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Form 990

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)

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning . 2012, and ending C Name of organization Rotary 5950 Foundation D Employer Identification Number Check if applicable Address change Doing Business As 20-1365543 Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change Initial return (763) 553-1604 11251 Red Fox Drive State 7IP code + 4 City, town or country Terminated Amended return 55369 G Gross receipts \$ Maple Grove MN F Name and address of principal officer H(a) Is this a group return for affiliates? $|_{Yes}$ Application pending Are all affiliates included?

If 'No,' attach a list (see instructions) Susan Mickelberg 4101 W 44th Street Edina MN 55424 Tax-exempt status 501(c) (4947(a)(1) or 527 X |501(c)(3) (insert no.) Website: ▶ www.safewaterplus.org H(c) Group exemption number Other -Form of organization X Corporation L Year of Formation 2004 M State of legal domicile MN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities Providing service and assistance to people in need within the State of Minnesota and SQANNINED JUN 03 2013 Activities & Governance throughout the world Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 8 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b Current Year **Prior Year** Contributions and grants (Part VIII, line 1h) 90,221 47,820. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,796 844. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 92,017 48,664. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 88,917 73,200. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 75 25. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 88,992. 73,225. Revenue less expenses Subtract line 18 from line 12 3,025 -24,561.**End of Year** a Beginning of Current Year Ø 20 Total assets (Part X, line 16) 101,373 76,812. Ö 21 Total liabilities (Part X, line 26) MAY 1 3 2013 Net assets or fund balances. Subtract line 21 from line 22 101,373 76,812 Part II Signature Block OGDEN. Under penalties of perjury, I declare that I have examined this return, including accomplete Declaration of preparer (other than officer) is based on all information of d to the best of my knowledge and belief, it is true, correct, and Susanumi Sign Here Susan Mickelber Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check self-employed Paid Preparer Firm's name **Use Only** Firm's address Firm's FIN Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X No BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012) TEFA0101 03/14/13

BAA	TEEA0102 08/08/12		Form	990	(2012)
4 e Total	nses \$ including grants of \$) (Revenue \$ program service expenses ► 73,200.)	
	program services (Describe in Schedule O.) nses \$ including grants of \$) (Revenue \$			`	
			 -		
				. .	
					- -
<u>in</u> 1	Sub-saharan Africa.	- - -	-	- - -	
	orts to provide better sources of water to millions of people			- - -	
wor	ld. The grant allows RI to provide funding for international				- ·
	provide humanitarian assistance to people throughout the			·	·
4c (Code	(Expenses \$ 22,100. including grants of \$ 22,100.) (Revenue itional focus is to enhance the ability of Rotary International	₹			0.)
4 = 40=1	VENDOROR & DO 100 molecular available and Co. 100 \ The contract of the contra	<u> </u>			
				· _	
				· – – ·	
				· – – ·	
	ering West Central Minnesota.				
ass: Pro	istance to people in need throughout Minnesota and the world.				
Rota	ary club service projects are ongoing to provide hands-on				
	tional focus is to work in the communities where				
4 b (Code) (Expenses \$ 4,000. including grants of \$ 4,000.) (Revenue	\$			0.)
					-
<u>Du</u> 1.	lding a school in Rankit, Haiti.				
	e water to nearly 60,000 Haitians. Also, funds were used for				
beer	n drilled or repaired, along with 1000 latrines to provide				
Hai	i by drilling water wells. Approximately 100 wells have				<u>-</u>
-	ndation continues to focus on funding safe water sources in	'			 /
4a (Code) (Expenses \$ 47,100. including grants of \$ 47,100.) (Revenue	 \$			0.)
others	, the total expenses, and revenue, if any, for each program service reported	ina air	a anot		
4 Descr	be the organization's program service accomplishments for each of its three largest program services, as mean 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra	sured	by exp	ense:	s s to
If 'Yes	,' describe these changes on Schedule O				
	e organization cease conducting, or make significant changes in how it conducts, any program services?	П	Yes	x	No
	990 or 990-EZ? ,' describe these new services on Schedule O		Yes	K	No
	e organization undertake any significant program services during the year which were not listed on the prior		Vac	F	No
	oughout the world.				
	viding service and assistance people in need within the State of Minnesota and				
•	describe the organization's mission				
	Check if Schedule O contains a response to any question in this Part III				$oxedsymbol{oxed}$
Part III	Statement of Program Service Accomplishments	_			
	20-13 Rotary 3950 Foundation 20-13	6334			age z

