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032001 12-21-10

Department of the Treasury

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)

OMB No 1545-0047

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

| internal | | Savies . | | | mapection |
|----------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|-------------------------------|
| A Fo | r the 20 | | nding J | UN 30, 2011 | |
| B Che | eck if olicable | C Name of organization | | D Employer identific | ation number |
| | Address change | FALL RIVER ROTARY CLUB FOUNDATION | | | |
| | Name change | Doing Business As | | 11-00 | 32110 |
| | nıtıal eturn | | Room/suite | E Telephone number | |
| 7 | Termin- | P.O. BOX 1802 | | 1 = ' | 574.3114 |
| / | ated Amended | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 41,003. |
| <u> </u> | eturn Applica- | FALL RIVER, MA 02722 | | H(a) is this a group ref | |
| <u>™</u> | tion pending | F Name and address of principal officer. James Collins | | for affiliates? | Yes X No |
| | | 33 Swindells Street, Fal River, MA 027 | 120 | | |
| ⋑ - | | | | H(b) Are all affiliates incl | |
| | | pt status. [X] 501(c)(3) | r 527 | - i | ist (see instructions) |
| | | | | H(c) Group exemption | |
| Par | | ganization: Corporation Trust Association X Other | L Year | or formation: 1990 M | State of legal domicile: MA |
| Fai | | | OTE | INC. AND. CDANO | TO TOOM |
| ွ ဗွ | | efly describe the organization's mission or most significant activities. AWARD | D GIF | TS AND GRAIN | TS TO LOCAL |
| Activities & Governance | _ | HARITIES | | | |
| er. | | neck this box if the organization discontinued its operations or disposi | ed of more | 1 . 1 | |
| Gove | | imber of voting members of the governing body (Part VI, line 1a) | | 3 | 12 |
| ି ଏ | | imber of independent voting members of the governing body (Part VI, line 1b) | | 4 | 12 |
| <u></u> | 5 To | tal number of individuals employed in calendar year 2010 (Part V, line 2a) | | 5 | 0 |
| | 6 To | tal number of volunteers (estimate if necessary) | | 6 | 0 |
| ু টু | 7 a To | tal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| | b Ne | t unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| 60 | | | | Prior Year | Current Year |
| <u>m</u> | 8 Co | entributions and grants (Part VIII, line 1h) | 47,312. | 30,135. | |
| | 9 Pro | ogram service revenue (Part VIII, line 2g) | | 0. | 0. |
| 6 | 10 Inv | vestment income (Part VIII, line 29) | | 10,257. | 10,868. |
| 鍋! | | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (| | 0. | 0. |
| 图 | | tal revenue - add lines 8 through 11 (क्षेप्ट्रेंस eद्विबाप्टिवास)Vitl, column (A)तान 12) | | 57,569. | 41,003. |
| Expenses SCANINER VEREB | 13 Gra | ants and similar amounts paid (Part X, dolumn (A), lines 1-3) | | 29,067. | 41,481. |
| O | | nefits paid to or for members (Part IX, column (A), [irie 4) | | 0. | 0. |
| <i>₩</i> | | laries, other compensation, employee benefits (Han IX) column (A), lines 5-10) | - | 0. | 0. |
| <u> </u> | | ofessional fundraising fees (Part IX, column (A), line 11e) | _ | 0. | 0. |
| <u> </u> | | tal fundraising expenses (Part IX, column (D), line 25) | 0. | | <u> </u> |
| <u>~</u> | | her expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | - | 4,617. | 1,170. |
| 1 | | tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 33,684. | 42,651. |
| 1 | | evenue less expenses Subtract line 18 from line 12 | - | 23,885. | <1,648.> |
| S | is ne | Torras 1000 experises ountract line to from line 12 | | ginning of Current Year | End of Year |
| t Assets or nd Balances | 20 Ta | tal accete (Part V. line 16) | 156 | 306,610. | 378,704. |
| Ball | | tal assets (Part X, line 16) tal liabilities (Part X, line 26) | <u> </u> | 0. | 378,704. |
| ும | | • | - | | 378,704. |
| Par | | et assets or fund balances Subtract line 21 from line 20 Signature Block | | 306,610. | 3/0,/04. |
| | | | and states | sonta and to the heat of my | knowledge and belief it in |
| | | is of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of propager (other than officer) is based on all information of whi | | | Kilowieuge allu bellet, it is |
| true, c | orrect, a | and complete, begrasarian deply baser (other than officer) is based on an information of will | icii prepare | r nas any knowledge. | 19.12 |
| | | Sygnature of officer | | Date | 7-701 |
| Sign | | | | Dute | |
| Here | | James Collins, President Type or print name and title | | | |
| | - - | | / | Date Check | K I If PTIN |
| | | rint/Type preparer's name Prefarer's signature | / | 1 14 | <u></u> |
| Paid - | | WALTER V. GORDON JR., CP/////// | |)1/03/12 self-emp | loyed |
| Prepa | <u> </u> | rm's name WALTER V. GORDON JR., CPA | | Firm's EIN | |
| Use O | i nly Fi | rm's address 56 NORTH MAIN STREET | | | |
| | | FALL RIVER, MA 02720 | | Phone no. 5 | 08.674.3114 |
| May t | the IRS | discuss this return with the preparer shown above? (see instructions) | | | Yes No |

