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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning		7/1/2010	, and ending	6/30/2011
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change		NATIONAL EXCHANGE CLUB OF ROCHESTER		41-6039640
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return		PO BOX 972		(507) 282-3728
<input type="checkbox"/> Terminated		City or town	state or country	F Group Exemption Number ►
<input type="checkbox"/> Amended return		ROCHESTER	MN	55903-0972
<input type="checkbox"/> Application pending		G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►
I Website: ► N/A		J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000		A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$		93,041
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I )				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> X				
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	5a	1	248
	2 Program service revenue including government fees and contracts . . . . .	5b	2	
	3 Membership dues and assessments . . . . .		3	22,785
	4 Investment income . . . . .		4	7
	5a Gross amount from sale of assets other than inventory . . . . .		5c	
	b Less: cost or other basis and sales expenses . . . . .	5a		0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5b		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a		
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	248 of contributions	6b	70,001	
c Less direct expenses from gaming and fundraising events . . . . .	6c		18,996	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d		51,005	
7a Gross sales of inventory, less returns and allowances . . . . .	7a			
b Less: cost of goods sold . . . . .	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		0	
8 Other revenue (describe in Schedule O) . . . . .	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9		74,045	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10		70,618
	11 Benefits paid to or for members . . . . .	11		
	12 Salaries, other compensation, and employee benefits . . . . .	12		
	13 Professional fees and other payments to independent contractors . . . . .	13		300
	14 Occupancy, rent, utilities, and maintenance . . . . .	14		
	15 Printing, publications, postage, and shipping . . . . .	15		
	16 Other expenses (describe in Schedule O) . . . . .	16		25,879
	17 Total expenses. Add lines 10 through 16 . . . . .	17		96,797
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18		-22,752
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19		45,200	
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20		-363	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21		22,085	

16

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	28,242	22	22,085
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	16,958	24	
25 Total assets	45,200	25	22,085
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,200	27	22,085

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? COMMUNITY SERVICE YOUTH AND CIVIC PROGRAMS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

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

28 YOUTH AND CIVIC CONTRIBUTIONS YOUTH SPORTS TEAMS, BEYOND THE YELLOW RIBBON, YMCA CAMP, CHALLEN ONE, FREEDOM SHRINE, MIRACLE LEAGUE, SENIOR CITIZENS SERVICES			
(Grants \$ 66,618 ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	
29 BOOK OF GOLDEN DEEDS PROGRAM TO ACKNOWLEDGE OUTSTANDING SERVICE TO THE COMMUNITY			
(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30 SCHOLARSHIPS FOR HIGH SCHOOL SENIORS			
(Grants \$ 4,000 ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	► <input type="checkbox"/>	32	0

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JANET DURBAHN 206 6TH AVENUE NW STEWARTVILLE MN 55976	Title PRESIDENT Hr/WK 3.00	0		
AMY DUNN 1201 SOUTH BROADWAY ROCHESTER MN 55904	Title PRES-ELEC Hr/WK 2.00	0		
DAWN SIGNER 1601 11TH AVENUE NE ROCHESTER MN 55901	Title 1ST VICE Hr/WK 1.00	0		
RICHARD RADKE 4703 3RD ST NW ROCHESTER MN 55901	Title SECRETARY Hr/WK 1.00	0		
MARY JO MASOG COUNSELOR REALTY ROCHESTER MN 55901	Title TREASURER Hr/WK 5.00	0		
ED CHESTOLOWSKI 220 SOUTH BROADWAY ROCHESTER MN 55904	Title BOARD DIRECTOR Hr/WK 1.00	0		
HARRY MUELLNER 1103 13TH AVENUE NW ROCHESTER MN 55901	Title BOARD DIRECTOR Hr/WK 1.00	0		
SUE MADDEN 914 NORTH BROADWAY ROCHESTER MN 55901	Title BOARD DIRECTOR Hr/WK 1.00	0		
GERALD BLAISDELL 4216 MANOR WOODS DRIVE NW ROCHESTER MN	Title BOARD DIRECTOR Hr/WK 1.00	0		
STAN MAASS 9622 COUNTY ROAD 108 STEWARTVUKKE MN 559	Title BOARD DIRECTOR Hr/WK 1.00	0		
DANAE OSTERN 184 GREY FOX AVENUE SW ROCHESTER MN 5590	Title BOARD DIRECTOR Hr/WK 1.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33  X34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 34  X35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35  Xa Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a  Xb If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b  X36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 36  X37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37a  Xb Did the organization file Form 1120-POL for this year? 37b  X38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a  Xb If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b  X39 Section 501(c)(7) organizations Enter: 39a  Xa Initiation fees and capital contributions included on line 9. 39b  Xb Gross receipts, included on line 9, for public use of club facilities 39b  X40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40a  Xb Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b  Xc Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c  Xd Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d  Xe All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e  X41 List the states with which a copy of this return is filed ► 41  X