Form 990 (2012) Rotary 5950 Foundation
Pârt IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	3		
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
ŀ	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
ŧ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV .	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	_	X
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .	20		Х
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b		

Form 990 (2012) Rotary 5950 Foundation Part IV Checklist of Required Schedules (continued)

_		Ĩ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 ² If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2.	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
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	Check if Schedule O contains a response to any question in this Part V			_ [
			Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0		,	ź.,,
١	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		* 2	100
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			漢
	(gambling) winnings to prize winners?	1 c	<u> </u>	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
١	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		~/	7.2
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4	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)?	4 a		х
-	b If 'Yes,' enter the name of the foreign country		۲.	The s
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
Į	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		•
7	Organizations that may receive deductible contributions under section 170(c).		بغ	m Mejdi -
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		ir, 23	38,42 - 31,70 - 21,70 -
	services provided to the payor?	7 a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		····	- -
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
•	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
١	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 -	x
9	Sponsoring organizations maintaining donor advised funds.	•		^
	a Did the organization make any taxable distributions under section 4966?	9 a		Х
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12	l		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders			
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a is the organization licensed to issue qualified health plans in more than one state?	13a	_	
	Note. See the instructions for additional information the organization must report on Schedule O		_	
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
,	c Enter the amount of reserves on hand . 13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		-

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Form 990 (2012)

Form 990 (2012) Rotary 5950 Foundation 20-1365543 Page 6 Part VI | Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below. and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 6 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? 8ь Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10h operations are consistent with the organization's exempt purposes? X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 Х 13 Did the organization have a written whistleblower policy? Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a Х 15_b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Minnesota Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 18828 Nature Lane Eden Prairie MN 55346 ___(952) 949-0744

TEEA0106 08/08/12

Form 990 (2012)	Rotary	5950	Foundation
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20-1365543

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List parsons in the following order, individual trustees or directors, institutional trustees, officers, leav employees; highest componented

employees, and former such persons	i uusiees i	Ji ulie	Cloi	3, 111	isuu	ulionai	trus	siees, officers, key em	ipioyees, mgnest com	perisateu
Check this box if neither the organization	nor any r	elated	org			n com	pen	sated any current office	er, director, or truste	e
				(0	:)					
(A) Name and Title	(B) Average hours per	offic	er an	not d ess p d a d	check ersor recto	more the state of	nan an e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) Chuck Berg	1.00						·			•
Director		Х						0.	0.	0.
(2) Steve Mattson Director	1.00	Х						0.	0.	0.
(3) Dan O'Brien	1.00									
Director		Х		Х				0.	0.	0.
(4) James Nelson	1.00									
Director		Х		Х				0.	0.	0.
	1.00	Х		Х				0.	0.	0.
(6) Tim Murphy	1.00	-		7.				0.		
Director		х						0.	0.	0.
(8)										
						!			-	
(10)										
(11)										
(12)										_
(13)		-								
(14)										

Page 8

Part VII Section A. Officers, Directors, Tru	(B)	ley	<u> </u>) C)	cs, e	arre	i riigilest con	pensated Emp	Oyees	(00)	<u>"/</u>
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box,	unle: cer ar	heck ss pe	rson direct	that Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr orga an	(F) stimated int of oth pensatic om the anizatior d related anizatior	on I
(15)		-										
(16)		-										
(17)		-										
(18)		-			-							
(19)	 	-									-	
(20)	<u> </u>	-										
(21)		-										
22)		-										
(23)		-										
(24)		-						<u> </u>		-		
(25)		-										
1 b Sub-total		ı	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	0.			0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	n A						A	0.	0.			0
Total number of individuals (including but not limit from the organization	ed to tho	se lis	ted	abo	ve)	who r	ece			e comp	ensatı	
			-		_						Yes	No
3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such			еу є	emp	loye	e, or	hıgl	hest compensated	l employee	3		х
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportable than \$15	e con 50,00	1per 0? /:	nsatı f 'Ye	on a	ind o ompl	ther ete	compensation fro Schedule J for	om	4		Х
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' 									ndıvıdual	5		X
Section B. Independent Contractors	·											
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde ensation	pend for tl	ent o	cont alen	ract dar	ors th year	nat i end	received more tha ling with or within	n \$100,000 of the organization's t	ax year		
(A) Name and business addre	ess					_		(B) Description (Compe	C) ensatio	n
											_	
												_
								-				
2 Total number of independent contractors (including	-	lımıt	ed to	o the	ose	ısted	ab	ove) who received	I more than			
\$100,000 in compensation from the organization	<u> </u>										000	(001

