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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
 Rotary Club of McMinnville Foundation
 P O Box 441
 McMinnville, OR 97128-0441

D Employer identification number

93-1043552

E Telephone number

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify)

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).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

L 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 \$ 247,348.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	216,887.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	12,269.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ 136,090. of contributions reported on line 1)	6a	18,192.
6b	Less: direct expenses other than fundraising expenses	6b	63,079.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-44,887.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	184,269.
10	Grants and similar amounts paid (attach schedule)	10	167,644.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe See Statement 2)	16	938.
17	Total expenses. Add lines 10 through 16	17	168,582.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,687.
19	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)	19	364,176.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	379,863.

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	403,598.	376,050.
23 Land and buildings		
24 Other assets (describe See Statement 3)	21,537.	34,494.
25 Total assets	425,135.	410,544.
26 Total liabilities (describe See Statement 4)	60,959.	30,681.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	364,176.	379,863.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? See Statement 5

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, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28	<u>Provide funds for Virginia Garcia Memorial Foundation for migrant workers who cannot afford the cost of medical care.</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,000.
29	<u>Funds provided to Willamette Valley Cancer Foundation to support cancer research.</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	65,000.
30	<u>See Statement 6</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	12,000.
31	<u>Other program services (attach schedule) See Statement 7</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	25,644.
32	<u>Total program service expenses (add lines 28a through 31a)</u>	32	167,644.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
Lee Vasquez 651 Baker Creek Road McMinnville, OR 97128	Director 0	0.	0.	0.
Richard Weed 630 NW 9th St McMinnville, OR,	Director 5.00	0.	0.	0.
Steve Fitzpatrick 1828 NW 8th McMinnville, OR 97128	Treasurer 5.00	0.	0.	0.
Jan Hartzell 1093 Baker Crest Ct McMinnville, OR 97128	Director 0	0.	0.	0.
Steve Larson 1410 NE Alpha Drive McMinnville, OR 97128	Director 0	0.	0.	0.
Dan Gardner 22000 NE Mountain Top Rd. Newberg, OR 97132	Director 0	0.	0.	0.
John Larsen FFSL, 118 NE Third St McMinnville, OR 97128,	Secretary 5.00	0.	0.	0.
MaryAlice Russell PO Box 441 McMinnville, OR 97128	Director 0	0.	0.	0.
Scott Chambers 600 W 9th McMinnville, OR 97128	Director 0	0.	0.	0.
Bruce Dickson PO Box 441 McMinnville, OR 97128	Director 0	0.	0.	0.
Guy Everingham P O Box 727 McMinnville, OR 97128	Chairman 5.00	0.	0.	0.
Gary Rueter P O Box 480 McMinnville, OR 97128	Vice-Chairman 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 8

	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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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.		
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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9.		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
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		X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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.		X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **Steve Fitzpatrick, Treasurer** Telephone no. **503 472 0576**
Located at **290 SW Hill Road, McMinnville, OR** ZIP + 4 **97128**

	Yes	No
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.		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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:		X
42c		X

43 Section 4947(a)(1)-nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X
45		X

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
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

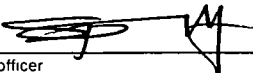
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

d Total number of other independent contractors each receiving over \$100,000

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.

Sign Here

Signature of officer:  Date: 8/5/10

Type or print name and title: Steven D Fitzpatrick Treasurer

Paid Preparer's Use Only

Preparer's signature: Non-Paid Preparer Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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 McMinnville Foundation

Employer identification number

93-1043552

Part III	Reason for Public Charity Status (All organizations must complete this part.) See instructions
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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 described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or 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 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 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? ☐

	Yes	No
(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?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organizations.

[illegible]**Total**

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	15,312.	132,450.	228,828.	228,752.	216,887.	822,229.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3.	15,312.	132,450.	228,828.	228,752.	216,887.	822,229.
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						822,229.

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	15,312.	132,450.	228,828.	228,752.	216,887.	822,229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,630.	11,731.	15,955.	11,078.	12,269.	57,663.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV		20,670.	23,288.	20,800.	18,192.	82,950.
11 Total support. Add lines 7 through 10						962,842.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	85.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	82.1 %
16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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 Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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	18	%
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 more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 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. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Art & Wine Auc (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
	1 Gross receipts	154,282.			154,282.
	2 Less: Charitable contributions	136,090.			136,090.
	3 Gross income (line 1 minus line 2)	18,192.			18,192.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	63,079.			63,079.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				63,079.
11 Net income summary. Combine lines 3, column (d) and line 10				-44,887.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

12 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?

YES NO

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility.**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address of the third party:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

2009

Schedule A, Part IV - Supplemental Information

Page 5

Client C6629A1

Rotary Club of McMinnville Foundation

93-1043552

8/05/10

07:10AM

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Art and Wine Auction (Fundraiser)	18,192.	20,800.	23,288.	20,670.	
Total	<u>\$ 18,192.</u>	<u>\$ 20,800.</u>	<u>\$ 23,288.</u>	<u>\$ 20,670.</u>	<u>\$ 0.</u>

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Rotary Club of McMinnville Foundation

93-1043552

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Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	School Athletics		
Donee's Name:	Patton Middle School		
Donee's Address:	1175 NE 19th St. McMinnville, OR 97128		
Cash Amount Given:		\$	1,615.
Class of Activity:	College Scholarship		
Donee's Name:	Araceli Alvarez		
Donee's Address:	2314 NW Meadow Dr. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Daniel Magana		
Donee's Address:	PO Box 751 Amity, OR 97101		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Stephanie Cardinal		
Donee's Address:	1005 NW Ferry St. #3 Dayton, OR 97114		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Erin Grinich		
Donee's Address:	708 NW 21st St. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Lindsay Harrop		
Donee's Address:	1225 SW Clifton Ct. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Emma Herdner		
Donee's Address:	15540 Orchard View Rd. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Emily Kersting		
Donee's Address:	12385 Fox Ridge Rd. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Maya Lim		
Donee's Address:	2520 NW Pinehurst Dr. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.

