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Form 990

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)

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

OMB No 1545-0047 2010

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Department of the Treasury Internal Revenue Service

			dar year, or tax year begi		, 2010, ai	na enair	ig	N = .	,		
В	Check if app		Name of organization Ro	tary 5950 Foundatio	n			D Employer			
	Address	s change	Doing Business As			T			<u>365543</u>	<u> </u>	
	Name o	hange	· ·	box if mail is not delivered to street addr))	Room/	suite	E Telephon			
	Initial re	eturn	11251 Red Fox D	rive				(763) 553-	·1604	
	Termina	ated	City, town or country			P code +	1				
	Amende	ed return	Maple Grove		MN 5	5369		G Gross red	eipts \$ 4	175 <u>,</u> 684	1
	Applica	tion pending	F Name and address of princi	oal officer			1	a group return		² 🔲 Yes	X No
			Ronald Axel 4556	Niagra Ln Plymouth	MN 5	5446		affiliates includ attach a fist (s		nns) Yes	No.
	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947	'(a)(1) or	527		ottoen a not (occ manacin	,,,,	
	Website	e: > ww	ww.safewaterplus	.org			H(c) Group	exemption num	nber -		
(Form of o	rganization	X Corporation Trust	Association Other ►	L Yea	r of Forma	tion 200	4 M Sta	ite of legal d	lomicile MN	1
Pä		Summa									
		•	_	sion or most significant activitie			g serv	<u>ice anc</u>	<u>l assi</u>	stance	
e l				n_the_State_of_Minn	esota	<u>and</u>					
Activities & Governance	_t <u>h</u>	roughe	out_the_world								
ē											. – – –
2			<u> </u>	on discontinued its operations of	or dispose	d of moi	e than 25	% of its net	1 .		
ž				rning body (Part VI, line 1a)	// line 1h\			<u> </u>	3 6 4 6		
2				s of the governing body (Part V n calendar year 2010 (Part V, I				-	5 0		
			r of volunteers (estimate i		ine zaj			 	6 12		
AC				Part VIII, column (C), line 12				-	7a		0.
				from Form 990-T, line 34					7b		
							Р	rior Year		Current Y	'ear
	8 Cor	ntributions	s and grants (Part VIII, line	e 1h)				65,24	12.	430	,450.
3	9 Pro	gram serv	vice revenue (Part VIII, lin	e 2g)				·			
nevellue			ncome (Part VIII, column					4.4	12.	1	,343.
č	11 Oth	ier revenu	ue (Part VIII, column (A), l	nes 5, 6d, 8c, 9c, 10c, and 11e	e)						
	12 Tot	al revenue	e – add lines 8 through 1	(must equal Part VIII, column	(A), line 1	2)		65,68		431	,793.
	13 Gra	ints and s	similar amounts paid (Part	IX, column (A), lines 1-3)				67,86	67.	479	,640.
	14 Ber	nefits paid	to or for members (Part	X, column (A), line 4)							
_	15 Sal	aries, oth	er compensation, employe	e benefits (Part IX, column (A)	, lines 5-1	0)					
Expenses	16a Pro	fessional	fundraising fees (Part IX,	column (A), line 11e)				2,40)6.		
Per	b Tot	al fundrais	sing expenses (Part IX, co	olumn (D), line 25) ►		0.	24.0				
ŭ			ses (Part IX, column (A),	• • • • • • • • • • • • • • • • • • • •				3(00.	<u> </u>	281.
i				equal Part IX, column (A), line	25)			70,57		47C	921.
			s expenses Subtract line		23)			-4,88			$\frac{1}{128}$
. 9	13 1161	veriue ies	3 CAPCHISCS OUDIFICE TITLE	10 110111 111110 12		-	Reginnii	ng of Current		End of Y	
Are or	20 Tot	al assets	(Part X, line 16)				Degiiiili	146,47			348.
Fund Balar			es (Part X, line 26)					_ 10 / T			, , , , , , ,
5			r fund balances Subtract	line 21 from line 20				146,47	7.6	0.0	210
			ire Block	ille 21 HOITI Ille 20		·		140,4	70.		348.
				valura maludina assessa assessa assessa del	0 and c1-1-	onts =	a tha bast of	many law access of a set of	and hall of	t on town	
com	er penalties plete Decla	or perjury, I o	parer (other than officer) is based	return, including accompanying schedule on all information of which preparer has	s and statem any knowledg	ents, and t je	o (ne dest of	niy knowleage	and belief, if	I IS True, corre	ect, and
		ÞΧ	100000	H9X				5-1	9 - 1 7		
Sig	ın	Signati	ture of officer	<u> </u>			Da	ite			
He	re	Ron	nald Axel	President							
			or print name and title	11 00 100 1							
		Print/Type	preparer's name	Preparer's signature		Date		Check	ıf PTIN		
D.~	: d	"		-				self-employed	' I		
Pa Pr	o eparer	Firm's nam	no Þ	1				Jen employed	·		
Us	e Only	Firm's nam	_	***************************************				Firm's EiN			
_ •	,	riim's addr	1655						···		
	, the IDC	diceries #	nic return with the propers	r shown above? (see instruction	ne)			Phone no	<u> </u>	1 v	V N-
_				r shown above? (see instruction	13)		TA010: ::	101 (10			X No
ΒA	A For Pa	perwork F	keauction Act Notice, see	the separate instructions.		TE	EA0101 12	/21/10		Form 9 9	90 (2010)

