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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2010**

**Open to Public**

**Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>W. St. Paul/Mendota Heights Rotary</b> <b>C/O Mike Lethert</b>	<b>D</b> Employer identification number <b>06-1378418</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>170 East 7th Place</b>	<b>E</b> Telephone number <b>651-451-1707</b>
	City or town, state or country, and ZIP + 4 <b>St. Paul MN 55101</b>	<b>F</b> Group Exemption Number ▶ <b>0573</b>

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) ◀ (insert no )  4947(a)(1) or  527 (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **42,105**

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

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>12,697</b>
	<b>4</b> Investment income	<b>4</b>	<b>739</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ from fundraising events reported on line 1) Attach Schedule G if the sum of such gross income and contributions exceeds \$15,000	<b>6b</b>	<b>28,669</b>	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	<b>8,071</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>20,598</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>34,034</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>16,868</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>12,656</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>29,524</b>
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>4,510</b>
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>9,257</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>858</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>14,625</b>

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,013	22	48,377
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1,575	24	1,738
25 Total assets	47,588	25	50,115
26 Total liabilities (describe in Schedule O)	38,331	26	35,490
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,257	27	14,625

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Community Service Organization

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.

28 Local Rotary Club District 5960 of Rotary International.  
Organized to engage in civic and service projects.

(Grants \$ **16,868**) If this amount includes foreign grants, check here

28a **29,524**

29

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 **29,524**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GINGER OVERBYE 2916 WEST OWASSO BLVD ROSEVILLE MN 55113	CLUB SERVICE 0.00	0	0	0
RAYNA STURMER 883 DOUGLAS ROAD MENDOTA HEIGHTS MN 55118	2ND PRESIDENT ELECT 0.00	0	0	0
BUD SHAVER 506 COUNTRYVIEW ROAD HUDSON WI 54016	COMMUNITY SERVICE 0.00	0	0	0
JOHN KOENEN 1645 MARTHALER LANE WEST SAINT PAUL MN 55118	COMMUNITY SERVICE 0.00	0	0	0
DAVE OLSON 1049 DOUGLAS ROAD MENDOTA HEIGHTS MN 55118	ENVIRONMENTAL CHAIR 0.00	0	0	0
SUSAN HOMES 2065 E 4TH STREET ST PAUL MN 55119	FOUNDATION OFFICER 0.00	0	0	0
BOB GULLICK 18046 BLUEBIRD ST NW ANDOVER MN 55304	IMMEDIATE PAST PRES 0.00	0	0	0
COLLEEN WATSON 1003 STRATFORD ROAD MENDOTA HEIGHTS MN 55118	MEMBERSHIP 0.00	0	0	0
NICHOLLE CORCORAN 1267 STRYKER AVE WEST ST PAUL MN 55118	PRESIDENT 0.00	0	0	0
JAY HAUGEN 1897 DELAWARE AVE MENDOTA HEIGHTS MN 55118	PRESIDENT ELECT 0.00	0	0	0
KORI LAND 1015 SCOTT ROAD HUDSON WI 54016	SECRETARY 0.00	0	0	0
MIKE LETHERT 585 TERRACE COURT ROSEVILLE MN 55113	TREASURER 0.00	0	0	0
LESLIE METZEN 501 E HIGHWAY 13 BURNSVILLE MN 55337	VOCATIONAL SERVICE 0.00	0	0	0



**Part V Other Information** (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		
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 <span style="float:right">▶ 37a</span>		
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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 <span style="float:right">▶</span> _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
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 <span style="float:right">▶</span> <b>None</b>		
42a The organization's books are in care of <span style="float:right">▶</span> <b>Michael J. Lethert</b> Telephone no <span style="float:right">▶</span> <b>651-265-2024</b> 170 E 7th Pl Located at <span style="float:right">▶</span> <b>St. Paul</b> MN ZIP + 4 <span style="float:right">▶</span> <b>55101</b>		
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)?		X
If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <input type="checkbox"/> <span style="float:right">▶</span> <b>43</b>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		X

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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

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

	Yes	No
47		
48		
49a		
49b		

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 & deferred compensation	(e) Expense account and other allowances

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

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: Michael J Lethert - Treasurer Date: 10/10/11  
 Type or print name and title: Michael J Lethert - Treasurer

Paid Preparer Use Only

Print/Type preparer's name <b>Robert R. Gullick, CPA</b>	Preparer's signature <b>Robert R Gullick, CPA</b>	Date <b>09/23/11</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00163028</b>
Firm's name <b>Lethert, Skwira, Schultz &amp; Co. LLP</b>			Firm's EIN <b>41-0738189</b>	
Firm's address <b>170 7th Pl E Ste 100 Saint Paul, MN 55101-2361</b>			Phone no <b>651-224-5721</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

W. St. Paul/Mendota Heights Rotary  
C/O Mike Lethert

Employer identification number

06-1378418

**Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations**

Name and Address	Class of Activity	Date of Gift	Desc. of Property		Book Value	BV Expl.	FMV Expl.
			Cash Contrib.	Noncash Contrib.			

Miscellaneous under \$5,000

\$	16,868	\$	0
\$	0		

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

Description	Amount
<b>Expenses</b>	
Education	\$ 225
District Conferences	\$ 90
Community Service	\$ 5,196
Supplies	\$ 178
Membership	\$ 6,427
Website	\$ 218
Bank Service Charges	\$ 18
Miscellaneous	\$ 304
<b>Total</b>	<b>\$ 12,656</b>

**Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
-------------	--------

Name of the organization

W. St. Paul/Mendota Heights Rotary

Employer identification number

06-1378418

Market value adjustment \$ 858

## Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 1,575	\$ 1,738
Total	\$ 1,575	\$ 1,738

## Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 38,331	\$ 35,490

80005 W. St. Paul/Mendota Heights Rotary

06-1378418

## Federal Statements

FYE: 6/30/2011

### Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
New member application fees	\$ 150
Membership dues	5,324
Guest meals	230
Southview breakfast meals	17,442
Breakfast meals expense	-12,467
Miscellaneous	2,018
Total	<u>\$ 12,697</u>

# Federal Statements

## Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column A	\$
Moonstruck golf tournament	
Other Expenses	<u>3,893</u>
SubTotal	<u>3,893</u>
Column B	
Rotary rose sale	
Other Expenses	<u>4,178</u>
SubTotal	<u>4,178</u>
Total	<u><u>8,071</u></u>

Direct expenses other than fundraising expenses  
reported on Form 990-EZ, page 1, line 6c.