Form **990** (2010)

| Form | 990 (2010) FALL | RIVER ROTAR | Y CLUB FOU | NDATION | 11-00 | 32110 | Page 2 |
|-----------|-----------------------------------------|-------------------------|------------------------|----------------------|---------------------------------------|-------------|--------|
| Pa | t III Statement of Program | Service Accomp | lishments | | | | |
| | Check if Schedule O contains | a response to any que | stion in this Part III | | | | |
| 1 | Briefly describe the organization's m | | | | | | |
| | | | | | | | |
| | | | | | | • | |
| | | | | | | | |
| 2 | Did the organization undertake any s | significant program ser | vices during the vea | r which were not lis | ted on | | |
| _ | the prior Form 990 or 990-EZ? | ngilinoani program oor | vices during the year | | | Yes | X No |
| | If "Yes," describe these new service | s on Schedule O. | | | | | |
| 3 | Did the organization cease conducti | | changes in how it o | conducts, any progra | am services? | Yes | X No |
| | If "Yes," describe these changes on | Schedule O | | | | | |
| 4 | Describe the exempt purpose achiev | | | | | | |
| | Section 501(c)(3) and 501(c)(4) organ | | | | e amount of grants and | | |
| | allocations to others, the total exper- | | | | 104 | | |
| 4a | (Code:) (Expense | | | | 481 •) (Revenue \$ | 41, | 002.) |
| | SUPPORT OF LOCAL C | HARITABLE O. | RGANIZATIO | NS | | | |
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| 4b | (Code:) (Expense | es\$ | including grant | s of \$ |) (Revenue \$ | |) |
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| | - | | | | <u> </u> | | |
| 4c | (Code) (Expense | | including grant | o of ¢ |) (Revenue \$ | • | |
| 40 | (Code) (Expense | τS Φ | including grant | S 01 Φ |) (Heveride a | | , |
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| | | | | | | | |
| 4d | Other program services. (Describe in | Schedule O) | | | | | |
| | (Expenses \$ | including grants of \$ | |) (Revenue \$ | | | |
| <u>4e</u> | Total program service expenses | <u>42</u> | ,651. | | | | |

| | | | 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? | 2 | | Х |
| 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 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | 1 | |
| | 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 | | <u>X</u> |
| 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 | | <u> X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 3.7 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | | v |
| _ | Schedule D, Part III | 8 | | X |
| 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 | | | v |
| 40 | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | _X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | 40 | | Х |
| 44 | If "Yes," complete Schedule D, Part V | 10 | | Λ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable | | | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | Part VI | 11a | | X |
| h | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 1 | | |
| • | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 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 | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | X |
| 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | <u></u> |
| | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | ļ | X |
| 15 | 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | ١ | | |
| 4- | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | | _ v |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross upcome from gaming activities on Part VIII. line 9a? If "Yes." | 18 | - | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | v |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | | | |
| U | operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |
| | epositio di la maro mospitalo mast attavni adolteti mianuai statemento (see instructiona) | <u> </u> | 000 | 2040 |

Form 990 (2010) FALL RIVER ROTARY CLUB FOUNDATION
Part IV Checklist of Required Schedules (continued)

| 21 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), the 17 if "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants and other assistance to indeviduals in the United States on Part IX, column (A), the 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part IXI, 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 Is and III | | | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------|-----|-------|----|
| United States on Part IX, column (A), ine 17 if "res," complete Schedule I, Parts I and II 2 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 "res," complete Schedule I, Parts I and III 2 Did the organization answer "res" to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization answer and some organization answer "res" to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization answer "res" to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization answer "res" to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II "No", go to line 25 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penid exception? 6 Did the organization maintain an escrive account other than a refunding secretor at any time during the year? 7 Did the organization acts as an on behalf of "issuer for bonds outstanding at any time during the year? 8 Section 501(6)3 and 501(6)4) organizations. Did the organization engage 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 spring forms 990 or 990 E27 if "Yes," complete Schedule I, Part II 8 Was a loan to to by a current or former 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 II, Part IV instructions for applicable fling thresholds, conditions and exceptions? 9 A Current or former officer, director, trustee, or key employee or family member therefory was an officer, director, trustee, or director, trustee, or key employee or fam | 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | , , , | |
| 22 bit the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III and III and the Vegarity of the vegarity | | | 21 | Х | l |
| the deganization answer "Yes" to Part VII, Section A, Ine 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 I be year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II "In the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II If I be year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II I I be year, I the year (If Yes, "Complete Schedule II I I I I I I I I I I I I I I I I I | 22 | | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. "Two", go to the ne 25 b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c. Did the organization invest any an excess benefit than a refunding escrow at any time during the year to defease any tax-exempt bonds? do the organization and as an on behalf of "issuer for bonds outstanding at any time during the year? 24d 2dd 2dd 2dd 2dd 2dd 2dd 2dd 2dd 2dd | | column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | X | ĺ |
| Schedule <i>I</i> About 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Bod the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Dot the organization maintain an escrow account other than a refunding escrow at any time during the year of the organization and as an on behalf of "issuer for bonds outstanding at any time during the year of the organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 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-E27 if "Yes," complete Schedule L, Part II Each of the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person on the provided and the time transaction 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 IV By A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV By A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C An entity of which a current or former office | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization act as an on behalf of "issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 25a 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? 25b 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 Schedule L, Part I I 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 IV 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 IV Instructions for applicable filing thresholds, conditions and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instructions or any part of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Instructions or organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Instruction organization receive more than \$25,000 in non-cash contributions? If "Yes," comple | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | 1 |
| last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b. b Did the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year? D did the organization act as an on behalf of issuer for bonds outstanding at any time during the year? D did the organization act as an on behalf of issuer for bonds outstanding at any time during the year? D did the organization act as an on behalf of issuer for bonds outstanding at any time during the year? D did the organization act as an on behalf of issuer for bonds outstanding at any time during the year? D did the organization act as an on behalf of issuer for bonds outstanding as at five and that the transaction with a disqualified person unit a proving a disqualified person during the year? If "Yes," complete Schedule L. Part II that the transaction has not been reported on any of the organization sport sport proms 990 or 990-E2? If "Yes," complete Schedule L. Part II that the transaction has not been reported on any of the organization sport promises and that the transaction has not been reported on any of the organization sport promises and that the transaction has not been reported on any of the organization part of former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prore year, and that the transaction with one of the following parties (see Schedule L. Part IV and the organization party to a business transaction with one of the following parties (see Schedule L. Part IV and the organization party to a business transaction with one of the following parties (see Schedule L. Part IV and any time parties of the organization receive more than \$25,000 in | | Schedule J | 23 | | X |
| Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds? Did the organization invest any proceeds of tax-exempt bonds? Did the organization minest any proceeds of tax-exempt bonds? Did the organization area that a san on behalf of "issuer for bonds outstanding at any time during the year? Did the organization area 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-E72 If "Yes," complete Schedule L, Part I 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 IV Did the organization proved a grant or other assistance to an officer, director, trustee, by employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV A remitty of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A remitty of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than | 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? de Did the organization act as an on behalf of 'ssuer for bonds outstanding at any time during the year? de Did the organization act as an on behalf of 'ssuer for bonds outstanding at any time during the year? de Did the organization act as an on behalf of 'ssuer for bonds outstanding at any time during the year? de Did the organization act as an on behalf of 'ssuer for bonds outstanding at any time during the year? 24d | | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization acit as an on behalf of issuer for bonds outstanding at any time during the year? 24d | | Schedule K If "No", go to line 25 | 24a | | Х |
| any tax-exempt bonds? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ls the organization ware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ls the organization ware 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 E2? If "Yes," complete Schedule L, Part I l 25b 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 ls Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, bughly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II ls 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 locations of applicable filing thresholds, conditions and exceptions) b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV locations of director, trustee, or key employee? If "Yes," complete Schedule L, Part IV locations of director, trustee, or key employee? If "Yes," complete Schedule L, Part IV locations of director, trustee, or director, trustee, or key employee? If "Yes," complete Schedule M locations of locations of director, trustee, or key employee? If "Yes," complete Schedule M locations of locations of locations of locations of locations of loca | b | | 24b | | |
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| If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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 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 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? Note. All Form 990 filers are required to complete Schedule O 38 X | | contributions? If "Yes," complete Schedule M | 30 | | X |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 | 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| Schedule N, Part II 32 X 33 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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 36 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 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | | If "Yes," complete Schedule N, Part I | 31 | | X |
| 33 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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 36 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 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 | | Schedule N, Part II | 32 | | X |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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 36 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 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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 36 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 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 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," complete Schedule R, Part V, line 2 36 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 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 34 | Was the organization related to any tax-exempt or taxable entity? | 1 | | 1 |
| 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 36 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 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| 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 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | 1 |
| If "Yes," complete Schedule R, Part V, line 2 36 X 37 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
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| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | If "Yes," complete Schedule R, Part V, line 2 | 36 | ļ | X |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| Note. All Form 990 filers are required to complete Schedule O | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| | 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | 1 |
| Form 990 (2010 | | Note. All Form 990 filers are required to complete Schedule O | | | L |