Part III Statement of Program Service Accomplishments	20-136554	3 P
Check if Schedule O contains a response to any question in this Part III		
1 Briefly describe the organization's mission		
Providing service and assistance		- -
to people in need within the State of Minnesota and	. .	
throughout the world.		
2 Did the organization undertake any significant program services during the year which were not listed on	the prior	
Form 990 or 990-EZ?		Yes 🗌
If 'Yes,' describe these new services on Schedule O	_	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser If 'Yes,' describe these changes on Schedule O	vices?	Yes X
Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported	s by expenses Sec d allocations to oth	tion 501(c)(3 ers, the tota
4a (Code) (Expenses \$38,788. including grants of \$38,538.)	(Revenue \$	
Primary focus continues to be funding safe water sources in		
Haiti by drilling water wells. Approximately 100 wells have		
been drilled or repaired, along with 1000 latrines to provide		
safe water to nearly 60,000 Haitians.		
		·
4b (Code) (Expenses \$44,506. including grants of \$44,506.)		
Additional focus is to work in the communities where		
safe water projects are ongoing to provide hands-on		
assistance in building and repairing homes and schools		
for the people in the community.		
		- -
4c (Code:) (Expenses \$ 347,044. including grants of \$ 347,044.)	(Revenue \$	
4c (Code) (Expenses \$ 347,044. Including grants of \$ 347,044.) (Additional focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is to enhance the ability of Rotary International focus is the enhance the ability of Rotary International focus is the enhance the ability of Rotary International focus is the enhance the ability of Rotary International focus is the enhance the ability of Rotary International focus is the enhance the enhan	(Revenue \$	
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4c (Code) (Expenses \$ 347,044. Including grants of \$ 347,044.) (Additional focus is to enhance the ability of Rotary Internation to provide humanitarian assistance to people throughout the world. The grant allows RI to provide funding for international efforts to provide better sources of water to millions of people	(Revenue \$onal	
4c (Code) (Expenses \$347,044. Including grants of \$347,044.) (Additional focus is to enhance the ability of Rotary Internation to provide humanitarian assistance to people throughout the world. The grant allows RI to provide funding for internations efforts to provide better sources of water to millions of peoplin Sub-saharan Africa.	(Revenue \$onal	
4c (Code) (Expenses \$ 347,044. Including grants of \$ 347,044.) (Additional focus is to enhance the ability of Rotary Internation to provide humanitarian assistance to people throughout the world. The grant allows RI to provide funding for international efforts to provide better sources of water to millions of people	(Revenue \$	

Form 990 (2010) Rotary 5950 Foundation

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		_x_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	_X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		, 	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	2a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
12	la Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
	5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X_
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Part IV ☐ Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization 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 25b Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes.' complete Schedule L. Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 X 35 Х is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36