	Check if Schedule O contains a response to any ques	tion in this Part VIII			П
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in Ins 1a-1f \$				
	h Total. Add lines 1a-1f	47,820.	1		,
₹	Business Code	1,,020.			
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue q Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	1,409.	0.	0.	1,409.
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss)				, 18
	d Net rental income or (loss)	<u> </u>			
	7 a Gross amount from sales of assets other than inventory b Less. cost or other basis	_ _			
	and sales expenses 16,690.				
	c Gain or (loss)565.				
	d Net gain or (loss)	<u>► -565.</u>	0.	0.	-565.
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b	_			
9	c Net income or (loss) from fundraising events	•	1		
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold . b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	•	<u> </u>		
	11 a b				
	d All other revenue	+			
	e Total. Add lines 11a-11d	•	 		
	12 Total revenue. See instructions	48,664.	0.	0.	844.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a re				
Do r 7b, c	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	73,200.	73,200.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	13,200.	73/2001	,	,
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16			^ ; /	
4	Benefits paid to or for members				,
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)				
	Management		•		
	Legal				
	· ·				· · · · · · · · · · · · · · · · · · ·
	Accounting				_
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
	Office expenses				
	·				
14	Information technology				
	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			······································	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b	MN state filing fee	25.	0.	25.	0.
d					
e	All other expenses .				
	Total functional expenses. Add lines 1 through 24e	73,225.	73,200.	25.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)		,		

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing 53,709. 62,414 2 2 Savings and temporary cash investments 38,959 23,103. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10b 10 c Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 101,373. 76,812. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 101,373 76,812. Total net assets or fund balances 33 33 101,373 76,812. Total liabilities and net assets/fund balances 34 34 101,373. 76,812.

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Form 990 (2012)

	20-130334) rage is
Part-XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	48,664.
2 Total expenses (must equal Part IX, column (A), line 25)	2	73,225.
3 Revenue less expenses Subtract line 2 from line 1	3	-24,561.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,373.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	·
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76,812.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990 🗓 Cash 🔲 Accrual 📗 Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	riewed on a	
X Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		2b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate	
Separate basis Consolidated basis Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c X
Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) **EXIL:** Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990 **EX Cash** Accrual** Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both **EX* Separate basis** Consolidated basis** Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis** Consolidated basis** Both consolidated and separate basis If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis** Consolidated basis** Both consolidated and separate basis If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3ь
BAA		Form 990 (2012)

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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.

