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Form 990-EZ Department of the Treasury Internal Revenue Service

:1

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

OMB No 1545-1150

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 980. 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

Open to Public Inspection

For the 2011 calendar year, or tax year beginning JUL 1. 2011 and ending 2012 JUN 30, Check if applicable D Employer identification number C Name of organization Address change ROTARY INTERNATIONAL - MANKATO ROTARY 41-6022823 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return PO BOX 63 507-354-8907 Terminated City or town, state or country, and ZIP + 4 F Group Exemption MANKATO. MN 56002 Application pending Number > X Accrual G Accounting Method: Cash Other (specify) H Check X if the organization is not Website: ► HTTP://WWW.MANKATOROTARY.ORG/ required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3) \times 501(c) (4) \rightarrow (insert no.) 527 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). K Check Lift the organization is not a section 509(a)(3) supporting organization or a section 527 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 36,214. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I \mathbf{x} Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 2 36,083. 3 Membership dues and assessments 3 SEE SCHEDULE O 131. Investment income 4 4 SCANNED FEB 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) b Gross income from fundraising events (not including \$ 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 Less, direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 36,2149 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE 31,354 Grants and similar amounts paid (hist-in-Schedule O) 10 10 Benefits paid to or for member RECEIVEU 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent continuous occupancy, rent, utilities, and maintenance 13 13 14 14 4,781. 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule 0) SEE SCHEDULE O 2,150. 16 16 17 Total expenses. Add lines-10-through 16 38,285. 17 -2,071. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 23,100. (must agree with end-of-year figure reported on prior year's return) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 029. Net assets or fund balances at end of year Combine lines 18 through 20 21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)



Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to res				<u>41-</u>	60228	
Check if the organization used Schedule O to res	spond to any que		Beginning of year	1	/D) E	nd of year
22 Cash, savings, and investments		(4)	9,125	-	(8) [15,686.
23 Land and buildings						13,000.
24 Other assets (describe in Schedule O) SEE SCHEDULE C	\	-	13,975	23		5,343.
25 Total assets			23,100			21,029.
26 Total liabilities (describe in Schedule 0)			<u>23,100</u>			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			23,100			$\frac{0.}{21,029.}$
Part III Statement of Program Service Accomplishment	nts (see the inst	ruction			Ev	
Check if the organization used Schedule O to res	•			·		rpenses for section
What is the organization's primary exempt purpose? SEE SCHEDULE C		COLIOIT	in this rait in	بما	501(c)(3)	and 501(c)(4)
						ons and section) trusts; optional
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform			n a clear and concise		for others.	
28 FORENSICS BANQUET TO HONOR STUDENTS						-
SCHOOLS WHO HAVE EXCELLED IN SPEECH	& DEBATE	PROG	RAMS			
(Grants \$) If this amount includes foreign of	grants, check here		•		28a	600.
29 VARIOUS LOCAL AND INTERNATIONAL CHA		BENE	FIT			0001
MANKIND						
17 000 141				 -		15 000
(Grants \$ 17,809.) If this amount includes foreign of	grants, check here				29a	<u>17,809.</u>
					1	
(Grants \$) If this amount includes foreign (grants, check here				30a	
31 Other program services (describe in Schedule O)						
(Grants \$) If this amount includes foreign of	rants, check here				31a	
22 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	·			<u> </u>	32	<u> 18,409.</u>
- Part IV FISHOLUMICERS DIRECTORS TRUSTEES AND NEV F						
					instructions f	or Part IV)
Check if the organization used Schedule O to res	spond to any que	estion			instructions f	or Part IV)
Check if the organization used Schedule O to res	spond to any que	estion hours	in this Part I\ (c) Reportable	/ (d) не	alth benefits,	(e) Estimated
	(b) Title and average per week devoted	hours to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contre	alth benefits, ributions to byee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to res	(b) Title and average I per week devoted position	hours to	in this Part I\ (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-)	(d) He contremple plans, com	alth benefits, butions to byee benefit and deferred pensation	(e) Estimated
Check if the organization used Schedule O to res (a) Name and address GORDON GIBBS	(b) Title and average learn week devoted position	hours to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contremple plans, com	alth benefits, butions to byee benefit and deferred pensation	(e) Estimated amount of other
Check if the organization used Schedule O to res (a) Name and address GORDON GIBBS 129 VICTORIA BLVD, MANKATO, MN 56001	(b) Title and average per week devoted position EXEC TREAS 2.00	estion hours to	in this Part I\ (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-) & SECRE 0.	(d) He contremple plans, com	alth benefits, butions to byee benefit and deferred pensation	(e) Estimated amount of other
Check if the organization used Schedule O to res (a) Name and address GORDON GIBBS 129 VICTORIA BLVD, MANKATO, MN 56001 WES TAYLOR	(b) Title and average per week devoted position EXEC TREAS 2.00 PAST PRESI	estion hours to	in this Part I\ (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-) & SECRE 0.	(d) He contremple plans, com	alth benefits, butions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res (a) Name and address GORDON GIBBS 129 VICTORIA BLVD, MANKATO, MN 56001 WES TAYLOR 112 TAMI LANE, MANKATO, MN 56001	pond to any que (b) Title and average per week devoted position EXEC TREAS 2.00 PAST PRESI 2.00	estion hours to	in this Part I\ (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-) & SECRE 0.	(d) He contremple plans, com	alth benefits, butions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
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Form	990-EZ (2011) ROTARY INTERNATIONAL - MANKATO ROTARY 41-60228			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Par	t V	X
			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	33		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)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	1	ļ	
	on lines 2, 6a, and 7a, among others)?	35a		X
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
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	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	- {	ļ	
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	1		
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u>X</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1	ļ	
а	Initiation fees and capital contributions included on line 9 39a N/A	1		
þ	Gross receipts, included on line 9, for public use of club facilities 39b N/A	Ì		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		
	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?	405		х
_	If "Yes," complete Schedule L, Part I	40b		
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		İ	
a	or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	Ì		
•	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. MN	400		
	The organization's books are in care of ► GORDON GIBBS Telephone no. ► 507-62	5-1:	257	
72.0		600		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	_	Х
	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.			}
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country:			
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	N/A		
		[Yes	No
44 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		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	, [
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If 'No," provide an explanation			
	ın Schedule O	44d		<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>X</u>
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1		
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		L
	f	Form 9 9	90-EZ	(2011)