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Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Check if Schedule O contains a response to any question in this Part V				
		Y	es	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	,		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	na			
(gambling) winnings to prize winners?	" <u> 1</u>	c Y	K	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	o			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7	b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		\top	\neg	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	а		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3	b		
 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country 	', a	la		х
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		1.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a	_	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b	\dashv	X
	_	ic	\dashv	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		-	-	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	۱ _و	ia		Х
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	re (ь		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	<u>4</u>	· } '	ĥ	
services provided to the payor?		'a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		'b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	file			
Form 8282 [?]	7 2 5 ⁵	'c	_	<u>X</u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		'e		<u>X</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>	7 f	_	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		+	*	X
9 Sponsoring organizations maintaining donor advised funds.		\top		
a Did the organization make any taxable distributions under section 4966?	<u> </u>	a		Х
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	-	X
10 Section 501(c)(7) organizations. Enter			\neg	
a Initiation fees and capital contributions included on Part VIII, line 12				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11 Section 501(c)(12) organizations. Enter			- 1	
a Gross income from members or shareholders				
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		.	- 1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			_	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	17	2a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?	13	3a		
Note. See the instructions for additional information the organization must report on Schedule O				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand		_		
14a Did the organization receive any payments for indoor tanning services during the tax year?	1,	4a		Х
b If 'Yes' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in Schedule O		4b	\neg	_

Form 990 (2010) Rotary 5950 Foundation 20-1365543 Page 6 | Part VI | Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. x Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 6 b Enter the number of voting members included in line 1a, above, who are independent **1b** 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Does the organization have local chapters, branches, or affiliates? Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х M. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12_b X to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Х Schedule O how this is done 13 13 Does the organization have a written whistleblower policy? 14 X 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent i die persons, comparability data, and contemporaneous substantiation of the deliberation and decision? z ar 15a Х a The organization's CEO, Executive Director, or top management official 15b Х **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year 16a 3, 4 32 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

Form **990** (2010)

18828 Nature Lane Eden Prairie MN 55346 (952) 949-0744

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

Form 990 (2	2010)	Rotary	5950	Foundation

20-1365543

Page 7

PantVIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization		elated	org			n com	pen			
(A)	(B)			•	()			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	or director	anstitutional teustee		a Key employee	ap High est compensated) Furner	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Ronald Axel Director	2.00	х		х				0.	0.	0.
(2) Steve Mattson Director	1.00	Х						0.	0.	0.
(3) Hal Tearse Director	1.00	Х		х				0.	0.	0.
(4) Dan O'Brien Director	1.00	х						0.	0.	0.
_(5) James Nelson 	1.00	х		х				0.	0.	0.
(6) Susan Mickelberg Treasurer	1.00			х				0.	0.	0.
_(7)_Tim_Murphy Director	1.00	х						0.	0.	0.
(8)										
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
<u>(15)</u>										
(16)										
(17)										

Name and title 8) 9) 20) 21) 22) 23) 24) 25) 26) 27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	Average hours per week (describe hours for related organizations in Sch O)			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amou com fr org an	stimates, into de organization	other tion e on ed
9) (0) (1) (2) (3) (24) (25) (26) (27) (28) (29) (1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)												
22) 23) 24) 25) 26) 27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)												
22) 23) 24) 25) 26) 27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A												
22) 23) 24) 25) 26) 27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A												
23) 24) 25) 26) 27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A												
25) 26) 27) 28) 1 b Sub-total c Total from continuation sheets to Part VII, Section A												
25) 26) 27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A												
26) 27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A												
27) 28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)												
28) 29) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)			-	├			l	1				
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)		1										
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)												
d Total (add lines 1b and 1c)	<u>' </u>						>	0.	0.			0
	١.						>					
	to thes	م ارد	tod	ahov	(a) v	who	rece	0.	0.1	e como	——	0
from the organization • 0	10 11103	C 113	icu	abo	, , ,	••••	1000	sived more than \$	roo,ooo iii reportabii	c comp	unsat	.1011
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste	e, k	еу е	empl	oyee	e, or	r hıg	hest compensated	l employee	3		X
4 For any individual listed on line 1a, is the sum of rep			2005	ocat.	on 2	nd c	otho	r componention fro	om.	-	_	
the organization and related organizations greater the such individual	an \$150	0,00	07 /	f 'Ye	s' co	omp	lete	Schedule J for)(II	4	 - 	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensa omplete	atior Sch	n fro nedu	m ai ile J	ny ui for s	nrela such	ated n per	l organization or in	ndıvıdual	5		X
ection B. Independent Contractors	·											
 Complete this table for your five highest compensate compensation from the organization 	d indep	end	ent (cont	racto	ors t	that	received more tha	in \$100,000 of			
(A) Name and business address	s							Description of		Compe	C) ensati	on
								1				
			-					-				
2 Total number of independent contractors (including b								l				