Inspection

Employer identification number

			0 Founda							20-13				
Par					(All organizations					See I	<u>nstruct</u>	ions.		
The c	rgai	nızatıon	is not a priva	ate foundation because	e it is (For lines 1 through	gh 11, cl	neck onl	y one bo	ox)					
1		A churc	h, conventio	n of churches or assoc	ciation of churches descr	ibed in s	section	170(Ь)(1	χΑχί).					
2		A school	ol described i	n section 170(b)(1)(A)	(ii). (Attach Schedule E)								
3		A hospi	tal or a coop	erative hospital servic	e organization described	I in sect	ion 17 0 ((b)(1)(A)	(iii).					
4	П	A medi	cal research	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A) (iii) Ente	er the hospi	tal's	
	_	name, o	city, and state	e·										
5		170(b)(1)(A)(iv). (Co	omplete Part II)	f a college or university			_		nental u	nıt desci	ribed in sec	tion	
6	Ш				overnmental unit describ									
7	<u>k</u>	ın secti	on 170(b)(1)((A)(vi). (Complete Par	•		_	ernment	al unit d	or from t	he gene	ral public di	escribe	ed
8	닏		-		'0(b)(1)(A)(vi). (Complete									
9	Ц	related	to its exempt	functions - subject to	ore than 33-1/3% of its sup certain exceptions, and (2 ion 511 tax) from business	no mor	e than 3	3-1/3% d	of its sur	port from	n gross i	nvestment ii	ncome	and
10	П	An orga	anization orga	anized and operated e	xclusively to test for pub	lic safet	y See s	section 5	509(a)(4).				
11		support	ed organizati	nized and operated excl ons described in sectic tion and complete line	usively for the benefit of, t in 509(a)(1) or section 50 s 11e through 11h	o perforn 9(a)(2).	n the fun See sec	ctions of tion 509	, or carry (a)(3). C	out the p check the	ourposes box tha	of one or mo t describes	ore pub the typ	licly e of
		a T	ype I I	b ∏Type II o	: Type III - Function	ally inte	grated	c	1 [] 1	Гуре III -	– Non-fu	ınctıonally ı	ntegra	ted
е		other th	cking this boo ian foundatio 509(a)(2)	c, I certify that the orgin managers and other	anization is not controlle than one or more public	d directl	y or ind orted or	rectly by ganization	one or	more d	squalific section	ed persons 509(a)(1) o	or	
f			rganization re	eceived a written deter	rmination from the IRS tl	nat is a	Type I,	Гуре II о	r Type I	II suppo	rtıng org	janization,		
g		Since A	ugust 17, 20	06, has the organizati	on accepted any gift or	contribu	tion from	n any of	the foll	owing pe	ersons?			
													Yes	No
		(i) A	person who elow, the gov	directly or indirectly or erning body of the sup	ontrols, either alone or to oported organization?	ogether	with per	sons des	scribed	ın (ıı) an	id (III)	11 g (i)		
		(ii) A	family meml	ber of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A	35% control	led entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide	the following	g information about the	e supported organization	ı(s)						'		
			of supported anization	(u) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) le organize column (i your go docur	ation in) listed in verning	(v) Did yo the organi column (i) supp	zation in	(vi) ls organiza colun organiza U S	ation in nn (i) d in the	(vii) Amoun sup	t of mone port	etary
	<u>.</u>					Yes	No	Yes	No	Yes	No			
(A)														
(B)										<u> </u>				
(C)_							<u> </u>							
(D)														
(E)														
Take!														

Rotary 5950 Foundation 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.) Section A. Public Support Calendar year (or fiscal year (d) 2011 (e) 2012 (f) Total (a) 2008 **(b)** 2009 (c) 2010 beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') 133,350 65,242 430,450. 90,221. 47,820 767,083. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 133,350 65,242 430,450 90,221 47,820. 767,083. 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) 294,089. Public support. Subtract line 5 472,994. from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2011 (e) 2012 (a) 2008 **(b)** 2009 (c) 2010 (f) Total beginning in) 7 Amounts from line 4 65,242 430,450 90,221 47,820 767,083. 133,350 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income from 1,796 844 5,683. 1,258 442 similar sources 1,343 Net income from unrelated business activities, 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) 11 Total support. Add lines 7 through 10 772,766. Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 61.21% Public support percentage from 2011 Schedule A, Part II, line 14 15 75.12% 16a 33-1/3% support test - 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test** — **2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sche	edule A (Form 990 or 990-EZ) 201	2 Rotary	5950 Founda	tion		20-1365543	Page :
Pai	ति।।। Support Schedule fo	r Organizatio	ns Described i	n Section 509	(a)(2)		
	(Complete only if you chec	ked the box on li	ne 9 of Part I or if	the organization fa	ailed to qualify uni	der Part II If the or	ganization fails
	to qualify under the tests li	sted below, pleas	se complete Part II)			
Sec	tion A. Public Support		<u> </u>				
Calen	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants.)						
3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade						
	or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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					·	
C	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨 👚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	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	ļ	<u> </u>		ļ	-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						·
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu		Percentage				
15	Public support percentage for 20			e 13, column (f))		15	
16	Public support percentage from 2		•			16	

ection D. (Computati	ion of Investmer	ıt Income	Percentage
-------------	-----------	------------------	-----------	------------

Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2011 Schedule A, Part III, line 17

19a 33-1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Schedule A	(Form 990 or 990-E2	Z) 2012 R	otary 59	50 Fo	undat	ion _		20-1365543	Page 4
Part IV	Supplemental In Part II, line 17a (See instructions	iformatior or 17b: ar	. Complet nd Part III,	e this p line 12.	oart to . Also	provide the complete th	e explanations in nis part for any	required by Part II, lii additional informatio	ne 10; on.
									
