

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Under section 501(c), 5∠7, or 4947(a)(1) or 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
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

6/30 2012 For the 2011 calendar year, or tax year beginning 7/01 2011, and ending D Employer identification number R Check if applicable WILSONVILLE ROTARY FOUNDATION Address change 93-1114902 Name change P.O. BOX 362 E Telephone number Initial return WILSONVILLE, OR 97070 503-544-8504 Terminated Amended return Group Exemption Application pending 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) Website: ► N/A Tax-exempt status (ck only one) -X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527 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 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 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 Contributions, gifts, grants, and similar amounts received 51,318. 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 2,423. 4 4 Investment income 17,550 5a 5a Gross amount from sale of assets other than inventory 15,121 b Less cost or other basis and sales expenses 5b 5с See Schedule O 2,429. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events 6a a Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum 6b 36,491 of such gross income and contributions exceeds \$15,000) 22,442. c Less direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 14,049. 6b and subtract line 6c) 6d 7 a 7a Gross sales of inventory, less returns and allowances. **b** Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 8 Other revenue (describe in Schedule O) 70,219. 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 See Schedule O 10 21,232. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits. 12 13 795. 13 Professional fees and other payments to independent of 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 13,725. edule O 16 Other expenses (describe in Schedule O) 35,752. 17 17 Total expenses. Add lines 10 through 16. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 34,467. 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) 127,941. 19 -11,759. 20 See Schedule O Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Compine lines to the BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 08/05/1 150,649. Net assets or fund balances at end of year Combine lines 18 through 20 21 Form 990-EZ (2011)

	990-EZ (2011) WILSONVILLE ROTA			93	3-11	14902 Page 2
Pai	Till Balance Sheets. (see the instance Check if the organization used Sche		action in this Part II			П
	Check if the organization used Sche	dule O to respond to any qu	estion in this rait in	(A) Beginning of ye	ear	(B) End of year
22	Cash, savings, and investments			127,941		150,649.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		ļ_		24	150 640
25	Total assets		-	127,941		150,649.
26	Total liabilities (describe in Schedule O)		L 21)	127,941		150,649.
	Net assets or fund balances (line 27 of ct III Statement of Program Serv				<u> [2/</u>	Expenses
rai	Check if the organization used Sci				l (Red	uired for section
What Desc mea bene	is the organization's primary exempt purpose? See cribe the organization's program service a sured by expenses. In a clear and concise fitted, and other relevant information for e	e Schedule 0 ccomplishments for each of the manner, describe the service ach program title	its three largest prog ces provided, the nur	. 1	501(orga 4947	c)(3) and 501(c)(4) nizations and section (a)(1) trusts, optional thers)
28	See_Schedule_O				}	
29	(Grants \$) If the	ıs amount ıncludes foreign gi	rants, check here	>	28 a	
					1	
	(Grants \$) If the		rants, check here		29 a	{
30	(Grants y) II the	a amount includes foreign gi	rants, check here			
					┪	
					7	}
	(Grants \$) If the	is amount includes foreign gi	rants, check here	<u>-</u>	30 a	
31	Other program services (describe in Sch	edule O)				
		is amount includes foreign gi	rants, check here	<u> </u>	31 a	
	Total program service expenses (add lin				32	
Pai	List of Officers, Directors, Check if the organization used Sc				(see t	he instructions for Part IV)
	Check if the organization used Sc	(b) Title and average	(c) Reportable compensat	on (d) Health benef	its,	(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to em benefit plans, a deferred compens	ployee ind	other compensation
	AD HANSEN	President				
	D P.O. BOX 362	2	(0.	0.	0.
	LSONVILLE, OR 97070					
	IN HOLLEY	Treasurer			^	
	447 COUNTRY VIEW LANE LSONVILLE, OR 97070			0.	0.	0.
	RRY SCOVIL	Director				
	D P.O. BOX 362	Director		o.	0.	0.
	LSONVILLE, OR 97070	2	`	·	٠.	
	N KNOLL	Vice President				
	D P.O. BOX 362	2	1	o.	0.	0.
	LSONVILLE, OR 97070					
	CK KOHL	Director				
	D. BOX 362	2	[0.	0.	0.
WI	LSONVILLE, OR 97070					ļ <u> —</u>
				1		
~						
			}	}		
				1		
~						
BAA		TFFA0812L (2/14/12			Form 990-EZ (2011)
JAA		IFFANX±2L {	161 141 16			1 UDIO 330°EA (C ULL