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**Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid**

Class of Activity:	College Scholarship		
Donee's Name:	Aimee Palacios		
Donee's Address:	1640 NE Lafayette Ave. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Christopher Van Cleave		
Donee's Address:	732 NE 14th St. McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Joshua Humlie		
Donee's Address:	PO Box 1293 McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	College Scholarship		
Donee's Name:	Jamie Myer		
Donee's Address:	3351 SE Locks Rd. Dayton, OR 97114		
Cash Amount Given:		\$	500.
Class of Activity:	College Scholarship		
Donee's Name:	Bryan Toft		
Donee's Address:	914 SW Apple Ct. McMinnville, OR 97128		
Cash Amount Given:		\$	500.
Class of Activity:	Project Support		
Donee's Name:	The Dictionary Project		
Donee's Address:	Dictionaries to Elementary Students		
Cash Amount Given:		\$	1,747.
Class of Activity:	Exchange Student Expenses		
Donee's Name:	Outbound Exchange Student		
Donee's Address:	Send high sch student to foreign co		
Cash Amount Given:		\$	1,500.
Class of Activity:	Exchange Student Expenses		
Donee's Name:	Inbound Exchange Student		
Donee's Address:	Support high school exchange studen		
Cash Amount Given:		\$	4,883.
Class of Activity:	Community Concerts		
Donee's Name:	Citizens of McMinnville		
Donee's Address:	Provide free community concerts McMinnville, OR 97128		
Cash Amount Given:		\$	8,475.

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**Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid**

Class of Activity:	Support High School Athle		
Donee's Name:	Associated Student Body		
	McMinnville, OR 97128		
Cash Amount Given:		\$	1,061.
Class of Activity:	Support Cancer Patients		
Donee's Name:	McMinnville Cancer Foundation		
	McMinnville, OR 97128		
Cash Amount Given:		\$	65,000.
Class of Activity:	International Goodwill		
Donee's Name:	Rotary International		
Donee's Address:	Provide dental care in Guatemala		
Cash Amount Given:		\$	2,000.
Class of Activity:	Project Support		
Donee's Name:	Yamhill County 4H		
	McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	Support Cancer Patients		
Donee's Name:	Virginia Garcia Foundation		
	McMinnville, OR 97128		
Cash Amount Given:		\$	65,000.
Class of Activity:	Support Food Bank		
Donee's Name:	Yamhill Community Action Partnership		
	McMinnville, OR 97128		
Cash Amount Given:		\$	1,000.
Class of Activity:	Program Support		
Donee's Name:	Rotary Foundation International		
Donee's Address:	1560 Sherman Ave.		
	Evanston, IL 60201		
Cash Amount Given:		\$	1,086.
Class of Activity:	International Goodwill		
Donee's Name:	Rotary International		
Donee's Address:	1560 Sherman Ave.		
	Evanston, IL 60201		
Cash Amount Given:		\$	777.
Class of Activity:	Service Club Support		
Donee's Name:	Interact/Rotary Service Club		
Cash Amount Given:		\$	500.

**Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses**

Filing Fees.		\$	309.
Insurance			500.
Operating Expenses			129.
		Total \$	<u>938.</u>

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Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges	\$ 21,537.	\$ 34,494.
Total	<u>\$ 21,537.</u>	<u>\$ 34,494.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.. . . .	\$ 8,652.	\$ 0.
Deferred Revenue	52,307.	30,681.
Total	<u>\$ 60,959.</u>	<u>\$ 30,681.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Support students by subsidizing athletic costs, and providing college scholarships. Sponsor free summer concert series. Sponsor exchange student. Fund and build community flag pole. Donate to Thugs off Drugs. Sponsor Rotary group in high school. Support Rotary International projects.

Statement 6
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

Scholarships are awarded to students of area high schools to assist them with their college tuition, books, and room and board. Fourteen students were each awarded scholarships ranging from \$500-1,000.

Statement 7
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants</u>	<u>Program Service Expenses</u>
Sponsor free concert in the park series for the citizens of McMinnville.		8,475.
Includes Foreign Grants: No		
Sponsor Rotary Exchange Student at McMinnville High School.		4,883.

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Statement 7 (continued)
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Includes Foreign Grants: No		
Provide funds to assist junior high and high school athletes, who are unable to afford participation costs in school sports programs. The grants from this fund are distributed to the school athletic director, who selects the eligible athletes. A report of the disbursements is made to the Foundation by the athletic director.		2,676.
Includes Foreign Grants: No		
Sponsor Rotary Service Club International Project.		2,000.
Includes Foreign Grants: No		
Sponsor McMinnville School District project to provide dictionaries to school children.		1,747.
Includes Foreign Grants: No		
Sponsor Rotary Exchange Student from McMinnville High School traveling to foreign country.		1,500.
Includes Foreign Grants: No		
Provide funds for Rotary Foundation International programs.		1,086.
Includes Foreign Grants: No		
Funds provided to support local food bank operations.		1,000.
Includes Foreign Grants: No		
Provide funds for local 4H program operations.		1,000.
Includes Foreign Grants: No		
Provide funds for Rotary International Polio project.		777.
Includes Foreign Grants: No		
Support High School Community Service club sponsored by Rotary.		500.
Includes Foreign Grants: No		
Includes Foreign Grants: No		
Includes Foreign Grants: No		
Total	\$ - - 0.	\$ 25,644.

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Rotary Club of McMinnville Foundation

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Statement 8

Form 990-EZ, Part V

Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?...

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No