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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

Department of the Treasury  
Internal Revenue Service

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:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**NATIONAL EXCHANGE CLUB OF ROCHESTER**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**PO BOX 972**  
 City or town state or country ZIP + 4  
**ROCHESTER MN 55903-0972**

**D** Employer identification number  
**41-6039640**

**E** Telephone number  
**(507) 282-3728**

**F** Group Exemption Number ►

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

**I** Website: ► **N/A**

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)( 4 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	248
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	22,785
	4	Investment income	4	7
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
<b>Expenses</b>	b	Gross income from fundraising events (not including \$248 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	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	
	7b	Less: cost of goods sold	7b	
	7c	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,045
	10	Grants and similar amounts paid (list in Schedule O)	10	70,618
	<b>Net Assets</b>	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		<b>Total expenses.</b> 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	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	22,085	

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**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 ☐**Expenses**

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

What is the organization's primary exempt purpose? COMMUNITY SERVICE 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

28 YOUTH AND CIVIC CONTRIBUTIONS YOUTH SPORTS TEAMS, BEYOND THE YELLOW RIBBON, YMCA CAMP, CHALLENGE 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)	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. ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
<b>34</b> 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).		X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶ 37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> ; section 4912 <b>▶</b> ; section 4955 <b>▶</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
<b>c</b> 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 <b>▶</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b>		
<b>42 a</b> The organization's books are in care of <b>▶</b> MARY JO MASOG Telephone no <b>▶</b> (507) 254-9980 Located at <b>▶</b> 1920 BUCK RIDGE DR NE City ROCHESTER ST MN ZIP + 4 <b>▶</b> 55906		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country <b>▶</b>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: <b>▶</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> 43		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	X
<b>a</b> 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.	<b>45a</b>	X
<b>46</b> 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.	<b>46</b>	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
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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 City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title 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"

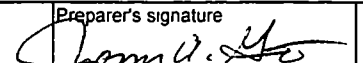
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

**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 ☒ 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.

<b>Sign Here</b>	Signature of officer 	Date 9/22/11
	Type or print name and title RICHARD RADKE	

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NATIONAL EXCHANGE CLUB OF ROCHESTER

Employer identification number

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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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

**b** 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
		Yes	No			
1				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	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	70,001
	2 Less: Charitable contributions . . . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . . . .	16,801	16,890	36,310	70,001
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Noncash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	2,160	2,250	0	4,410
	7 Food and beverages . . . . .	0	0	0	0
	8 Entertainment . . . . .	0	0	0	0
	9 Other direct expenses . . . . .	7,624	6,862	0	14,486
	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
	2 Cash prizes . . . . .				0
Direct Expenses	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)



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

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:

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 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	