	·								
	· -								
						- 			
					 -				
	- 								
	· • • • • •								
	·								
				- -		_ 			
	·								
				 -					_
 _				- -					-

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Rot	cary 5950 Foundation		20-1365543
Par	† Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts. Complete if
<u> </u>	the organization answered 'Yes'	to Form 990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	6.	
2	Aggregate contributions to (during year)	47,820.	
3	Aggregate grants from (during year)	73,200.	
4	Aggregate value at end of year	74,927.	
5	Did the organization inform all donors and donors are the organization's property, subject to the organization's property, subject to the organization's property.	or advisors in writing that the assets held in dor	nor advised funds X Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that grant funds of the donor or donor advisor, or for any other p	s can be used only
Par	t II Conservation Easements. Comp	lete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e g , re	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation contribution in t	he form of a conservation easement on the
			Held at the End of the Tax Year
á	Total number of conservation easements		2a
ı	Total acreage restricted by conservation easen	nents	2b
•	Number of conservation easements on a certifi	ed historic structure included in (a)	2c
•	1 Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histori	c 2d
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to cor	nservation easement is located	_
5	Does the organization have a written policy reg and enforcement of the conservation easement		dling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation easen	nents during the year
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation easements	s during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i) Yes No
9	conservation easements	the organization's financial statements that de	scribes the organization's accounting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1 8	alf the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, education, or research	
ı	 If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items 	SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets fo 16 (ASC 958) relating to these items:	r financial gain, provide the following
	Revenues included in Form 990, Part VIII, line		► \$
1	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2012 Rota	ry 5950 Found	ation		20-13			Page 2
Part III Organizations Mainta	ining Collections	of Art, Histor	ical Treasures, o	r Other Similar As	sets (co	ontınu	ed)
3 Using the organization's acquisition items (check all that apply)	on, accession, and ot	her records, check	any of the following	that are a significant us	e of its c	ollectio	n
a Public exhibition		d Loan or	exchange programs				
b Scholarly research		e Other			.		
c Preservation for future general Provide a description of the organ		and explain how th	ney further the organiz	ation's exempt purpose	e in		
Part XIII 5 During the year, did the organizat to be sold to raise funds rather the	tion solicit or receive	donations of art, has part of the orga	nistorical treasures, or inization's collection?	other similar assets	Yes	Γ	No
Part IV Escrowand Custodial reported an amount o	Arrangements. Co	mplete if the or		ed 'Yes' to Form 990), Part I\	/, line	9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or oth	er intermediary for	r contributions or othe	r assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement	in Part XIII and comp	lete the following	table				— ———
- Oranga halana					Amount		
c Beginning balance				1 c			
d Additions during the yeare Distributions during the year				1 e			
f Ending balance				1 f			
2a Did the organization include an a	mount on Form 990	Part Y June 212		1 111	Yes	$\overline{}$	No
b If 'Yes,' explain the arrangement	•		n has been provided i	n Part XIII			
Part V Endowment Funds. C		ganization ans	wered 'Yes' to Fo	- 1-			
	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) F	our year	rs
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses				_			
g End of year balance	<u> </u>	<u> </u>		<u>. </u>	_!		
2 Provide the estimated percentage	-	end balance (line l	g, column (a)) held a	S			
a Board designated or quasi-endow		*					
b Permanent endowment	* * *	Q.					
c Temporarily restricted endowmen							
The percentages in lines 2a, 2b,	anu ze snoulu equal	100%					
3 a Are there endowment funds not in organization by:	n the possession of th	e organization tha	t are held and admini	stered for the		Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related o	-	•			3b		l
4 Describe in Part XIII the intended							
Part VI Land, Buildings, and					,		
Description of property		t or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	lue
1 a Land							
b Buildings			····	·			
c Leasehold improvements					 		
d Equipment							
e Other				<u> </u>			
Total Add lines 1a through 1e (Colum.	n (d) must equal Forr	n 440 Part X coli	imn (R) line 10(c))	▶	T		