42 a The organization's books are in care of ► MARY JO MASOG Telephone no ► (507) 254-9980

Located at ► 1920 BUCK RIDGE DR NE City ROCHESTER ST. MN ZIP + 4 ► 55906

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b  XIf "Yes," enter the name of the foreign country: ► 42b  XSee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c  Xc At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 42c  X43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43  Xand enter the amount of tax-exempt interest received or accrued during the tax year ► 43  X44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a  Xb Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b  Xc Did the organization receive any payments for indoor tanning services during the year? 44c  Xd If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  X

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37a		
37b	X	
38a	X	
40a		
40b	X	
41		
42a		
42b	X	
42c	X	
43		
44a	X	
44b	X	
44c	X	
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  Yes  No

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.  45  X

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

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

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

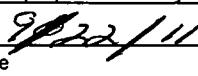
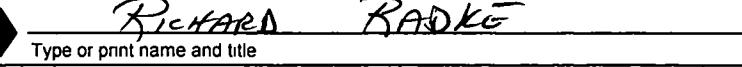
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
f Total number of other employees paid over \$100,000 ►				

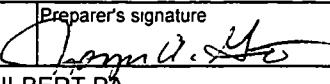
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► 	Date 
	► 	

Paid Preparer's Use Only	Print/Type preparer's name JOYCE GILBERT	Preparer's signature 	Date 9/20/2011	Check if self-employed <input type="checkbox"/>	PTIN P00083371
	Firm's name ► JOYCE A GILBERT PA				Firm's EIN ►
	Firm's address ► 1903 SOUTH BROADWAY SUITE 3, ROCHESTER, MN 55904				Phone no (507) 529-1439

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

►  Yes  No

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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Name of the organization

**Employer identification number**

NATIONAL EXCHANGE CLUB OF ROCHESTER

41-6039640

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
<b>Total</b>					►	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 VOLLEYBALL (event type)	(b) Event #2 TRAVELOGUES (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	16,801	16,890	36,310
	2 Less: Charitable contributions . . . . .	0	0	0
	3 Gross income (line 1 minus line 2) . . . . .	16,801	16,890	36,310
Direct Expenses	4 Cash prizes . . . . .	0	0	0
	5 Noncash prizes . . . . .	0	0	0
	6 Rent/facility costs . . . . .	2,160	2,250	0
	7 Food and beverages . . . . .	0	0	0
	8 Entertainment . . . . .	0	0	0
	9 Other direct expenses . . . . .	7,624	6,862	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			► ( 18,896)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .			► 51,105

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .			0
Direct Expenses	2 Cash prizes . . . . .			0
	3 Noncash prizes . . . . .			0
	4 Rent/facility costs . . . . .			0
	5 Other direct expenses . . . . .			0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			► ( 0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			► 0

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... 0 and the amount of gaming revenue retained by the third party ► \$ ..... 0

c If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

16 Gaming manager information

Name ► .....

Gaming manager compensation ► \$ ..... 0

Description of services provided ► .....

