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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 7/1/2011 , and ending 6/30/2012

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): PO BOX 972 | Room/suite

City or town: ROCHESTER | state or country: MN | ZIP + 4: 55903-0972

D Employer identification number: 41-6039640

E Telephone number: (507) 282-3728

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

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

I **Website:** ▶ N/A

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

K Check ▶ [ ] if 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 ▶ $ 65,985

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]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	256
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	22,893
	4	Investment income		4	14
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	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	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	40,841	
	c	Less: direct expenses from gaming and fundraising events	6c	19,008	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	21,833
	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	1,981
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	46,977
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	9,670
	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	23,871
	17	**Total expenses.** Add lines 10 through 16 ▶		17	33,841
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	13,136
	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	22,085
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	35,221

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For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

24P

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	22,085	22	35,221
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	22,085	25	35,221
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	22,085	27	35,221

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 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.

28	YOUTH AND CIVIC CONTRIBUTIONS YOUTH SPORTS TEAMS, YMCA , CAMP, CHANNEL ONE, FREEDOM SHRINE, MIRACLE FIELD, SENIOR CITIZENS SERVICES, BOYS AND GIRLS CLUB, MISCELLANEOUS CHARITABLE ORGANIZATIONS (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	BOOK OF GOLDEN DEEDS PROGRAM TO ACKNOWLEDGE OUTSTANDING SERVICE TO THE COMMUNITY (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	SCHOLARSHIPS FOR HIGH SCHOOL SENIORS (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	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) 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
AMY DUNN 1201 SOUTH BROADWAY SROCHESTER MN 55904	Title PRESIDENT Hr/WK 3.00	0		
DAWN SIGNER 1601 11TH AVENUE NE ROCHESTER MN 55901	Title PRES-ELEC Hr/WK 2 00	0		
BEVERLY SIMPSON 525 16TH STREET SW ROCHESTER MN 55902	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		
RICHARD HEXUM 805 WOODGARE LANE NW ROCHESTER MN 55901	Title BOARD DIRECTO Hr/WK 1 00	0		
JAMES OELTJENBRUNS 45 28TH STREET SE ROCHESTER MN 55902	Title BOARD DIRECTO Hr/WK 1.00	0		
KEVIN TRUAX 2054 GALWAY LANE NE ROCHESTER MN 55906	Title BOARD DIRECTO Hr/WK 1.00	0		
GERALD BLAISDELL 4216 MANOR WOODS DRIVE NW ROCHESTER MN 5	Title BOARD DIRECTO Hr/WK 1.00	0		
STAN MAASS 9622 COUNTY ROAD 108 STEWARTVUKKE MN 5590	Title BOARD DIRECTO Hr/WK 1 00	0		
DANAE OSTERN 184 GREY FOX AVENUE SW ROCHESTER MN 55902	Title BOARD DIRECTO Hr/WK 1.00	0		
	Title Hr/WK 00	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.	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 on lines 2, 6a, and 7a, among others)?	35a		X
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	35b		X
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," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		X
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
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	40e		X

41 List the states with which a copy of this return is filed. ▶

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

			Yes	No
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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		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

			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 in Schedule O*	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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 (see instructions)	45b		X

			Yes	No
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str 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 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 ☒ 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
▶ Signature of officer Date 10/7/12
▶ Type or print name and title Mary Jo Masog

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOYCE GILBERT	Joyce A. Gilbert	9/20/2012		P00083371
Firm's name ▶ JOYCE A GILBERT PA			Firm's EIN ▶41-1990495	
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

2011

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.