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

010) FALL RIVER ROTARY CLUB FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance Part V

| | | | | Yes | No | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------|----------------------------------------------|----------|--|--|--|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable | 1a 0 |] | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eportable gamıng | | | | | | |
| | (gambling) winnings to prize winners? | 1 1 | 1c | | | | | |
| 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 0 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | 2b | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction | s) | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | 3b | | | | | |
| 4a | 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)? | 4a | <u> </u> | X | | | |
| þ | If "Yes," enter the name of the foreign country: | | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accounts. | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | iction? | 5b | | <u> </u> | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | | | |
| 6a | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ne organization solicit | | | | | | |
| | any contributions that were not tax deductible? | | 6a | \sqcup | X | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | ions or gifts | | | | | | |
| | were not tax deductible? | | 6b | \vdash | | | | |
| 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 se | rvices provided to the payor? | 7a | \vdash | X | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | , | 7b | $\vdash\vdash\vdash$ | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | i _ | | 37 | | | |
| | to file Form 8282? | 1 1 | 7c | | X | | | |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 7e | | Х | | | |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | 7 <u>f</u> 7g | | X | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | • | 7h | | -21 | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | | /" | | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | | 8 | 1 } | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | any anno asimig ano your | ۲ | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | 9a | 1 1 | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 1 | | | | | |
| 11 | Section 501(c)(12) organizations. Enter. | |] | | | | | |
| а | Gross income from members or shareholders | 11a | | 1 | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | 1 | | | | | |
| | amounts due or received from them.) | 11b | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | <u> </u> | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | | | | |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 (| | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | |
| | Enter the amount of reserves on hand | 13c | | <u> </u> | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | \sqcup | <u> </u> | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e O | 14b | لييا | | | | |
| | | | Form | 1 990 (| 2010) | | | |

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

| | Check if Schedule O contains a response to any question in this Part VI | | | \mathbf{x} |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|--------------|
| Sec | tion 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 12 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | 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 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | , , , , , , , , , , , , , , , , , , , , | | | |
| _ | governing body? | 7a | | X |
| | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b_ | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | |
| | by the following | | 177 | |
| | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | _ | | 37 |
| Sac | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | 162 | X |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | - | |
| _ | and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | | 12a | | Х |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | | |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) | | | |
| ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 40- | | v |
| h | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | 16a | | X |
| ٥ | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | |
| | and a table of the second to t | 16b | | |
| Sec | tion C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MA | | | |
| 18 | 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. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar | nd fina | ncial | |
| | statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization | ion: 🕨 | | |
| | CITIZENS-UNION SAVING BANK TRUST DE - 508.678.7641 | | | |
| | 4 SOUTH MAIN ST., FALL RIVER, MA 02721 | | | |