	section 4911 ► 0., section 4912 ► 0., section 4955 ►	0.	1	1
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 report on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	ted 40 b		X
	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	0.		, ;
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.		
е	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	40 e		Х
11	List the states with which a copy of this return is filed None			
	The organization's books are in care of ► BRAD_HANSEN Telephone no ► 50 Located at ► P.O. BOX_362_WILSONVILLE_OR ZIP + 4 ► 97			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a 42b	Yes	No X
	If 'Yes,' enter the name of the foreign country	42.0		
			1 1	Ĭ
С	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c	•	X N/A
с 3	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	▶ []	N/A N/A
с 3 4а	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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.		► []	N/A
с 3 4а b	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 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed inste	ead	Yes	N/A N/A No X
с 3 4а ь	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 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed inste of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	ead 44 a	Yes	N/A N/A No
3 4a b 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 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed inste of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation Schedule O	44a 44b 44c	Yes	N/A N/A No X
3 4a b c d 5a	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 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed inste of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation Schedule O Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44a 44b 44c 47a	\$	N/A N/A No X
3 4a b c d 5a	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 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed inste of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation Schedule O	44a 44b 44c 47a	4	N/A N/A No X X X

Form 990-	EZ (2011) WILSONVILLE ROTARY	FOUNDATION		93-11	14902	Page	e 4
						Yes N	<u>o</u>
46 Did th	ne organization engage, directly or indire idates for public office? If 'Yes,' completi	ectly, in political campai	gn activities on behalf	of or in opposition to	46	}	,
Part VI	Section 501(c)(3) organizations	s and section 4947	(a)(1) nonexempt	charitable trusts or			<u> </u>
<u> </u>	501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 4947(a)(1) no	nexempt charitable	e trusts must answe	er question	S	
	Check if the organization used Schedu	le O to respond to any	question in this Part V	1		[\Box
47 Did ti	ne organization engage in lobbying activi olete Schedule C, Part II	ties or have a section 5	501(h) election in effec	t during the tax year? If		Yes N	
	e organization a school as described in s		•	edule E	48	X	
	ne organization make any transfers to ar	•	e related organization?		49a	X	
	s,' was the related organization a section	_			49b		
50 Complemple	plete this table for the organization's five oyees) who each received more than \$10	nighest compensated (30,000 of compensation	employees (other than I from the organization	If there is none, enter	ees and key '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 other comp	I amount of pensation	ſ
None_							_
							_
					 -		
		† -					
_					ļ		
		 					
- Total		100.000	<u> </u>				
	number of other employees paid over \$ plete this table for the organization's five	100,000	undenendent contractor	_ rs who each received m	ore than \$100	1 000 of	
comp	pensation from the organization of there	is none, enter 'None '	The pendent contractor				
(a) N	Name and address of each independent contractor paid	d more than \$100,000	(b) Type	e of service	(c) Compe	ensation	
None							
					 		
							
_							_
			100.000				_
	number of other independent contractor	•		047(a)(1)	·		—
charit	ne organization complete Schedule A? N table trusts must attach a completed Sch	nedule A	3) organizations and 4	947(a)(1) nonexempt	► X Yes		No
Under penaltie	s of perjury, I declar that I have kamined this return and complete Decaration of pergarer (other than office	n, including accompanying sche	dules and statements, and to	the best of my knowledge and by	pelief it is		
_	> Mattanen	1		10/31/12	,		
Sign	Signature of officer	114		Date			
Here		sident					
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN		
D-14	FRANK J. LILLY		10.0	Check A	P00490513	3	
Paid Preparer	Firm's name FRANK J. LILLY,	FRANK J. LILLY CPA	1 70 30	self-employed	F 00430313	<u> </u>	—
Use Only	Firm's address > 31179 SW COUNTR			Firm's EIN			
_	WILSONVILLE, OR				03) 694-6	5173	_
May the IR	S discuss this return with the preparer s		uctions	· · · · · · · · · · · · · · · · · · ·	► X Yes		
		····			Form 990	- EZ (20	11)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

4947(a)(1) nonexempt charitable trust.