FORM 990-E	<u> ^{Z (2011)} ROTARY INTERNATIONAL - M</u>	ANKATO ROTARY		<u>41-60228</u>			Page 4
				_		Yes	No
	e organization engage, directly or indirectly, in political campaign activi	ities on behalf of or in opposition	i to candidates for pi	iblic office?			1
	, complete Schedule C, Part I				46		<u> </u>
Part VI				-			(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable	· · · · · · · · · · · · · · · · · · ·		and complete t	he tal	oles	
	for lines 50 and 51. Check if the organization used Schedul	le O to respond to any quest	ion in this Part VI				<u> </u>
				Г		Yes	No
	e organization engage in lobbying activities or have a section 501(h) el	· · · · · · · · · · · · · · · · ·	ar? If "Yes," complete	e Sch. C, Part II	47		<u> </u>
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,	•		ŀ	48		<u> </u>
	e organization make any transfers to an exempt non-charitable related	organization?		}-	49a		├
	s," was the related organization a section 527 organization?			L	49b_		<u> </u>
	lete this table for the organization's five highest compensated employe		s, trustees and key er	npioyees) who ea	ich red	eivea	more
tnan \$	6100,000 of compensation from the organization. If there is none, enter			(4)			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits contributions to	l ame) Estim ount of	
		position	W-2/1099-MISC)	employee benefit plans, and deferred		mpens	
	N/A			compensation	+		
			ļ	ļ	1		
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				}	1		
			L	L			
	number of other employees paid over \$100,000	dent control to a control to a		000 of commons			_
	elete this table for the organization's five highest compensated indepensization. If there is none, enter "None" \mathbf{N}/\mathbf{A}	dem contractors who each recer	vea more than \$ 100,	,000 or compens	ation ii	om m	3
	ization. If there is none, enter "None" N/A and address of each independent contractor paid more than \$100,000) (h) Tuno o	f convec			nootio	
(a) Ivaille	and address of each independent contractor paid more than \$100,000	0 (b) Type o	ii Service		Jonnipe	nsatio	<u> </u>
							