| _ | | | |
|------|-----|-------|---|
| ⊢orm | 990 | (2010 | n |

FALL RIVER ROTARY CLUB FOUNDATION

11-0032110

Part VII 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

- 1a 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 | | orga | nıza | | | npe | nsa | | ľ | |
|----------------------------------------------|-------------------|--------------|-----------------------|----------|--------------|------------------------------|--------|-----------------|------------------------------|-----------------|
| (^) | (B) | l | | (0 | | | | (D) | (E) | (F) |
| Name and Title | Average | ١., | | Pos | | | | Reportable | Reportable | Estimated |
| | hours per | - | neck | (all 1 | that apply | | ily) | compensation | compensation from related | amount of other |
| | week (describe | director | | | | | | from the | organizations | compensation |
| | hours for | ΙÞ | e e | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | trustee | frust | | 83 | npens | | (W-2/1099-MISC) | , | organization |
| | organizations | t fag | tonal | | g Ş | yee St | _ | | | and related |
| | in Schedule O) | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| JAMES COLLINS | | | | | | | | | - | |
| PRESIDENT | 0.50 | | | | | | | 0. | 0. | 0. |
| ROGER CABRAL | | | | | | | | | | |
| VICE PRESIDENT | 0.50 | | L | | | | | 0. | 0. | 0. |
| PAULA RAPOSA | | İ | | İ | İ | İ | İ | | | |
| SECRETARY | 0.50 | ļ | _ | | ļ | ļ | _ | 0. | 0. | 0. |
| CHARLENE JAREST | | ļ | | | | | | | | |
| TREASURER | 0.50 | <u> </u> | | L | _ | ļ | L | 0. | 0. | 0. |
| ROBERT LAWRENCE | | | | | ĺ | | İ | | | |
| BOARD MEMBER | 0.50 | L | | | | | L | 0. | 0. | 0. |
| DOUGLAS RODERIGUES | | | ŀ | | | | | | | |
| BOARD MEMBER | 0.50 | _ | _ | | | <u> </u> | _ | 0. | 0. | 0. |
| JOAN MEDEIROS | | | ĺ | | | | | | | |
| BOARD MEMBER | 0.50 | <u> </u> | | | _ | | _ | 0. | 0. | 0. |
| PAULA RAPOSA | 1 | ļ | ļ | | | | l | | | |
| BOARD MEMBER | 0.50 | ├ | <u> </u> | ├- | - | - | - | 0. | 0. | 0. |
| DORENE MENEZES | 0.50 | | | ļ | | | | | | |
| BOARD MEMBER | 0.50 | \vdash | ļ | ┢ | _ | - | ╀ | 0. | 0. | 0. |
| CHARLENE JAREST | 0.50 | | ŀ | Ì | | | | | | |
| BOARD MEMBER | 0.50 | - | ├ | <u> </u> | _ | ╁ | - | 0. | 0. | 0. |
| RICHARD LAFRANCE | 1 0 50 | | | | | | | | | , |
| BOARD MEMBER | 0.50 | ┼ | ┼ | <u> </u> | \vdash | + | - | 0. | 0. | 0. |
| HARVEY TRIEFF | 0.50 | | | | | | | 0. | 0. | 0 |
| BOARD MEMBER | 0.50 | | - | - | - | ┼ | ╁ | | 0. | 0. |
| BETH FAY | 0.50 | | | | l | | | 0. | 0. | 0. |
| BOARD MEMBER JO ANN BENTLEY | 0.50 | + | ├ | - | | - | ┢ | · | 0. | |
| | 0.50 | | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 0.30 | <u> </u> | | <u> </u> | | | | | · | |
| | - | - | <u> </u> | - | - | - | - | | | |
| | | + | - | | | - | | | | |
| | | <u></u> _ | <u></u> | <u> </u> | | <u> </u> | | | | |

| Par | T VII Section A. Officers, Directors, Tre | <u>ųstees, Key Er</u> | npio | oyee | s, a | nd ł | High | est | Compensated Employ | ees (continued) | | | | |
|-------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------|-----------------------|---------|--------------|------------------------------|------------|----------------------------------------------------------------|-----------------------------------------------------------------|--------------|------------------------|----------------------------------------|-------------------------|
| | (A) | (B) | (C) | | | | | | (D) | (E) | - | (F) | | |
| | Name and title | Average hours per | (0) | heck | Pos | | | . I. A | Reportable | Reportable | | | stimate | |
| | | week (describe hours for related organizations in Schedule | ustee or director | Institutional trustee | | Key employee | Highest compensated Employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC |) | com fr org an | nount other pensa om th anizat d relat | ation e ion ed |
| | | O) | A Dul | Instit | Officer | Key e | Hgh | Former | | | | Orga | 21 112 a (1 | UIIS |
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| | Sub-total | | | | | | > | | 0. | | 0. | | | 0. |
| | Total from continuation sheets to Part V Total (add lines 1b and 1c) | II, Section A | | | | | | | 0. | | 0. 0. | | | 0. |
| 2 | Total number of individuals (including but r | not limited to th | ose | liste | ed al | bove | e) wl | no re | · | | <u>U • [</u> | | | |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | | | , ke | y em | plo | yee, | or h | nighest compensated er | nployee on | | _ | | Х |
| 4 | For any individual listed on line 1a, is the si | um of reportab | le co | | | | | | | the organization | ł | 3_ | | |
| _ | and related organizations greater than \$15 | | | - | | | | | | .dal & | } | 4 | | X |
| 5 | Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | | | | | | | еват | ed organization or indiv | idual for services | | 5 | | х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated in | depe | ende | nt c | onti | racto | ors t | that received more than | \$100,000 of comp | ensa | ation 1 | from | |
| | (A) Name and business | address | | · | | | | | (B) Description of s | services | C | | C) nsatio | n |
| | | | | | | | - | | | | | • | | |
| | | | | | | | | | | - | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | - | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (| including but n | ot l | mıte | d to | tho | se li | stec | d above) who received n | nore than | | | | |
| | \$100,000 in compensation from the organ | zation > | | | | (| 0 | | | | | | | |