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

2011

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2011

Employer identification number Name of the organization 93-1114902 WILSONVILLE ROTARY FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other þ Type II C Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) 11 g (iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vi) Is the organization in column (i) organized in the (v) Did you notify the organization in column (i) of your support? (III) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported (iv) Is the (vii) Amount of support organization in column (i) listed in organization (see instructions)) your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		A		£ %		
6	Public support. Subtract line 5 from line 4	,	, ,	,	,		
Sec	tion B. Total Support		· - · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			,			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	* ***	* ",		* *		
12	Gross receipts from related activ	vities, etc (see ins	structions)		·	12	
13	First five years. If the Form 990 organization, check this box and	stop here		and, third, fourth, c	or fifth tax year as	a section 501(c)(3) <u> </u>
	tion C. Computation of Pu						
	Public support percentage for 20	,	• • •	ne 11, column (f))	l	14	<u>%</u> %
	Public support percentage from						
16a	a 33-1/3% support test — 2011. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, ar organization	nd the line 14 is 3	3-1/3% or more, ch	neck this box
ŀ	33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check a b blicly supported o	ox on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more, o	check this box
17 2	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	box and stop he i	re. Explain in Part	IV how
ł	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	es' test, check this	box and stop her	re. Explain in Part	
18	Private foundation. If the organ	zation did not che	eck a box on line	13, 16a, 16b, 17a			
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2011

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include	62 401	70 050	22 024	07 225	47 510	200 022
2	any 'unusual grants ') Gross receipts from admis-	63,481.	78,853.	22,934.	87,235.	47,519.	300,022.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is			1			
	related to the organization's		J			J	
_	tax-exempt purpose			45,667.			45,667.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on	,					
5	its behalf The value of services or						0.
,	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	63,481.	78,853.	68,601.	87,235.	47,519.	345,689.
	Amounts included on lines 1.	05,401.	70,055.	00,001.	01,233.	47,313.	343,003.
	2, and 3 received from	0.	0.	0.	0.	0.	0.
	disqualified persons Amounts included on lines 2		0.	0.	0.		0.
L	and 3 received from other than					Ì	
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13		_ [_ 1	_	_	
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)	÷	,	,			345,689.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	63,481.	78,853.	68,601.	87,235.	47,519.	345,689.
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,					-	
	royalties and income from similar sources	138.	175.	1,475.	16,452.	4,852.	23,092.
t	Unrelated business taxable	150.			10, 432.	4,002.	23,032.
	income (less section 511 taxes) from businesses		ĺ	ĺ		1	
	acquired after June 30, 1975						0.
•	: Add lines 10a and 10b	138.	175.	1,475.	16,452.	4,852.	23,092.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV)					ļ _{is}	0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	63,619.	79,028.	70,076.	103,687.	52,371.	368,781.
14	First five years. If the Form 990						
	organization, check this box and	stop here					′ ► ∏
	tion C. Computation of Pul						
	Public support percentage for 20		•	e 13, column (f))		15	93.74 %
	Public support percentage from 2					16	0.00 %
	tion D. Computation of Inv					- 1 _ 1	
17	Investment income percentage for	•	* * *	-	mn (f)).	17	6.26 %
18	Investment income percentage for						0.00 %
19 a	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	the organization of this box and stop	lid not check the here. The organi	box on line 14, a zation qualifies a	nd line 15 is more is a publicly suppo	e than 33-1/3%, an orted organization	nd line 17 ► X
ŀ	33-1/3% support tests - 2010. If	the organization of	lid not check a bo	ox on line 14 or li	ne 19a, and line	16 is more than 33	-1/3%, and
	line 18 is not more than 33-1/3%	, check this box ai	nd stop here. The	e organization qua	alifies as a publicl	y supported organ	ization
20	Private foundation. If the organiz	zation did not ched	k a box on line 1	4, 19a, or 19b, c	neck this box and	see instructions	<u> </u>