Pai	τ νι	II Statement of Re	venue								·			
		o.					Total	(A) revenue	e fu	(B) lated or xempt inction evenue		(C) Unrelate busines revenue	s	Revenue excluded from tax under sections 512, 513, or 514
SIS	1 a	Federated campaigns		1 a										
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b	Membership dues		1 b										
μğ	С	Fundraising events		1 c					ĺ		1			
E &	d	Related organizations	Γ	1 d										
S.		Government grants (contribution	ons)	1e		\neg								
SS		- ,	, F						i					
	T	All other contributions, gifts, g similar amounts not included a	rants, and	1 f	430,45	ا ـ ٥								
₹ 0		Noncash contributions include	_		100,10	<u> </u>								
S₹	_	Total. Add lines 1a-1f	a	• •		▶	43	0,450.	1					
<u>_</u>		Totali Add IIIICS TO TI			Business Code		- 10	70,430.			+	· · · · · · · · · · · · · · · · · · ·		
EN	2a					\neg			-					
<u> </u>	b			H							-			
S.	c					寸					-	_		
<u>.</u>	4			-		\dashv			-		+			
S	u			-		-					+			
¥.		All other program service				\dashv		·			-			
8		Total. Add lines 2a-2f	e revenue								-			
_						\dashv			<u> </u>	<u> </u>	+			
	3	Investment income (incl other similar amounts)	uding divid	lends,	interest and	•		1,234.		0			0.	1,234.
Ì	4	Income from investment	t of tay.ava	amnt h	and proceeds	•		1,231.			+			1,234.
ì	5	Royalties	OI LAX-CAC	inpt b	ona proceeds	▶					+			
	3	rtoyaities	(ı) Rea	 al	(II) Personal					47				
	6.	Gross Rents	() / ()		(ii) i cisonai		*	,						
		Less rental expenses			 		<u> </u>	100	Ã.	, Ag.	ľ	1800	·	33ys - s
		Rental income or (loss)				-		•	38	°w	'		•	
		, ,			<u> </u>				ł		+		····	
	a	Net rental income or (lo	(ı) Secur	utios	(ii) Other			*	1,54	(\$p.)			ζ,	1
	7 a	Gross amount from sales of		000.	(ii) Other	—			1					
		assets other than inventory	44,	000.	 	—]		1,	4,	. Ál.	liger.
	b	Less cost or other basis	4.2	0.01			Ž	p****	,	•	J,	**	. 4	****
	_	and sales expenses		891. 109.	 				İ				,	
		Gain or (loss)		109.	1	_		100						100
	а	Net gain or (loss)						109.		0	+-		0.	109.
ų	8a	Gross income from fund	Iraising eve	ents		l				*				
ENO		(not including \$	d an lina 1					~4				•		
REV		of contributions reported	on line to	•										
OTHER REVENU	L	See Part IV, line 18 Less: direct expenses		a b						\ <u>^</u>			}	
ΤO		•			<u> </u>	→	<i>-</i>	*		*				
		Net income or (loss) fro			ents	-					+	-		
	9a	Gross income from gam See Part IV, line 19	ııng actıvıtı	es							1.			
				a b										
		Less direct expenses				→					-	· · · · · · · · · · · · · · · · · · ·		
		Net income or (loss) fro			les	-			 					
	10 a	Gross sales of inventory and allowances	, less retu											
				a b	1									
		Less cost of goods sold			<u></u>	•	· · · · · · · · · · · · · · · · · · ·		 					,
	С	Net income or (loss) fro Miscellaneous Reven		inven	Business Code	\rightarrow			 		+-			
	11			+	Duamess Code	-			 		+		·	
						\dashv								
	b										+			
	C					\dashv			 		+			
		All other revenue		L.		▶			<u> </u>		+			
		Total. Add lines 11a-116						1 700				· · · ·		
	12	Total revenue. See inst	ructions				4.3	31 , 793.]	0	•		<u>0.</u>	1,343.