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 [X] 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? Yes	No	(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					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
Total				▶	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 .EYBALL TOURNAM (event type)	(b) Event #2 TRAVELOGUE (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,845	14,544	9,452	40,841
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	16,845	14,544	9,452	40,841
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	9,926	9,082	0	19,008
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(19,008)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				21,833

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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

2011

Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL EXCHANGE CLUB OF ROCHESTER	41-6039640

Form 990-EZ, Part I, Line 8, Other Revenue: OVERPAYMENT OF SPECIAL EVENTS EXPENSES: 1,974

Form 990-EZ, Part I, Line 8, Other Revenue: REFUND OF FINANCE CHARGE: 7

Form 990-EZ, Part I, Line 10, Grants Paid: Activity YOUTH AND CIVIC, Grantee BLUE LINE CLUB ROCHESTER MN 55901, Cash Grant: 250, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVID, Grantee BOLDER OPTIONS ROCHESTER MN 55901, Cash Grant: 415, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: BOOK OF GOLDEN DEEDS ROCHESTER MN 55901, Cash Grant. 455, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: BOYS AND GIRLS CLUB ROCHESTER MN 55901, Cash Grant 1,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee: BRIGHTER TOMORROW ROCHESTER MN 55901, Cash Grant: 250, 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: GOOD EARTH VILLAGE SPRING VALLEY MN 55975, Cash Grant: 100, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity YOUTH AND CIVIC, Grantee: HELP INTERNATIONAL ROCHESTER MN 55901, Cash Grant. 200, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: YOUTH AND CIVIC, Grantee JOY ROCHESTER MN 55901, Cash Grant 700, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid. Activity: YOUTH AND CIVIC, Grantee: MIRACLE FIELD 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: 250, 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

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: SENIOR CITIZENS SERVICES ROCHESTER MN 55901, Cash Grant 1,300, Relationship.

Form 990-EZ, Part I, Line 16, Other Expenses: WEEKLY MEETINGS 16,034

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSES: 1,351

Form 990-EZ, Part I, Line 16, Other Expenses: FLOWERS AND GIFTS 841

Form 990-EZ, Part I, Line 16, Other Expenses: NATIONAL DUES. 4,295

Form 990-EZ, Part I, Line 16, Other Expenses: DISTRICT DUES 972

Form 990-EZ, Part I, Line 16, Other Expenses CLUB UNIFORMS: 378

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

1	Contributions	1	256
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	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	256

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

1	Interest on savings and temporary cash investments	1	14
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	14

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid 9,670

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country	Amount of cash grant
1	YOUTH AND CIVIC	BLUE LINE CLUB			ROCHESTER	MN	55901		250
2	YOUTH AND CIVID	BOLDER OPTIONS			ROCHESTER	MN	55901		415
3	YOUTH AND CIVIC	BOOK OF GOLDEN DEEDS			ROCHESTER	MN	55901		455
4	YOUTH AND CIVIC	BOYS AND GIRLS CLUB			ROCHESTER	MN	55901		1,000
5	YOUTH AND CIVIC	BRIGHTER TOMORROW			ROCHESTER	MN	55901		250
6	YOUTH AND CIVIC	CHANNEL ONE			ROCHESTER	MN	55901		500
7	YOUTH AND CIVIC	GOOD EARTH VILLAGE			SPRING VALLEY	MN	55975		100
8	YOUTH AND CIVIC	HELP INTERNATIONAL			ROCHESTER	MN	55901		200
9	YOUTH AND CIVIC	JOY			ROCHESTER	MN	55901		700
10	YOUTH AND CIVIC	MIRACLE FIELD			ROCHESTER	MN	55901		250
11	YOUTH AND CIVIC	YOUTH BASKETBALL			ROCHESTER	MN	55901		250
12	YOUTH AND CIVIC	STUDENT SCHOLARSHIPS			ROCHESTER	MN	55901		4,000
13	YOUTH AND CIVIC	SENIOR CITIZENS SERVICES			ROCHESTER	MN	55901		1,300

Part 0 0

	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

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

			23,871
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	16,034
14	OFFICE EXPENSES	14	1,351
15	FLOWERS AND GIFTS	15	841
16	NATIONAL DUES	16	4,295
17	DISTRICT DUES	17	972
18	CLUB UNIFORMS	18	378
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	