Schedule /	A (Form 990 or 990	0-EZ)2011 W⊥L	SONVILLE RO	TARY FOUNDA	ATION	93-1114902	Page 4
Part IV	Supplemental Part II, line 17 (See instruction	Information. (Complete this post of the Part III, line 12	part to provide . Also comple	the explanations te this part for an	required by Part II, Iii y additional informatio	ne 10; on.
						·	
				 			
				<i>-</i> _ -	-		
			_ _	·			
				- -			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545 0047 2011

Open to Public Inspection

Employer identification number

			LE ROT											14902			
Parl	: 1 ?	Rea	son for	Publi	ic Chai	ity Stat	us (/	All organization	ns must	compl	<u>ete this</u>	part)	See ır	<u>ıstructı</u>	ons		
The c								t is (For lines 1 th									
1	П	A chu	irch, conv	ention	of churc	hes or as	socia	tion of churches d	escribed i	n sectio	n 170(b)	(1)(A)(i).					
2	П	A sch	ool descr	ibed in	section	170(b)(1)	(A)(ii). (Attach Schedu	le E)								
3	П							organization descr									
4		A me	dical rese	arch o	rganızatı	on operat	ted in	conjunction with	a hospital	describ	ed in sec	tion 170)(b)(1)(A)(iii) En	ter the hos	spital's	3
	_	name	, city, and	d state		. 			-								. – – -
5		1 70 (b)(1)(A)(iv)	. (Cor	nplete P	art II)		college or univer					nmentai	unit des	cribea iri s	secuo	11
6 7		A federal, state, or local government or governmental unit described in section 170(bX1XAXv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II)															
8						1.51		b)(1)(A)(vi). (Com	plete Part	II)							
9	X	from inves June	activities tment inc 30, 1975	related ome al See s	l to its e nd unrela ection 5	xempt fur ated busır 09(a)(2). (nction ness t (Com _l	more than 33-1/3% s – subject to cer axable income (le blete Part III)	tain excer ss section	otions, a i 511 tax	na (2) na () from b	more ti usinesse	nan 33- es acqui	1/3% OF	ts subbort	110111	01055
10	Ш							lusively to test for									
11		more	nublicly s	unnor	ted orga	nizations	descr	lusively for the be abed in section 50 n and complete lir	9(a)(I) or nes lle th	section rough 1	509(a)(2 1h) See s	of, or cau section 5	rry out th 5 09(a)(3) .	. Check tr	ie nox	llial
			Type I			Type I			e III — Fur					d	Type III -		er
е		other	ecking th than four on 509(a)	ndation	l certify manage	that the ers and of	orgar ther t	nization is not cont han one or more p	rolled dire	ectly or i pported	ndırectly organıza	by one itions de	or more escribed	disquali in sectio	fied person on 509(a)(ns I) or	
f		If the	organiza this box	tion re				ination from the I								n,	
g		Since	August 1	17, 200	6, has tl	he organiz	zatıor	accepted any gift	t or contr	ibution f	rom any	of the fo	ollowing	persons	7		T
																Yes	No
		(i)	A person	who d	lirectly o	r indirectl	ly con	trols, either alone orted organization	or togeth	er with p	persons o	lescribe	d in (ii)	and (III)	11 g (i)		
		(ii)		-	-	-		d in (i) above?							11 g (ii)		
			-					escribed in (i) or (i	ı) above?						11 g (iii)		
h								supported organiz									
		(ı) Nar	ne of suppor rganization			(II) EIN		(iii) Type of organizatio (described on lines 1 of above or IRC section (see instructions))	on (IN) 9 organ column) Is the nization in (i) listed i governing cument?	the orgai	you notify nization in in (i) of upport?	organiz	Is the zation in mn (i) ed in the S ?	(vii) Amou	nt of su	pport
									Yes	No	Yes	No	Yes	No			
								 									