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ ..... 0

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

NATIONAL EXCHANGE CLUB OF ROCHESTER

Employer identification number

41-6039640

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: BYOND THE  
YELLOW RIBBON ROCHESTER MN 55901, Cash Grant: 200, Relationship:  
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: YMCA CAMP OLSEN  
ROCHESTR MN 55901, Cash Grant: 200, Relationship:  
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: CHANNEL ONE  
ROCHESTER MN 55901, Cash Grant: 500, Relationship:  
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: MIRACLE LEAGUE  
ROCHESTER MN 55901, Cash Grant: 250, Relationship:  
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: YOUTH  
BASKETBALL ROCHESTER MN 55901, Cash Grant: 300, Relationship:  
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: STUDENT  
SCHOLARSHIPS ROCHESTER MN 55901, Cash Grant: 4,000, Relationship:  
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: SENIOR CITIZENS  
SERVICES ROCHESTER MN 55901, Cash Grant: 300, Relationship:  
Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: CITY OF  
ROCHESTER ROCHESTER MN 55901, Relationship: Description of Property: Purpose of Payment:  
Book Value: 0, Method Used to Determine BV: COST, Fair Market Value: 64,868, Method Used to  
Determine FMV: Date Received: 11/1/2010  
Form 990-EZ, Part I, Line 16, Other Expenses: WEEKLY MEETINGS: 16,076  
Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSES: 711  
Form 990-EZ, Part I, Line 16, Other Expenses: FLOWERS AND GIFTS: 486  
Form 990-EZ, Part I, Line 16, Other Expenses: SPECIAL EVENTS: 2,836  
Form 990-EZ, Part I, Line 16, Other Expenses: NATIONAL DUES: 4,708  
Form 990-EZ, Part I, Line 16, Other Expenses: DISTRICT DUES: 1,062  
Form 990-EZ, Part I, Line 20, Net Assets: PRIOR PERIOD ADJUSTMENT TO CORRECT FUND BALANCES:

Name of the organization

NATIONAL EXCHANGE CLUB OF ROCHESTER

Employer identification number

41-6039640

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1 Contributions	1
2 Noncash contributions	2
3 Membership dues and assessments (contributions from the public)	3
4 Government contributions (grants)	4
5 Commercial co-venture	5
6 Special events contributions (Line 6 - Special Events)	6 248
7 Associated organization contributions	7
8	8
9	9
10	10
11 Total	11 248

**Part I, Line 4 (990-EZ) - Investment Income**

1 Interest on savings and temporary cash investments	1	7
2 Dividends and interest from securities	2	
3 Gross rents	3	
4 Other investment income	4	
5 Total	5	7

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

Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country
1 YOUTH AND CIVIC	BYOND THE YELLOW RIBBON		ROCHESTER	MN	55901	
2 YOUTH AND CIVIC	YMCA CAMP OLSEN		ROCHESTER	MN	55901	
3 YOUTH AND CIVIC	CHANNEL ONE		ROCHESTER	MN	55901	-
4 YOUTH AND CIVIC	CITY OF ROCHESTER		ROCHESTER	MN	55901	
5 YOUTH AND CIVIC	MIRACLE LEAGUE		ROCHESTER	MN	55901	
6 YOUTH AND CIVIC	YOUTH BASKETBALL		ROCHESTER	MN	55901	-
7 YOUTH AND CIVIC	STUDENT SCHOLARSHIPS		ROCHESTER	MN	55901	
8 YOUTH AND CIVIC	SENIOR CITIZENS SERVICES		ROCHESTER	MN	55901	
9						
10						



**Part I, Line 16 (990-EZ) - Other Expenses**

25,879

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	WEEKLY MEETINGS	13	16,076
14	OFFICE EXPENSES	14	711
15	FLOWERS AND GIFTS	15	486
16	SPECIAL EVENTS	16	2,836
17	NATIONAL DUES	17	4,708
18	DISTRICT DUES	18	1,062
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

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

-363

	Description	Amount
1	PRIOR PERIOD ADJUSTMENT TO CORRECT FUND BALANCES	1 -363
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10