TEEA3302 06/07/12

Schedule **D** (Form 990) 2012

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Part VII	D (Form 990) 2012 Rotary 5950 Found Investments — Other Securities. Se		20-1365543 Pa
Pait VII	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financ	cial derivatives		5.00 5 755
• /	y-held equity interests		
(3) Other		-	
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
<u>(H)</u>			
<u>(l)</u>		_	
	(=)(=)(=)	- F 000 D-+ V	l 12
Part VIII	Investments - Program Related. Sec (a) Description of investment type		(c) Method of valuation. Cost or
(1)	(a) Description or investment type	(b) Book value	end-of-year market value
(1)		- 	
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Colu	mn (b) must equal Form 990, Part X, column (B) line 13)	<u> </u>	
Part IX	Other Assets. See Form 990, Part X,		
	(a) D	escription	(b) Book value
(1)	······································	 	
(2)			
(4)		· · -· · ·	
(5)			
(6)			
(7)	•		
(8)			
(9)			
(10)			
Total. (Co	olumn (b) must equal Form 990, Part X, column (B), line 15.)	
Part X	Other Liabilities. See Form 990, Part	X, line 25.	
	(a) Description of liability	(b) Book value	
	eral income taxes		
(2)			<u></u>
(3)			
(4)			
(5)			—
(6) (7)			
1/1	· · · · · · · · · · · · · · · · · · ·		—
(8)			
(8) (9)		····	
(8) (9) (10)			
(8) (9) (10) (11)	ımn (b) must equal Form 990, Part X, column (B) line 25)	D	

Schedule D (Form 990) 2012 Rotary 5950 Foundation		20-1365543	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue p		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a	÷ 4	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d	* 1	
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	7	
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1	5	
Part XII Reconciliation of Expenses per Audited Financial Statem		per Return	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		2 4	
a Donated services and use of facilities	2 a	ļ,	
b Prior year adjustments	2 b		
c Other losses	2 c	~ ·	
d Other (Describe in Part XIII)	2 d	, ₁	
e Add lines 2a through 2d	'	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	,	
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also cor	mpleté this part to provide	any additional information	on '
RAA		Schedule D (Form	

Schedule D (Form 990) 2012 Rotary 5950 Foundation Part XIII Supplemental Information (continued)	20-1365543	Page 5
Part XIII屬 Supplemental Information (continued)		
	 	
		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Employer identification number 20-1365543 Rotary 5950 Foundation Name of the organization

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Radil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Haiti Outreach 15119 Minnetonka Blvd Minnetonka MN 55345	39-1671687	501 (c) 3	47,100.				safe water
1 1	36-3245072	501(c)3	22,100.				SafeWater&proj
(4)							
(5)							
(6)							
Ω							
(8)							
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations listed in the line 1 table	 and government o ons listed in the line 	l suoi:	isted in the line 1 table			A A	2
	, see the Instruction	s for Form 990.		TEEA3901	11/30/12	Schedu	Schedule I (Form 990) (2012)

Rotary 5950 Foundation Schedule I (Form 990) (2012)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other _Haiti_Outreach_and_Rotary_Intl_Edn._to_discuss_plans_for_safe_water_projects_and _humanitarian_efforts_in_Haiti_and_Africa._ Regular_contact_allows_the_Board_to_ (e) Method of valuation (book, FMV, appraisal, other) -Rotary 5950 Foundation communicates frequently with leadership of _ensure that funds_disbursed_are_advancing the program_goals_ (d) Amount of on-cash assistance (c) Amount of cash grant (b) Number of recipients _set_by the taxpayer. additional information. (a) Type of grant or assistance Pt_I Line_2 Pt_I_Line_2 Pt_I Line_2 Pt_I_Line_2 Part III Part IV m Ŋ ø 8 4

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Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2012

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Rotary 5950 Foundation	20-1365543
Pt_VI,_Line_19Documents_related_to_the_governance_of_the_en	ntity_and
Pt_VI, Line 19 Copies of Form 990 are provided upon written	request.
Pt_VI, Line 7aCurrent presidents of Rotary District 5950 c.	lubs_annually
Pt_VI, Line 7aelect_members_to_the_Board_of_the_5950_Foundation	ation.
Pt VI, Line 11b Form 990 is prepared by an accountant not on	the board
Pt_VI, Line 11b based on bank information provided. A draft	of Form 990 is
Pt_VI, Line 11b _ provided to the Board for review, comment and	d corrections
Pt VI, Line 11b prior to filing.	
Pt VI, Line 12c Board members are provided the conflict of in	nterest
Pt VI, Line 12c policy annually and reminded to review and co	omply.
Pt VI, Line 6 Current presidents of Rotary District 5950 c	lubs_are
Pt VI, Line 6 voting members of the organization.	