(A)												<u> </u>					
									1								
(B)												<u> </u>					
(C)																	
<u>(D)</u>											-		<u> </u>				
<u>(E)</u>														-			
Tota	ı					*) (<						
BAA	Fo	r Pap	erwork Re	ductio	n Act N	otice, see	the I	nstructions for Fo	rm 990 o	990-EZ			Schedul	e A (For	n 990 or 9	90-EZ	<u>2</u>) 2011

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

C	Com A. B. L.C. Command					· · · · · · · · · · · · · · · · · · ·	
Sect	tion A. Public Support			T			
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,	ę e	4.			
6	Public support. Subtract line 5 from line 4	*	4 8	,	* *		
Sec	tion B. Total Support						
Cale:	ndar year (or fiscal year nning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	``.	\$ *	3	£ 35		
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	
13	First five years. If the Form 990 organization, check this box and		zation's first, seco	ond, third, fourth,	or fifth tax year as	s a section 501(c)(3	8) ▶ □
Sec	tion C. Computation of Pu	blic Support I	Percentage				
14	Public support percentage for 20			ine 11, column (f)))	14	<u>%</u> _
15	Public support percentage from	2010 Schedule A	, Part II, line 14			15	%
16 a	33-1/3% support test — 2011. If and stop here. The organization	the organization qualifies as a pu	did not check the iblicly supported	box on line 13, a organization	and the line 14 is 3	33-1/3% or more, c	heck this box
t	33-1/3% support test – 2010. If and stop here. The organization	the organization qualifies as a pu	did not check a b iblicly supported (ox on line 13 or	16a, and line 15 is	33-1/3% or more,	check this box
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstan	and-circumstance ces' test. The org	es' test, check thi janization qualifie	s box and stop he s as a publicly sup	pported organizatio	n ►
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts d-circumstances'	and-circumstance test The organiz	es' test, check thi zation qualifies as	is box and stop he s a publicly suppor	e re. Explain in Part rted organization	Now the
18	Private foundation. If the organ	ization did not ch	eck a box on line	<u>: 13, 16a, 16b, 17</u>			
BAA					S	chedule A (Form 99	30 or 990-E∠) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include					 	
	any unusual grants)	63,481.	78,853.	22,934.	87,235.	47,519.	300,022.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's		ļ				
_	tax-exempt purpose			45,667.			45,667.
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	63,481.	78,853.	68,601.	87,235.	47,519.	345,689.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)		,		;		345,689.
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen 9	Amounts from line 6	(a) 2007 63, 481.	(b) 2008 78, 853.	(c) 2009 68, 601.	(d) 2010 87, 235.	(e) 2011 47,519.	(f) Total 345, 689.
Calen 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						23,092.
Calen 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	63,481.	78,853. 175.	68,601. 1,475.	87,235. 16,452.	47,519. 4,852.	345,689. 23,092.
Calen 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	63,481.	78,853.	68,601.	87,235.	47,519.	23,092.
Calen 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	63,481.	78,853. 175.	68,601. 1,475.	87,235. 16,452.	47,519. 4,852.	345,689. 23,092. 0. 23,092. 0.
Calen 9 10 a 11 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	63,481.	78,853. 175.	68,601. 1,475.	87,235. 16,452.	47,519. 4,852.	345,689. 23,092. 0. 23,092.
Calen 9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	63, 481. 138. 138. 63, 619. Is for the organizastop here	78,853. 175. 175. 79,028. ation's first, second	1,475. 1,475. 70,076.	16,452. 16,452.	47,519. 4,852. 4,852. 52,371.	345,689. 23,092. 0. 23,092. 0. 368,781.