T-1-1	number of other independent and the second of the second o	<u> </u>					
	number of other independent contractors each receiving over \$100,00						
	ne organization complete Schedule A? Note: All section 501(c)(3) orga	` ' ' '	•	٠, ٦	- 7		-
Charit Under penalti	able trusts must attach a completed Schedule A les of perjury, J declare that I have examined this return, including accompanying so f preparer (oyner than officer) is based on all information of which preparer has any l	chedules and statements, and to the be	est of my knowledge and	belief, it is true, con	rect. an	d comp	No
Declaration o	f preparer (of the than officer) is based on all information of which preparer tas any h	knowledge		////	15		
Sign	Stonature of officer			Date /////	a _		
Here	NEWS THE THE	SA CION / TOI	- A0				
	Type or print name and title	er dec/ The	5/17/				
	l <u>. </u>		/ Objection	7 4 5711			
Б	Print/Type preparer's name Preparer's signatu	re Date	/ Check] if PTIN			
Paid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1/2/1/2	//2 self-emplo	-			
Prepare		<u>-71 ~ / //</u>		P00			
Use On			Fırm's Ell	V ► 41-07	<u>467</u>	49	
	Firm's address ► 101 NORTH SECOND ST,	SUITE 200	Phone no	l .			
	MANKATO, MN 56001	· 					
May the IRS	S discuss this return with the preparer shown above? See instructions				X Ye	s	No

Form 990-EZ (2011)

SCHEDULE 0

(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.

OMB No 1545-0047
2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROTARY INTERNATIONAL - MANKATO ROTARY

Employer identification number 41 – 6022823

ROTARY INTERNATIONAL - MANKATO ROTARY 41-6022823
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:
DESCRIPTION OF PROPERTY: AMOUNT:
INTEREST INCOME 131.
FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:
AFFILIATE NAME: ROTARY INTERNATIONAL
AFFILIATE ADDRESS: 1 ROTARY CENTER, 1560 SHERMAN AVENUE EVANSTON, IL 60201
PURPOSE OF PAYMENT: DUES
AMOUNT OF PAYMENT: 4,670
AFFILIATE NAME: ROTARY INTERNATIONAL- DISTRICT
AFFILIATE ADDRESS: 2233 HAMLINE AVENUE N, SUITE 511 ROSEVILLE, MN 55113
PURPOSE OF PAYMENT: DUES
AMOUNT OF PAYMENT: 3,700
AFFILIATE NAME: ROTARY FOUNDATION
AFFILIATE ADDRESS: 1 ROTARY CENTER, 1560 SHERMAN AVENUE EVANSTON, IL 60201
PURPOSE OF PAYMENT: CONTRIBUTION
AMOUNT OF PAYMENT: 4,575
TOTAL INCLUDED ON FORM 990-EZ, LINE 10 12,945
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:
ACTIVITY CLASSIFICATION: CHILDRENS EDUCATION
GRANTEE NAME: ISD 77- FORENSICS STUDENTS
GRANTEE ADDRESS: PO BOX 8741 MANKATO, MN 560028741
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

Inspection

Name of the organization ROTARY INTERNATIONAL - MANKATO ROT	Employer identification number 41-6022823
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION: AID TO LOCAL CHARITIES	
GRANTEE NAME: VARIOUS	
GRANTEE ADDRESS: VARIOUS MANKATO, MN 56001	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	15,979
ACTIVITY CLASSIFICATION: AID TO INTERNATIONAL CHAR	ITIES
GRANTEE NAME: VARIOUS	
GRANTEE ADDRESS: VARIOUS VARIOUS	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	1,830
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	18,409
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONFERENCES AND MEETINGS	2,150
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
<u>DESCRIPTION</u> E	EG. OF YEAR END OF YEA
ACCOUNTS RECEIVABLE	13,618. 5,343
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (201

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number ROTARY INTERNATIONAL - MANKATO ROTARY 41-6022823 357. CREDITORS CLEARING 0. 5,343. TOTAL TO FORM 990-EZ, LINE 24 13.975. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER THE IDEALS OF SERVICE TO MANKIND FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 41-6022823 ROTARY INTERNATIONAL - MANKATO ROTARY 357. 0. CREDITORS CLEARING 13,975. TOTAL TO FORM 990-EZ, LINE 24 5.343. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER THE IDEALS OF SERVICE TO MANKIND FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.