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Form 990 (2010)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) **(D)** Fundraising (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 368,334 368,334 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 111,306. 111,306 Benefits paid to or for members Δ Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses Information technology 15 Royalties Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 250 250. 0. 0. a website _____ 31 0 31 **b** bank fees 0. f All other expenses 25 Total functional expenses. Add lines 1 through 24f 479,921. 479,890 31 0. Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Га	n x	Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		102,257.	1	52,786.
	2	Savings and temporary cash investments		44,219.	2	45,562.
	3	Pledges and grants receivable, net		,,	3	10,002.
	4	Accounts receivable, net			4	
	-	·		,	·	,
	5	Receivables from current and former officers, directors and highest compensated employees Complete Part I	s, trustees, key employees, I of Schedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	buting employers and	2.%	6	7
A	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	
Ť	9	Prepaid expenses and deferred charges			9	
	_				1 711	,
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation.	10b		10 c	
	11	Investments – publicly traded securities			11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	146,476.	16	98,348.
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·		17	
	18	Grants payable			18	
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part I'	V of Schedule D		21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, key employees, sons Complete Part II			
E S		of Schedule L			22	
S	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26_	Total liabilities. Add lines 17 through 25		0.	26	0.
Ĕ		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	and complete lines			
	27	Unrestricted net assets			27	
ASSETS	27 28	Temporarily restricted net assets			28	
Ī	29	Permanently restricted net assets			29	
Q R	29	Organizations that do not follow SFAS 117, check he	re ► X and complete		23	* ,
		lines 30 through 34.	and complete	, ,		, , , , , , , , , , , , , , , , , , ,
FUZO	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income,		146,476.	32	98,348.
BALA 老ひ正の	33	Total net assets or fund balances		146,476.	33	98,348.
Ē	34	Total liabilities and net assets/fund balances		146,476.	34	98,348.

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Form **990** (2010)

	<u>20-1365543</u>	Page 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		
	1 1	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	431,793.
2 Total expenses (must equal Part IX, column (A), line 25)	2	<u>479,921.</u>
3 Revenue less expenses Subtract line 2 from line 1	3	-48,128.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	146,476.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	98,348.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		П
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		Yes No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule \ensuremath{O}		\$ 100 \$ 1
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
b Were the organization's financial statements audited by an independent accountant?		2b X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	sued on a	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3b
BAA		Form 990 (2010)

TEEA0112 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

reame (or the	organiz	zation						i	Employer	identifica	uon number		
Rot	ary	<u> 59</u>	50 Foundat	ion						20-13	365543	3		
Part	t I	Rea	son for Publi	ic Charity Status	(All organizations	<u>must c</u>	omple	te this	part.)	See ii	<u>nstruct</u>	ions.		
The o	rgar	nızatıo	n is not a private	e foundation because	it is (For lines 1 through	h 11, ch	eck only	y one bo	x)					
1	П	A chu	rch, convention	of churches or associ	ation of churches descri	ibed in s	ection '	170(b)(1)	(A)(i).					
2	П	A sch	ool described in	section 170(b)(1)(A)(ii). (Attach Schedule E)								
3					organization described		ion 170(Ь)(1)(А) (iii).					
4					n conjunction with a hos					ьх1хАх	iii) Ente	er the hospi	tal's	
•	_		, city, and state	9					•	~ ~ ~				
5	\Box	An or			a college or university of	owned o	roperat	ed by a	governn	nental ui	nıt descr	ribed in sec	tion	
6					vernmental unit describe									
7		An or	ganızatıon that r ction 170(b)(1)(A	normally receives a su (Xvi). (Complete Part	ubstantial part of its sup : II)	port from	n a gov	ernmenta	al unit d	r from t	he gene	ral public de	escribe	ed
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9		from a	activities related tment income ar	to its exempt function	more than 33-1/3% of ins — subject to certain e taxable income (less se aplete Part III)	exceptio	ns. and	(2) no n	nore tha	ın 33-1/3	3% of its	support fro	om ara	SS
10		An or	ganızatıon orgar	nized and operated ex	clusively to test for pub	lic safet	y See s	ection 5	09(a)(4)).				
11		more	publicly support	ed organizations desc	clusively for the benefit cribed in section 509(a)(on and complete lines 1	(1) or se	ction 50	he functi 9(a)(2)	ons of, See se	or carry ction 50	out the 9(a)(3).	purposes o Check the	f one obox th	or at
			Type I	b Type II				integrate	ed		d 🗍	Type III -	Other	r
е	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 red this box	ceived a written deterr	mination from the IRS th	nat is a	Гуре I, Т	ype II o	r Type I	II suppo	rting org	janization,		
g		Since	August 17, 200	6, has the organization	n accepted any gift or	contribu	tion fror	n any of	the follo	owing pe	ersons?			
•				_				_					Yes	No
		(i)	A person who d below, the gove	irectly or indirectly co	ntrols, either alone or to ported organization?	gether 1	with per	sons des	cribed	ın (ıı) an	ıd (III)	11 g (i)		
		(ii)	A family member	er of a person describ	ed in (i) above?							11 g (ii)	<u> </u>	
		(iii)	A 35% controlle	d entity of a person d	lescribed in (i) or (ii) ab	ove?						11 g (iii)		
h		Provi	de the following	information about the	supported organization	(s)								
		(i) Nan	ne of supported rganization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organiz column (your go	Is the sation in in listed in overning ment?	(v) Did y the organ columi your su	ızatıon in ı (ı) of	organiz colur organize	s the sation in mn (i) ed in the S ?	(vii) Amour	nt of sup	port
						Yes	No	Yes	No	Yes	No			
(A)												<u></u>		
(B)														
<u></u>														
<u>(C)</u>		<u>.</u>												
(D)		_												
												1		
<u>(E)</u>		_						<u> </u>		<u> </u>				
							1			1		1		