11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	63, 481. 138. 138. 63, 619. Is for the organiza stop here	78,853. 175. 175. 79,028. ation's first, second	1,475. 1,475. 70,076. d, third, fourth, o	16,452. 16,452.	47,519. 4,852. 4,852. 52,371.	345,689. 23,092. 0. 23,092. 0. 368,781.
11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	63, 481. 138. 138. 63, 619. Is for the organiza stop here blic Support Polic Support Support Polic Support S	78,853. 175. 175. 79,028. ation's first, second ercentage (f) divided by line	1,475. 1,475. 70,076. d, third, fourth, o	16,452. 16,452.	47, 519. 4, 852. 4, 852. 52, 371. a section 501(c)	345,689. 23,092. 0. 23,092. 0. 368,781. (3) ► □
10 a l l l l l l l l l l l l l l l l l l	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	63, 481. 138. 138. 138. 63, 619. Is for the organiza stop here blic Support Polic Support Support Polic Support Sup	79,028. 175. 175. 175. tion's first, second ercentage (f) divided by line Part III, line 15	1,475. 1,475. 70,076. d, third, fourth, o	16,452. 16,452.	47,519. 4,852. 4,852. 52,371. a section 501(c)	345,689. 23,092. 0. 23,092. 0. 368,781.
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from tion D. Computation of Inv	63, 481. 138. 138. 138. 138. 138. 138. 138. 138. 138.	79,028. 175. 175. 175. tion's first, second ercentage (f) divided by line Part III, line 15 18 Percentage	70,076. d, third, fourth, o	87, 235. 16, 452. 16, 452. 103, 687. r fifth tax year as	47, 519. 4, 852. 4, 852. 52, 371. a section 501(c)	345,689. 23,092. 0. 23,092. 0. 368,781. (3) ► □ 93.74 % 0.00 %
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from the support support percentage from the support of Inv	63, 481. 138. 138. 138. 138. is for the organizatop here blic Support Polit (line 8, column 2010 Schedule A, estment Inconor 2011 (line 10c,	79,028. 175. 175. 175. tion's first, second ercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided	70,076. d, third, fourth, o	87, 235. 16, 452. 16, 452. 103, 687. r fifth tax year as	47, 519. 4, 852. 4, 852. 52, 371. a section 501(c) 15 16	345,689. 23,092. 0. 23,092. 0. 368,781. (3) ▶□ 93.74 % 0.00 % 6.26 %
10 a local series 10 a local series 10 a local series 11 12 13 14 15 16 Sec 17 18 18 18 18 18 18 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from those in the support of Investment income percentage from 1 investment income percentage	63, 481. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 13	79,028. 175. 175. 175. 175. ercentage (f) divided by line Part III, line 15 e Percentage column (f) divided e A, Part III, line 1 did not check the	70,076. d, third, fourth, of 13, column (f)) box on line 14, a	87, 235. 16, 452. 16, 452. 103, 687. r fifth tax year as	47, 519. 4, 852. 4, 852. 52, 371. a section 501(c) 15 16 17 18 e than 33-1/3%,	345,689. 23,092. 0. 23,092. 0. 368,781. (3) 93.74 % 0.00 % 6.26 % 0.00 % and line 17
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from the sale of capital assets (Explain in Part IV) Public support percentage for 20 Public support percentage from the sale of capital assets (Explain in Part IV)	63, 481. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 138. 13	79,028. 175. 175. 175. 176. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775. 1775	70,076. 1,475. 1,475. 70,076. d, third, fourth, of third, four	16, 452. 16, 452. 16, 452. 103, 687. r fifth tax year as mn (f)) and line 15 is more a publicly suppone 19a, and line	47, 519. 4, 852. 4, 852. 52, 371. a section 501(c) 15 16 17 18 e than 33·1/3%, orted organization 16 is more than	345,689. 23,092. 0. 23,092. 0. 368,781. (3) 93.74 % 0.00 % 6.26 % 0.00 % and line 17 n X 33.1/3%, and

