78,009	61,241	54,568	315,797
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			ļ			404,923
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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 8	Add lines 7a and 7b Public support (Subtract line 7c from					<u> </u>	404,923
500	tion B. Total Support			1	1		104,775
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(4) 2000	(2) 2000	(0) 2001	(4, 2000	(0) 2000	404, 923
9 10a	Amounts from line 6	18,101	30,265	(14,943)	(33,662)	17,910	17,671
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						17,671
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)				501.4-		722,594
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		n, or ππη ταχ y 		on 501(c)(3) ▶ □
	tion C. Computation of Public Su			40 1	(6)	45	<i>Q</i> / <i>9</i> °/
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column	* * * *	15 16	96,8 % 91,2 %
Sec	tion D. Computation of Investmen	nt Income Po	ercentage		 	· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 200	-		-		17	3,2 %
18	Investment income percentage from 20					18	<u>a.8 %</u>
19a b	33\% % support tests - 2009. If the organization of the support tests - 2008. If the organization of the support tests - 2008. If the organization of the support tests - 2008.	ox and stop h e	e re. The organ	ızatıon qualıfies	s as a publicly s	supported orga	anization 🕨 🗵
	line 18 is not more than 33% %, check this	s box and stop	here. The orga	ınızatıon qualıfıe	es as a publicly	supported orga	ınızatıon 🕨 🔀
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see ins	tructions 🕨 🗌

Schedule A (Fo	orm 990 or 990-E	Z) 2009									Page 4
Part IV	Supplemer Part II, line	ital Infori 17a or 17	mation. 7b; and	Complete Part III, line	this p e 12. F	art to p Provide	rovide the	e explanat additiona	tions required information	ed by Part II, on. See instru	line 10; ctions.
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#### **BLOOMINGTON ROTARY FOUNDATION**

JUNE 30, 2010 41-1649217

#### **ATTACHMENT TO FORM 990 EZ**

#### PART I, LINE 6 - SPECIAL EVENTS AND ACTIVITIES

The Bloomington Rotary Foundation held one fundraising event during fiscal 2010. It was a raffle and auction held at a dinner event with gross revenue of \$54,568 collected. Direct expenses of \$17,402 were paid for food, refreshments, decorations, and raffle prizes. Gifts for the auction were donated to the organization.

#### PART III, LINE 28 - GRANTS AND DONATIONS (ALL CHARITABLE)

Courage Center	\$ 4,000.00
Normandale Community College	4,000.00
Bloomington Fine Arts	2,000.00
Bloomington Education Foundation	2,300.00
Bloomington Public Schools	500.00
Bloomington Literacy Program	2,500.00
Camp Invention	1,100.00
Companies to Classrooms	1,450.00
Peace House Foundation	3,000.00
Friends of Minnesota Valley	2,000.00
Cornerstone	4,500.00
Meals on Wheels	1,500.00
STRIVE – Student Program	7,298.00
VEAP	5,000.00
International Village Clinic - India	6,000.00
Bloomington Historical Society	500.00
Mari Gunjan	3,000.00
Various international and club projects	6,000.00

Total \$ 56,648.00

## JUNE 30, 2010 FORM 990EZ

## BLOOMINGTON ROTARY FOUNDATION 41-1649217

## PART IV, OFFICERS AND DIRECTORS

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	Titic			
Name and Address	Hours per week	Compensation	<u>Benefits</u>	Expenses
Larry Lee P.O. Box 20-300 Bloomington, MN 55420	Director 1/2 Hour	-0-	-0-	-0-
Carolyn Pratt P.O. Box 20-300 Bloomington, MN 55420	Director 1/2 Hour	-0-	-0-	-0-
Nicholas P. Basil P.O. Box 20-300 Bloomington, MN 55420	Treasurer 1 Hour	-0-	-0-	-0-
David Senness P.O. Box 20-300 Bloomington, MN 55420	Director 1/2 Hour	-0-	-0-	-0-
Adam Johnston P.O. Box 20-300 Bloomington, MN 55420	Director 1/2 Hour	-0-	-0-	-0-
Richard Young P.O. Box 20-300 Bloomington, MN 55420	Vice President 1/2 Hour	-0-	-0-	-0-
Martin Chorzempa P.O. Box 20-300 Bloomington, MN 55420	President 1/2 Hour	-0-	-0-	-0-
Don Stiles P.O. Box 20-300 Bloomington, MN 55420	Secretary 1/2 Hour	-0-	-0-	-0-

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