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	136,269.	345,033.	133,350.	65,242.	430,450.	1,110,344.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	136,269.	345,033.	133,350.	65,242.	430,450.	1,110,344.			
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	7,0				, , , , , , , , , , , , , , , , , , , ,				
	shown on line 11, column (f)			, . ,		44, ' . '	230,192.			
	Public support. Subtract line 5 from line 4	0 /	,**		, ,	*	880,152.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	136,269.	345,033.	133,350.	65,242.	430,450.	1,110,344.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,362.	5,452.	1,258.	442.	1,343.	9,857.			
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	·	.,		•	*	1,120,201.			
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12				
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ition's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)				
Sec	tion C. Computation of Pu	blic Support F	Percentage			·				
14	Public support percentage for 20	- ·	•	e 11, column (f))		14	78.57%			
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			15	99.05%			
16 a	a 33-1/3% support test — 2010. If the and stop here. The organization	the organization di qualifies as a pub	d not check the bollicly supported org	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, ch	eck this box			
ŀ	33-1/3% support test - 2009. If and stop here. The organization	the organization di qualifies as a pub	d not check a box licly supported org	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, c	heck this box ►			
17 a	7a 10%-facts-and-circumstances test — 2010. 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 — 2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									
		zation did not che	ck a box on line 13	3, 16a, 16b, 1/a, 0		· · · · · · · · · · · · · · · · · · ·				
BAA					50	medule A (FOIM S	990 or 990-EZ) 2010			

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		M-AND.				
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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	, 'als	* >≥ 3&*	,		£	4
	tion B. Total Support			5	T		Ţ <u>.</u>
	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: 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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3) <u>►</u> [
	tion C. Computation of Pu						
	Public support percentage for 20	•	•	e 13, column (f))		15	8
	Public support percentage from 2			- 		16	<u> </u>
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	•	nn (f))	17	8
18	Investment income percentage fr					18	8
	33-1/3% support tests - 2010. If is not more than 33-1/3%, check	this box and stop	here. The organı	zation qualifies as	s a publicly suppor	ted organization	▶ [_]
t	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%	, check this box an	id stop here. The	organization qua	lifies as a publicly	supported organ	-1/3%, and ization ►
20	Private foundation. If the organiz	ation did not checl	k a box on line 1	4, 19a, or 19b, ch	eck this box and s	ee instructions	<u> </u>

Part IV	Supplemental In	formation. Com	plete this part to	provide the explain	nations required by F t for any additional ii	Page 4 Part II, line 10;
	Part II, line 17a (See instructions	or 17b; and Parts).	t III, line 12. Also	complete this par	t for any additional ii	nformation.
						