Schedule A	(Form 990 of 990-EZ) 2011	WILSONVILLE ROTARY	FOUNDATION	93-1114902 Pa	ge 4
Part IV	Supplemental Informate Part II, line 17a or 17b; (See instructions).	ti on. Complete this part to and Part III, line 12 Also	provide the explanations requestions complete this part for any accomplete the part for accomp	uired by Part II, line 10; iditional information.	
					· _ _
					· – -
	·				
					· – -
		~			· – -
					· – ~
					. – -
					. – –
					· - -
					· – –

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 93-1114902 WILSONVILLE ROTARY FOUNDATION 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants е а Solicitation of government grants f b Internet and email solicitations Special fundraising events c Phone solicitations g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes **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) (vi) Amount paid to (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to have custody or control of contributions? (or retained by) (or retained by) from activity fundraiser listed in organization column (i) 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

		G (Form 990 or 990-EZ) 2011 WILSON			93-11	
Pai	t II :	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	event contributions	nswered 'Yes' to Fo s and gross income	orm 990, Part IV, III e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R			(a) Event #1 HEART OF GOLD (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	34,941.			34,941.
_	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	34,941.			34,941.
	4	Cash prizes				
_	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
č	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	9,925.			9,925.
S	l	Direct expense summary Add lines 4 thi	•		•	9,925.
Paï	11 1 11	Net income summary Combine line 3, complete if the organization		s' to Form 990. Pa	rt IV line 19 or rei	25,016.
		\$15,000 on Form 990-EZ, line 6a				Torre trian
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue				
F		Cash prizes				
DIRECT	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No%	Yes%	, ,
	7	Direct expense summary Add lines 2 the	rough 5 in column (d)		•	
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	•	
		the state/s) is into the the				
9		er the state(s) in which the organization of ne organization licensed to operate gamin				Yes No

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

b If 'No,' explain

Schedule G (Form 990 or 990-EZ) 2011 WILSONVILLE ROTARY FOUNDATION	93-1114902	Page 3
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 entitiadminister charitable gaming?	ty formed to Yes	No
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility	13a 13b	0/0
14 Enter the name and address of the person who prepares the organization's gaming/special events book. Name ►		
Address •		
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue by If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ a of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party	nd the amount	
Name ►		 !
Address ►		ı
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	Π.,
state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization	Sor spent in the	s [No
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a this part to provide any additional information (see instructions).	uired by Part I, line pplicable. Also con	2b, nplete
		
	-	

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545 0047

2011

Open to Public 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. Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 93-1114902 WILSONVILLE ROTARY FOUNDATION **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 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а b f Solicitation of government grants Internet and email solicitations С Phone solicitations q Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes **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 (iii) Did fundraiser (vi) Amount paid to (ii) Activity (iv) Gross receipts (v) Amount paid to or entity (fundraiser) have custody or control from activity (or retained by) (or retained by) of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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

		more than \$15,000 of fundraising List events with gross receipts gr	eater than \$5,000.	s and gross income	on Form 990-LZ,	illes i aliu ob.
			(a) Event #1 HEART OF GOLD	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	(ilrough column (c))
REVENUE	1	Gross receipts	34,941.			34,941.
Ě	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	34,941.			34,941.
	4	Cash prizes				
	5	Noncash prizes		}		
D-RECT	6					
Ç T	7	Food and beverages				
EXPENSES	8	B Entertainment				
N S F	9	Other direct expenses	9,925.			9,925.
š	10	Direct expense summary Add lines 4 th	rough Q in column (d)		•	9,925.
	11		-		•	25,016.
Pai		Gaming. Complete if the organization	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	
		\$15,000 on Form 990-EZ, line 6a	l			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
₽ ——-	_1	Gross revenue				
	2	2 Cash prizes			 	
DIRECT S	3	Non-cash prizes				
Č Š T E S	4	Rent/facility costs				
	٤	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes%	Yes%	Yes%	
	(Volunteer labor	No	No	No	}
	7					
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	•	
9	En	iter the state(s) in which the organization o	poerates caming activitie	ae		
á	ls	the organization licensed to operate gamir No,' explain	ng activities in each of the	nese states?		Yes No
		ere any of the organization's gaming licens Yes,' explain	es revoked, suspended	or terminated during the	e tax year?	Yes No
BAA			TEEA3702L	01/24/12	Schedule G (Fo	rm 990 or 990-EZ) 201