Page 8

| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---------------------------|-----|------------------------------------------------------|----------------------|---------------|----------------------|-------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| £ 1 | l a | Federated campaigns | 1a | | - | | | 1 |
| and other similar amounts | | Membership dues | 1b | | | | | |
| Ĕ | С | Fundraising events | 1c | | | 1 | | |
| ä | d | Related organizations | 1d | | | | | |
| Ξ | е | Government grants (contribut | ions) 1e | | | | | |
| S | f | All other contributions, gifts, gran | ts, and | | | | | 1 |
| Ě | | similar amounts not included abo | ve 1f | 30,135. | | | | |
| ğ | g | Noncash contributions included in lines | 1a-1f \$ | | | | | |
| ē | h | Total. Add lines 1a-1f | | ▶ | 30,135. | | | |
| | | | | Business Code | | | | |
| 2 | 2 a | | | | · | | | |
| စ္ခ | b | | | <u> </u> | | | | |
| E E | С | | | | | | | |
| Revenue | d | | | | | | | <u> </u> |
| | е | | | | | | | |
| | | All other program service reve | nue | | | | | |
| + | g | Total. Add lines 2a-2f | | | | | | |
| 3 | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other sımılar amounts) | | ▶ | <u> 10,868.</u> | | | 10,868 |
| 4 | | Income from investment of ta | x-exempt bond p | proceeds - | | | | |
| 5 | 5 | Royalties | | <u> </u> | | | | |
| | | | (ı) Real | (II) Personal | | | | ļ |
| 6 |) a | Gross Rents | | | | | | |
| | | Less rental expenses | | | | | | } |
| | | Rental income or (loss) | L | | | | | |
| | | Net rental income or (loss) | | <u> </u> | | | | |
| 7 | a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | } |
| | | Net gain or (loss) | | — | | | | |
| 2 8 | s a | Gross income from fundraisin | | | | | | - |
| <u> </u> | | including \$ | | | | | | |
| 2 | | contributions reported on line | | | | | | |
| | L | Part IV, line 18 | а | | | | | |
| 5 | | Less direct expenses Net income or (loss) from fund | b dravava avvanta | | | | | |
| | | Gross income from gaming ac | _ | | | | | - |
| " | , a | Part IV, line 19 | | | | | | |
| | h | Less direct expenses | a | | | | | |
| | | Net income or (loss) from gan | b b | | | | | |
| 10 | | Gross sales of inventory, less | = | | <u> </u> | | | |
| .0 | , a | and allowances | | | | | | |
| | h | Less: cost of goods sold | a b | | | | | |
| | | Net income or (loss) from sale | _ | | | 1 | | |
| | | Miscellaneous Revenu | | Rusiness Code | | | | |
| 44 | l a | | | Business Code | | 1 | | 1 |
| ' ' | | | | | | | | - |
| | b | | | | | | | |
| | C | All other revenue | | | | | | |
| | d | All other revenue | | | | | | |
| 12 | | Total. Add lines 11a-11d | | | 41 000 | | | 10.000 |
| | 2 | Total revenue. See instructions. | | P | <u>41,003.</u> | 0. | 0. | 10,868 Form 990 (201 |

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)

| | - The Control of Garnizations made com | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 41,481. | 41,481. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | . " | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees). | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel . | | | | |
| 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 | | | | |
| 24 | 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 0.) | | | | |
| а | bank fees | 793. | 793. | | |
| b | reimb for int'l svc pro | 341. | 341. | | |
| С | foreign taxes | 36. | 36. | | |
| d | | | | | |
| е | | | | - | |
| f | All other expenses | | | | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24f | 42,651. | 42,651. | 0. | 0. |
| 26 | 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. | | | | |

Part X **Balance Sheet** (A) Beginning of year (B) End of year 60,717. 70,502. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 245,893. 308,202. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 306,610. 378,704 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deterred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 Unrestricted net assets 306,610. 27 378,704. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 <u>306,610.</u> <u>378,704.</u> 33 Total net assets or fund balances 33

378,704. Form **990** (2010)

306,610.

34

Total liabilities and net assets/fund balances

| Form | 990 (2010) FALL RIVER ROTARY CLUB FOUNDATION | <u> 11-</u> | 0032110 | Pag | ge 12 |
|------|-----------------------------------------------------------------------------------------------------------------------|-------------|---------|------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4.1 | 1,0 | 03. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u>51.</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | <1 | <u>1,6</u> | <u>48.</u> : |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 306 | 5,6 | <u> 10.</u> |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 73 | <u>3,7</u> | <u>42.</u> |
| 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 | 378 | 3,7 | 04. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | Щ. |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | l |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | ļļ | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| 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 of the | e audıt, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | |
| | separate basis, consolidated basis, or both | | ļ | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | İ | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | ngle Auc | Jit | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired aud | lit | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | <u> </u> |

Form **990** (2010)