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

Rot	ary 5950 Foundation		20-1365543
	Organizations Maintaining Donoi	r Advised Funds or Other Similar Fun	
	the organization answered 'Yes' to	o Form 990, Part IV, line 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	6.	
2	Aggregate contributions to (during year)	430,450.	
3	Aggregate grants from (during year)	479,640.	
4	Aggregate value at end of year	52,786.	
5	Did the organization inform all donors and done funds are the organization's property, subject to	or advisors in writing that the assets held in don o the organization's exclusive legal control?	or advised X Yes No
6	used only for charitable purposes and not for the purpose conferring impermissible private benefits		ny other X Yes No
1	Conservation Easements. Compl		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , re	· 🛏	of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in the	ne form of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	Total acreage restricted by conservation easen	nents	2b
	Number of conservation easements on a certifi	ed historic structure included in (a)	2c
,	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a historic	2 d
3	Number of conservation easements modified, t tax year ►	ransferred, released, extinguished, or terminate	d by the organization during the
4	Number of states where property subject to con	nservation easement is located >	_
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, inspection, hand to it holds?	dling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation easen	nents during the year
7	Amount of expenses incurred in monitoring, ins ▶ \$	specting, and enforcing conservation easements	during the year
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)^2$	line 2(d) above satisfy the requirements of sect	Yes No
9	In Part XIV, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and of the organization's financial statements that de	expense statement, and balance sheet, and scribes the organization's accounting for
Ra	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets. 8.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its financial.	s held for public exhibition, education, or researc	ue statement and balance sheet works of the character of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue sid for public exhibition, education, or research in	tatement and balance sheet works of art, furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X		►\$
	If the organization received or held works of ar amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	r financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line	1	▶\$
	b Assets included in Form 990, Part X		▶\$

Schedule D (Form 990) 2010 Rotar Part III Organizations Mainta				rical Treasu	res, or O	20-136 ther Similar Ass		ontınu	Page 2 led)
3 Using the organization's acquisition items (check all that apply)	on, accession	, and ot	her records, che	ck any of the fol	lowing that	are a significant use	of its c	ollectio	n
a Public exhibition			d Loan d	or exchange pro	grams				
b Scholarly research			e U Other						
c Preservation for future genera									
4 Provide a description of the organ Part XIV			·	•	J	, , ,	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or other than to	receive i be main	donations of art, tained as part of	the organization	ures, or oth n's collectic	er sımılar on?	Yes	Γ	No
Part IV Escrow and Custodia 9, or reported an amo	Arrangen	nents.	Complete if of	organization				art IV,	
1 a Is the organization an agent, trust included on Form 990, Part X?	tee, custodiar	n, or oth	er intermediary f	or contributions	or other as	sets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV aı	nd comp	lete the following	g table					
							Amoun	<u>t</u>	
c Beginning balance						1 c		_	
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f]			
2a Did the organization include an ai		m 990, f	Part X, line 21?				Yes	L	_ No
b If 'Yes,' explain the arrangement					1 - F	000 D+ IV I	10		
Part V [*] Endowment Funds. Co									
1 - Danimum of man halana	(a) Current	i year	(b) Prior year	(c) Iwo	years back	(d) Three years back		Four year	s back
1 a Beginning of year balance							<u> </u>		·~
b Contributions								<i>.</i> ₹ ~ .*	
 c Net investment earnings, gains, and losses 						, , , , , , , , , , , , , , , , , , ,	·	**	
d Grants or scholarships		·					1 77	· · ·	
e Other expenditures for facilities and programs						years and a second	o Control		**
f Administrative expenses						The state of the s	100 kg	· <u>)</u>	
g End of year balance			<u> </u>			99°°	*		
2 Provide the estimated percentage a Board designated or quasi-endow b Permanent endowment ▶ c Term endowment ▶ 3a Are there endowment funds not in	ment ►	<u></u>	 8	nat are held and	l administer	red for the			
organization by.	, (110 possess		.o organization ti	101 010 11010 0110	- Garriir ii Stor	00 101 1110		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)	_	<u> </u>
b If 'Yes' to 3a(II), are the related o	_						3b		<u> </u>
4 Describe in Part XIV the intended		_							
Part VI Land, Buildings, and		T-							
Description of investment			t or other basis nvestment)	(b) Cost or o basis (othe		(c) Accumulated depreciation	(d)	Book va	lue ———
1 a Land									
b Buildings									
c Leasehold improvements									
d Equipment									
e Other	- (al)		- 000 P4 V	haman (D) to a	0(-))				
Total. Add lines 1a through 1e (Column BAA	ı (a) must eq	uai rom	ı ээυ, <i>гап</i> х, со	iuinn (B), line I	υ(<i>c))</i>	Sched	dule D (f	orm 99	00) 2010

