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Short Form Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code... Sponsoring organizations of donor advised funds... 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: W. St. Paul/Mendota Heights Rotary C/O Mike Lethert. D Employer identification number: 06-1378418. E Telephone number: 651-451-1707. F Group Exemption Number: 0573.

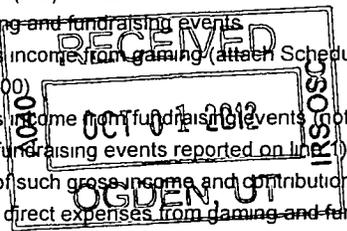
G Accounting Method: Cash [], Accrual [X]. H Check [X] if the organization is not required to attach Schedule B. I Website: N/A. J Tax-exempt status: 501(c)(3) [], 501(c)(4) [X].

K Check [] if the organization is not a section 509(a)(3) supporting organization... L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. Total: \$ 39,382

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 [X]

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets; 6 Gaming and fundraising events; 7a Gross sales of inventory; 8 Other revenue; 9 Total revenue (31,149); 10 Grants and similar amounts paid; 11 Benefits paid; 12 Salaries; 13 Professional fees; 14 Occupancy; 15 Printing; 16 Other expenses; 17 Total expenses (29,726); 18 Excess or (deficit); 19 Net assets at beginning; 20 Other changes; 21 Net assets at end (15,797).

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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	48,377	22	46,652
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1,738	24	1,236
25 Total assets	50,115	25	47,888
26 Total liabilities (describe in Schedule O)	35,490	26	32,091
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,625	27	15,797

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 Organization

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 Local Rotary Club District 5960 of Rotary International.
Organized to engage in civic and service projects.

(Grants \$ 17,328) If this amount includes foreign grants, check here

28a 29,726

29

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

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

32 29,726

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GINGER OVERBYE 2916 WEST OWASSO BLVD ROSEVILLE MN 55113	CLUB SERVICE 0.00	0	0	0
RAYNA STURMER 883 DOUGLAS ROAD MENDOTA HEIGHTS MN 55118	PRESIDENT 0.00	0	0	0
BUD SHAVER 506 COUNTRYVIEW ROAD HUDSON WI 54016	COMMUNITY SERVICE 0.00	0	0	0
PETE MCCALL 460 NATURE VIEW CT WEST SAINT PAUL MN 55118	PRESIDENT ELECT 0.00	0	0	0
SUSAN HOMMES 2065 E 4TH STREET ST PAUL MN 55119	FOUNDATION OFFICER 0.00	0	0	0
STEPHINE WEISS 1096 OTTAWA AVE WEST ST PAUL MN 55118	2ND PRESIDENT ELECT 0.00	0	0	0
COLLEEN WATSON 1003 STRATFORD ROAD MENDOTA HEIGHTS MN 55118	MEMBERSHIP 0.00	0	0	0
NICHOLLE CORCORAN 1267 STRYKER AVE WEST ST PAUL MN 55118	IMMEDIATE PAST PRES 0.00	0	0	0
KORI LAND 1015 SCOTT ROAD HUDSON WI 54016	SECRETARY 0.00	0	0	0
MIKE LETHERT 585 TERRACE COURT ROSEVILLE MN 55113	TREASURER 0.00	0	0	0
LESLIE METZEN 501 E HIGHWAY 13 BURNSVILLE MN 55337	VOCATIONAL SERVICE 0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," 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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	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
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>Michael J. Lethert</u> Telephone no ▶ <u>651-265-2024</u> 170 E 7th Pl Located at ▶ <u>St. Paul</u> MN ZIP + 4 ▶ <u>55101</u>		
42b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c 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: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	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
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		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

	Yes	No
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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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

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

Sign Here Date 09/25/12

 Signature of officer
Robert R. Gullick - Treasurer
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Robert R. Gullick, CPA	Robert R. Gullick, CPA	09/10/12		P00163028
	Firm's name ▶	Lethert, Skwira, Schultz & Co. LLP		Firm's EIN ▶	41-0738189
	Firm's address ▶	170 7th Pl E Ste 100 Saint Paul, MN 55101-2361		Phone no	651-224-5721

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

2011

Open To Public
inspection

Name of the organization **W. St. Paul/Mendota Heights Rotary
C/O Mike Lethert**

Employer identification number
06-1378418

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

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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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	(b) Event #2	(c) Other events	(d) Total events
		<u>Moonstruck golf</u> (event type)	<u>Rotary rose sal</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1	18,435	10,909		29,344
	2				
	3	18,435	10,909		29,344
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	4,093	4,140		8,233
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				21,111

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				
Direct Expenses	2				
	3				
	4				
	5				
	6	<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)			
	8	Net gaming income summary Combine line 1, column d, and line 7			

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? 9a Yes No
 b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a 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

13a		%
13b		%

a The organization's facility

b An outside facility

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 ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

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 ▶ \$

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
2011
Open to Public
Inspection

Name of the organization **W. St. Paul/Mendota Heights Rotary
C/O Mike Lethert** Employer identification number
06-1378418

Form 990-EZ, Part I, Line 10 - Grants/Similar Amt's Paid to Organizations

Name and Address	Class of Activity	Date of Gift	Desc. of Property	
			Cash Contrib.	Noncash Contrib.
	Book Value	BV Expl.	FMV Expl.	
Miscellaneous under \$5,000				
	\$ 17,328	\$		0
	\$ 0			

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

Description	Amount
Expenses	
Education	\$ 377
District Conferences	\$ 375
Community Service	\$ 4,572
Supplies	\$ 704
Membership	\$ 3,806
Website	\$ 618
Bank Service Charges	\$ 37
Miscellaneous	\$ 339
Committee	\$ 53
Travel	\$ 1,517
Total	\$ 12,398

Name of the organization W. St. Paul/Mendota Heights Rotary	Employer identification number 06-1378418
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Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Market value adjustment	\$ -251

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

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 1,738	\$ 1,236
Total	\$ 1,738	\$ 1,236

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 35,490	\$ 32,091

Federal Statements

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

<u>Description</u>	<u>Amount</u>
New member application fees	\$ 300
Membership dues	4,946
Guest meals	520
Southview breakfast meals	15,367
Breakfast meals expense	-11,788
Total	<u>\$ 9,345</u>