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

Name of the organization

FALL RIVER ROTARY CLUB FOUNDATION

Employer identification number 11-0032110

| Part I | Reason | tor Public Char | ity Status (All organiz | ations mus | st complet | e this part | :)See inst | ructions. | | | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|-----------------------------------------------|----------------------------------------|----------------------|--------------------------------------------------|---------------|--------------------------------------------------|--------------|----------|----|
| The organ | ization is not a | a private foundation | because it is: (For lines 1 | 1 through 1 | 11, check | only one b | ox.) | | - | | | |
| 1 🗀 | A church, cor | nvention of churches | s, or association of chur | ches desci | nbed in se | ction 170 | (b)(1)(A)(i) | | | | | |
| 2 | | | 0(b)(1)(A)(ii). (Attach Sc | | | | | | | | | |
| з 🗔 | | | tal service organization | - | n section | 170(b)(1)(| Άγiii). | | | | | |
| 4 | • | • | operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter th | e hospital | 's nam | e. |
| | city, and stat | - | , | | | | | (-/(·/(·/(· | .,. | | | -, |
| 5 | | | benefit of a college or ur | niversity ov | vned or or | erated by | a governo | nental uni | t describer | d in | | |
| 5 | | | | involutiy ov | ************************************** | oratoa by | a govenn | nontal an | · doddingo | | | |
| e 🗀 | section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 6 <u>X</u> | | | | | | | | r from the | gaparal p | مممل ماطن | mbad | _ |
| لما / | | | eives a substantial part | or its supp | ort from a | governme | intai unit o | r irom the | general pi | ublic desc | nbea ii | n |
| • | • | b)(1)(A)(vi). (Comple | • | 10 l - t - | D- 4 II \ | | | | | | | |
| 8 - | - | | ection 170(b)(1)(A)(vi). | • | - | | | | | | | |
| 9 🗀 | - | - | eives. (1) more than 33 1 | | | | | | | - | • | |
| | | • | nctions - subject to certa | • | • | • | | | • • | • | | |
| | | | axable income (less sect | tion 511 ta | x) from bu | sinesses a | acquired b | y the orga | inization af | iter June 3 | 0, 197 | 5. |
| | | 509(a)(2). (Complete | • | | | | | _ | | | | |
| 10 | | | perated exclusively to te | | - | | | - | | | | |
| 11 | - | | perated exclusively for the | | • | | | | • | • | | or |
| | | | ations described in secti | | | | 2) See se o | tion 509(| a)(3). Chec | ck the box | that | |
| | | | organization and compli | | | | | | | | | |
| | a Type I | | _ ,, | | e III - Func | • | • | | | Type III - C | | |
| ei | | • | it the organization is not | | • | • | - | | • | | | n |
| | | _ | han one or more publicly | | _ | | | | 9(a)(1) or s | ection 509 | (a)(2) | |
| f | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | supporting o | rganızatıon, check th | ns box | | | | | | | | | |
| g | Since August | t 17, 2006, has the o | organization accepted ar | ny gift or co | ontribution | from any | of the follo | owing pers | sons? | | | |
| | (i) A perso | n who directly or ind | irectly controls, either al | lone or tog | ether with | persons o | lescribed i | ın (ıı) and (| ııı) below, | | Yes | No |
| | the gove | erning body of the s | upported organization? | | | | | | | 11g(i) | Ц | |
| | (ii) A famıly | member of a persor | n described in (i) above? | • | | | | | | 11g(ii) | igsquare | |
| | (iii) A 35% (| controlled entity of a | person described in (i) o | or (II) above | 9? | | | | | 11g(iii) | | |
| h | Provide the f | ollowing information | about the supported or | ganızatıon(| (s) | | | | | | | |
| | | | | | | | | , | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of | | rganization | | | (vi) Is | the | (vii) An | nount o | f |
| org | anization | | | in col. (i) listed in your organization in co | | | ol. (i) organized in the | | | port | | |
| | | | above or IRC section | governing document? | | (i) of your support? | | U.S | .? | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
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Schedule A (Form 990 or 990-EZ) 2010 FALL RIVER ROTARY CLUB FOUNDATION 11-0032110 Page 2 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)

| Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar Calcar C | Sec | ction A. Public Support | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------|---------------------|-----------------------|---------------------------------------|---------------------|---------------------|---------------------------------------|
| membershup fees recoved. (Do not include any "unususal grants") 12,233. 46,664. 31,490. 47,312. 30,135. 167,834. 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on the behalf and either paid to or expended on the behalf and either paid to the organization without charge 4 Total. Add lines 1 through 3 3 The value of services or facilities from the fact of the paid to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support, Selevatives behalf and the stead of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross incremen from alterest, dividends, payments received on securities learner, rents, royathes and income from similar sources 9 Net increme from inereat, dividends, payments received on securities learner, rents, royathes and income from similar sources 15,836. 13,273. 11,469. 10,257. 10,868. 61,703. 15 Total support. Add lines 7 through 10 16 Total support and of capital assets (Schplanin Part IV) 17 Total support and of the business activities, whether or not the business in segularly carmed on 10 other income Do not include gain or loss from the sale of capital assets (Schplanin Part IV) 18 Total support test - 2010, lift the organization of whole Support Percentage 19 Public support percentage for 2010 (line 6, column (f) wholed by line 11, column (f) 14 73, 12 5 7 7, 40 % 16a 33 1/3% support test - 2010, lift the organization of do not check to box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization mosts the "fact-sand-circumstances" test. The organization qualifies as a publicly supported organization mosts the "fact-sand-circumstances" test. The organization qualifies as a publicly supported organizati | Cale | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 12,233, 46,664, 31,490, 47,312, 30,135, 167,834, 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4 | 1 | Gifts, grants, contributions, and | | | | | | |
| 2 Tax revenues leved for the organization's benefit and other paid to 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 inset 1 through 3 5 The portion of total contributions by each person (plane than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Selesation's forming in (a) 2005 (b) 2007 (c) 2009 (d) 2009 (e) 2010 (f) Total Section B. Total Support 2 Takedarypas (or fiscal year tegining in) (a) 2005 (b) 2007 (e) 2009 (d) 2009 (e) 2010 (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Total Column (f) Tota | | membership fees received. (Do not | | | | | | |
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| 11 Total support. Add lines 7 through 10 | | • | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 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, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization 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, check this box and stop here. Explain in Part IV how 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 organiza | | | | | | | | 220 527 |
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| Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 | Sa | | | rcentage | · · · · · · · · · · · · · · · · · · · | | | |
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| 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 | | | | | · - | | rt IV how the organ | nization |
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| | | more, and if the organization meets the | ne "facts-and-circu | mstances" test, ch | eck this box and s | stop here. Explair | in Part IV how the | • |
| | | organization meets the "facts-and-cire | cumstances" test. | The organization o | ualifies as a public | ly supported orga | anızatıon | ▶∐ |
| 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 | 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | ind see instruction | s > |