Schedule D (Form 990) 2010 Rotary 5950 Foundation

20-1365543

Page 3

2011	edule b (Form 990) 2010 Rotary 5950 Foundation	20-1365543	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
ä	a Net unrealized gains on investments		
ı	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b	*^\$	
	Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	***	
	a Donated services and use of facilities 2a		
	b Prior year adjustments	—— <u> </u>	
	C Other losses		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
Λ	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)	*20	
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		-
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also compadditional information	IV, lines 1b and 2b, plete this part to provide	
- -			

Schedule D (Form 990) 2010 Rotary 5950 Foundation Part NV Supplemental Information (continued)	20-1365543	Page 5
PartXIV Supplemental Information (continued)		
		
	-	

SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number 20-1365543 **ջ** □

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Rotary 5950 Foundation

Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

Part II can be duplicated if additional space is needed	f additional space	e is needed					A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Haiti Outreach	39-1671687	501 (c) 3	111,306.				safe water
(2) Rotary Intl foundation 1560 sherman Avenue Evanston IL 60201	36-3245072	501(c)3	348,134.				safe water
(3)							
(4)							
(5)							
(6)							
<i>Ω</i>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations				•	2

Schedule I (Form 990) 2010

TEEA3901 10/29/10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2010 Rotary 5950 Foundation

Record of the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book. FMV, appraisal, other)	(f) Description of non cash assistance
2					
က					
4					
S					
9					
7		in position and opinion of the principle	tage of Dorn	1 Ina 2 and any other	ser additional information
Line 2Rotary 5950		nunicates frequ	frequently with leadership of	dership of	
Pt_I Line 2 Haiti Outreac	ch and Rotary I	Haiti Outreach and Rotary Intl Edn. to discuss		plans for safe water projects	lects_and
Pt_I Line_2humanitarian_efforts_	ין חיו	Haiti and Africa.	_Regular	contact allows the Bo	. <u>Board</u> to
Pt_I Line 2ensure that f	ensure that funds disbursed	are	advancing the program goals	oals	
Pt_I Line_2set_by the taxpayer.	axpayer.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1		
			1		! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
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	 	 	1 1 1 1 1 1 1 1		

BAA

Schedule I (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

elling or mero linguaged

Employer identification number

Rotary 5950 Foundation	20-1365543
Pt III, Line 2 Safe water projects in Africa	
Pt_VI-C, Line 19 Documents related to the governance of the ent	ity_and
Pt_VI-C, Line 19 Copies of Form 990 are provided upon written r	equest
Pt_VI-A, Line 7a Current presidents of Rotary District 5950 clu	ubs_annually
Pt_VI-A, Line 7a elect members to the Board of the 5950 Foundat	ion
Pt VI-B, Line 11a Form 990 is prepared by an accountant not on t	the board
Pt_VI-B, Line 11a based on bank information provided. A draft of	of Form 990 is
Pt_VI-B, Line 11a provided to the Board for review, comment and	corrections
Pt VI-B, Line 11a prior to filing.	
Pt_VI-B, Line 12c Board members are provided the conflict of int	cerest
Pt VI-B, Line 12c policy annually and reminded to review and com	nply.
Pt_VI-A, Line 6 _ Current presidents of Rotary District 5950 clu	ubs_are
Pt_VI-A, Line 6 voting members of the organization.	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program
services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to
report the amount of grants and allocations to others, the total expenses, and revenue, if any, for
each program service reported.

Description:	Humanıtarian relief from Hurricanes, tsunamis, earthquakes
29,262.	
29,262.	
0.	
Description:	Local Rotary club projects to provide service
	and assistance to people in need in Minnesota.
20,290.	
0.	
	29,262. 29,262. 0. Description: 20,290. 20,290.