Sche	edule G (Form 990 or 990-EZ) 2011 WILSONVILLE ROTARY FOUNDATION	93-1114902	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent administer charitable gaming?	ty formed to Yes	No
13	Indicate the percentage of gaming activity operated in		
	a The organization's facility	13a	%
ŀ	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events book	s and records	
	Name •		-
	Address •		
15:	a Does the organization have a contact with a third party from whom the organization receives gaming re	venue? Yes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$		
	of gaming revenue retained by the third party \$		
•	c If 'Yes,' enter name and address of the third party		
	Name ►		
	Address ►		l I
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	•		
	a is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license?	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year ▶ \$	ns or spent in the	
Pa	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a this part to provide any additional information (see instructions).	uired by Part I, line pplicable. Also com	2b, plete
_			
			

SCHEDULE.O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

WILSONVILLE ROTARY FOUNDATION	93-1114902
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
THROUGH A CHILDS EYE-THROUGH PARTNERSHIP WITH COFFEE CREEK C	COREECTIONAL FACILITY.
THE FOUNDATION PROVIDES OPPORTUNITIES AND ACTIVITIES FOR THE	E CHILDREN OF
INCARCERATED MOTHERS; ALSO, TO PROVIDE SCHOLARSHIPS TO LOCAL	GRADUATING SENIORS TO
FURTHER THEIR EDUCATION; TO RAISE FUNDS FOR LOCAL "CHESS FOR	R SUCCESS" PROGRAM; TO
PROVIDE THE COMMUNITY AN ANNUAL "SUMMER CONCERT IN THE PARK"	'EVENT.
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishme	ents
FUNDS RAISED FOR DONATION TO "THROUGH A CHILD'S EYES" THROUGH	GH PARTNERSHIP WITH
COFFEE CREEK CORRECTIONAL FACILITY; PROVIDING OPPORTUNITIES	AND ACTIVITIES FOR THE
CHILDREN OF INCARCERATED MOTHERS; SCHOLARSHIPS TO LOCAL GRAI	DUATING SENIORS TO
FURTHER THEIR EDUCATION; FUNDS RAISED FOR "CHESS FOR SUCCESS	S" PROGRAM; PROVIDE
ANNUAL SUMMER "CONCERT IN THE PARK" EVENT(S).	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefi	it Contracts
(a) Did the organization, during the year, receive any fund	ds, directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, d	irectly or
indirectly, on a personal benefit contract?	No

2011

Schedule O - Supplemental Information

Page 2

WILSONVILLE ROTARY FOUNDATION

93-1114902

Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: Cost or Other Basis: 17,550. 15,121.

Total Gain (Loss) Publicly Traded Securities \$ 2,429.

Total Net Gain (Loss) From Noninventory Sales \$ 2,429.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name: Donee's Address: POLIO ERADICATION FUND/ROTARY INT'L

ROTARY INTERNATIONAL ONE ROTARY

EVANSTON, IL 90201

Relationship of Donee: Cash Amount Given:

PARENT ORGANIZATION

\$ 5,304.

730.

1,574.

1,292.

1,425.

7,500.

48.

Donee's Name: Donee's Address:

COFFEE CREEK CORRECTIONAL FACILITY

2575 CENTER STREET NE

SALEM, OR 97301 PROGRAM DONOR

Relationship of Donee:

Cash Amount Given:

\$ 8,428.

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

BANK CHARGES
COMMUNITY PROJECTS
DISCRETIONARY
MISC
Office Expenses
SCHOLARSHIPS
STORAGE OF SUPPLIES

1,156. \$ 13,725.

Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

BOOK/TAX DIFFERENCE

Total $\frac{\$}{\$}$ $\frac{-11,759}{-11,759}$.