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 | etion A. Public Support | olow, produce com | proto i dit ing | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|----------------------|-----------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | ļ | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and | | | 1 | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | <u> </u> | | |
| | Public support (Subtract line 7c from line 6) | | <u>i</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| | ction B. Total Support | r | | | | 1 | |
| | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| - | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is for | r the organization' | s first, second, the | rd, fourth, or fifth | tax year as a section | on 501(c)(3) organi | zation, |
| | check this box and stop here | | | · | | | <u>▶□</u> |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2010 (| • • • • • • • • • • • • • • • • • • • • | • | column (f)) | | 15 | % |
| 16 | Public support percentage from 2009 | | | | | 16 | % |
| | ction D. Computation of Inve | | | | | 147 | |
| 17 | • | | | ne 13, column (t)) | •• | 17 | <u>%</u> |
| 18 | Investment income percentage from | | | on line 14 and line | 20 15 10 mars the - | 23 1/3% and line | 17 is not |
| 19: | a 33 1/3% support tests - 2010. If the | | | | | | I/ IS NOT |
| | more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the | | | | | | and |
| • | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | | | • | | | | |
| | · | | | | | | |

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, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| Da | FALL RIVER ROTARY C | | Accounts Complete of the |
|-----|--------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|
| Pai | | | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | | a) Francisco de la constanta |
| | <u></u> | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | rriting that the assets held in donor advised ful | nds |
| | are the organization's property, subject to the organization's e | _ | ☐ Yes ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor ad | livisors in writing that grant funds can be used | only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose confe | erring |
| | ımpermissible private benefit? . | | Yes No |
| Pai | t II Conservation Easements. Complete if the orga | anization answered "Yes" to Form 990, Part IV | /, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or ed | ducation) Preservation of an historica | ally important land area |
| | Protection of natural habitat | Preservation of a certified h | nistoric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form of a c | onservation easement on the last |
| | day of the tax year | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements . | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | icture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | fter 8/17/06, and not on a historic structure | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the orga | inization during the tax |
| | year > | , , , | ŭ |
| 4 | Number of states where property subject to conservation eas | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | | |
| | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, a | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation | on easements in its revenue and expense state | |
| | include, if applicable, the text of the footnote to the organizati | | |
| | conservation easements. | | · g · · · · · · · · · · · · · · · |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" to Form 9 | | |
| | If the organization elected, as permitted under SFAS 116 (AS | | and balance sheet works of art. |
| | historical treasures, or other similar assets held for public exh | | |
| | the text of the footnote to its financial statements that describ | | r public corvice, provide, in a drexity, |
| h | If the organization elected, as permitted under SFAS 116 (AS | | halance sheet works of art, historical |
| D | treasures, or other similar assets held for public exhibition, ed | | |
| | | dication, or research in fulfillerance of public si | ervice, provide the following amounts |
| | relating to these items: | | ▶ ¢ |
| | (i) Revenues included in Form 990, Part VIII, line 1 | • | \$ |
| _ | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical trea | | ı, provide |
| | the following amounts required to be reported under SFAS 11 | 16 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | • • • | ▶ \$ |

| | | <u>VER ROTARY</u> | | | | | | 11-00 | | | ge 2 |
|---------|----------------------------------------------------------------------------------------|------------------------|----------------|----------------|---------------|------------|-----------|------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Par | t III Organizations Maintaining C | collections of A | <u>rt, His</u> | torical Tr | easures, c | or Othe | er Sim | <u>ilar Asse</u> | ts (conti | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, chec | k any of the | following tha | it are a s | ıgnıficar | nt use of its | collection | ı ıtems | ; |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | Loan or excl | hange progra | ams | | | | | |
| b | Scholarly research | е | . \square | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how t | hey further th | ne organizati | on's exe | mpt pui | rpose in Pai | t XIV. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the | e organizatio | n answered | "Yes" to | Form 9 | 90, Part IV. | line 9, or | | |
| | reported an amount on Form 990, Par | | | • | | | | , , | • | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for | contribution | s or other as | sets not | ınclude | ed | | | |
| | on Form 990, Part X? | | , | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIV | and complete the fo | llowing | table: | • | | | | | | |
| - | Troo, explain the dirangement in rate at | and complete the re | , | 145.01 | | | | | Amount | : | |
| | Beginning balance | | | | | | 10 | | 7 4 110 4111 | · | |
| | Additions during the year | | | | | | 10 | | | | |
| | Distributions during the year | | | | | | | | | | |
| _ | | | | | | | 1e | Ti Ti | | | |
| f O- | Ending balance | orm 000 Dort V line | 010 | | | | 1f | <u> </u> | 7 ٧ | | No |
| | Did the organization include an amount on Fi | | 211 | | | | | L | _ Yes | لــــا | NO |
| Par | If "Yes," explain the arrangement in Part XIV. t V Endowment Funds. Complete in | | | "Vaa" ta Ca | 000 Dord | IV line 1 | 10 | | | | |
| T ai | Lindowinient i dilds. Complete i | | | | | | | | 1.,5 | | |
| | | (a) Current year | (b) t | Prior year | (c) Two yea | rs dack | (a) Inre | e years back | (e) Four | years t | эаск |
| 1a | Beginning of year balance | | - | | ļ | | | | | | |
| b | Contributions | | <u> </u> | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | - | | | <u> </u> | | |
| | Grants or scholarships . | | | | | | | | - | | |
| е | Other expenditures for facilities | | ! | | • | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | ļ | | | | | | ļ | | |
| g | End of year balance | | l . | | <u> </u> | | | | <u> </u> | | |
| 2 | Provide the estimated percentage of the year | r end balance held a | as. | | | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment > | % | | | | | | | | | |
| С | Term endowment | % | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation th | at are held a | ınd admınıste | ered for t | he orga | inization | | | |
| | by | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Sche | dule R? | | | | | 3b | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | |
| 4 | Describe in Part XIV the intended uses of the | e organization's end | owment | funds | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent. See Form 99 | 0, Part) | (, line 10 | | | | | | | |
| | Description of investment | (a) Cost or o | other | (b) Cost | or other | (c) A | ccumul | ated | (d) Boo | k value | - • |
| | | basis (investi | ment) | basis | (other) | de | preciati | on | | | |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| e | Other | | | | | | | | | | |
| | . Add lines 1a through 1e (Column (d) must e | equal Form 990, Part | X, colu | mn (B), line 1 | 10(c)) | | <u>.</u> | ▶ | | | 0. |

Schedule D (Form 990) 2010

| Part VII Investments - Other Securities. | See Form 990, Part X, I | ine 12. | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------|---------------------------------------------|---------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | Cos | (c) Method of valuat | |
| | | | | |
| (1) Financial derivatives | | | | <u> </u> |
| (2) Closely-held equity interests (3) Other | | | | |
| (3) Other | | | | |
| (B) | | | | · · · · · · · · · · · · · · · · · · · |
| (C) | | | | |
| (D) | | | ··-·· | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | · · · · |
| (H) | | | | |
| (1) | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | | line 13. | | |
| (a) Description of investment type | (b) Book value | | (c) Method of valuatest or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | | |
| (6) | - | | | |
| | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, li | | | | |
| | a) Description | | | (b) Book value |
| (1) | · | | | |
| (2) | | | | . |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | • |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) | | | > | |
| Part X Other Liabilities. See Form 990, Part | X, line 25. | (A.) A | <u> </u> | |
| 1. (a) Description of liability | | (b) Amount | 4 | |
| (1) Federal income taxes | | | - | |
| (2) | | | - | |
| (3) | | | - | |
| | | | - | |
| (5) | | | - | |
| (6) | | | - | |
| | | | - | |
| (8) | | | - | |
| (9) | | | 4 | |
| (10) | | | - | |
| (11) | (OC) | | 1 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footno | IINE 25.) | al statements that reports the organ | nization's liability for uncertai | n tax positions under |

| | dule D (Form 990) 2010 FALL RIVER ROTARY CLUB F | | | 11-003 | 2110 Page 4 |
|-----|----------------------------------------------------------------------------------------|---------------------------------------|-------------|------------------|--------------------|
| Pa | t XI Reconciliation of Change in Net Assets from Form 99 | 0 to Audited Fina | ncial Sta | tements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 41,003. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | 42,651. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | - | <1,648. |
| 4 | Net unrealized gains (losses) on investments | | 4 | | 54,582. |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | Investment expenses | | 6 | | |
| 7 | Prior period adjustments | | 7 | | |
| 8 | Other (Describe in Part XIV.) | | 8 | | 19,160. |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | | 73,742. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines | | 10 | | 72,094. |
| Pai | t XII Reconciliation of Revenue per Audited Financial State | ements With Reve | enue per | 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: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | _ | |
| С | Recoveries of prior year grants | 2c | | _ | |
| d | Other (Describe in Part XIV) | 2d | | _ | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | investment expenses not included on Form 990, Part VIII, line 7b | 4a | | _ | |
| b | Other (Describe in Part XIV.) | _4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| _5_ | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | · · · · · · · · · · · · · · · · · · · | | 5 | |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Stat | tements With Exp | enses p | er Return | |
| 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: | 1 1 | | | |
| а | Donated services and use of facilities | 2a | <u> </u> | | |
| b | Prior year adjustments . | 2b | | | |
| c | Other losses | . 2c | | - | |
| d | Other (Describe in Part XIV.) | 2d | | ⊣ | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | _ | |
| b | Other (Describe in Part XIV.) | 4b | | ⊣ | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |) | · · - | 5 | - |
| | t XIV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F | | | | |
| | e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also | | rovide any | additional infor | mation. |
| Pa: | rt XI line 8-Farinha funds transferred. | | | | |
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2 Employer identification number 11-0032110 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance On-going operating X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any expenses recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(bock, recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (if) Method of valuation (book, recash assistance)

(c) IRC section (d) Amount of recipient received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of recash assistance or government assistance other) 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 5,500 FALL RIVER ROTARY CLUB FOUNDATION Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance cntena used to award the grants or assistance? 1 (a) Name and address of organization Child and Family Services Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) PartII Part

3 Enter total number of other organizations
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Schedule I (Form 990) (2010)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in 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. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The allocation committee reviews applications and makes recommendations This committe also (d) Amount of non-cash assistance Ö 10,000 (c) Amount of cash grant to the Board of Directors based on grants approved. (b) Number of recipients 10 Procedures for use of grant funds (a) Type of grant or assistance monitors the grants. Scholarships Part III

Schedule I (Form 990) (2010)

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FALL RIVER ROTARY CLUB FOUNDATION

Schedule I (Form 990) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

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.

2010 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 11-0032110 FALL RIVER ROTARY CLUB FOUNDATION Form 990, Part VI, Section B, line 11: Board reviews the 990 at their board meeting. Form 990, Part VI, Section C, Line 19: By request. Form 990, Part XI, line 5, Changes in Net Assets: Net unrealized gains on investments: 54,582. Farinha funds transfer 19,160. Total to Form 990, Part XI, Line 5 73,742.